Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
URS CORPORATION 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1983

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
AECOM GLOBAL II, LLC

515 S. FLOWER STREET
10TH FLOOR
LOS ANGELES, CA 90071

2b Employer Identification Number (EIN)
47-1336341

2c Plan Sponsor's telephone number
208-386-5000

2d Business code (see instructions)
541330

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	BERNIE KNOBBE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	94-1381538
a Sponsor's name URS CORPORATION	**4c** PN	001
5 Total number of participants at the beginning of the plan year	**5**	37218
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	22358
a(2) Total number of active participants at the end of the plan year	**6a(2)**	21512
b Retired or separated participants receiving benefits	**6b**	345
c Other retired or separated participants entitled to future benefits	**6c**	14707
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	36564
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	61
f Total. Add lines **6d** and **6e**.	**6f**	36625
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	34063
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2R 2S 2T 3F 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
URS CORPORATION 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AECOM GLOBAL II, LLC

D Employer Identification Number (EIN)
47-1336341

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65 71	RECORDKEEPER	1902143	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
URS CORPORATION 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AECOM GLOBAL II, LLC

D Employer Identification Number (EIN)
47-1336341

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: URS RETIREMENT PLANS MASTER TRUST

b Name of sponsor of entity listed in (a): AECOM GLOBAL II, LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
47-1336341-005	M	3031955095

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
URS CORPORATION 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AECOM GLOBAL II, LLC

D Employer Identification Number (EIN)
47-1336341

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	50203618	41746130
(2) Participant contributions	1b(2)	83575	7279
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	46983224	45515219
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	2981055760	3031955095
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3078326177	3119223723
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	446342	440315
i Acquisition indebtedness	1i		
j Other liabilities	1j	866650	909037
k Total liabilities (add all amounts in lines 1g through1j)	1k	1312992	1349352
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3077013185	3117874371

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	45567234	
(B) Participants	2a(1)(B)	162774491	
(C) Others (including rollovers)	2a(1)(C)	22558160	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		230899885
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1992186	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1992186
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		161780917
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		394672988
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	383828501	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		383828501
f Corrective distributions (see instructions)	2f		22847
g Certain deemed distributions of participant loans (see instructions)	2g		39067
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	7489968	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		7489968
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		391380383
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3292605
l Transfers of assets:			
(1) To this plan	2l(1)		38226365
(2) From this plan	2l(2)		657784

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GRANT THORNTON **(2)** EIN: 36-6055558

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		75000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
URS CORPORATION 401K RETIREMENT PLAN FOR SPECIFIED CONTRACT EMPLOYEES	47-1336341	002

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
URS CORPORATION 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AECOM GLOBAL II, LLC

D Employer Identification Number (EIN)
47-1336341

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

URS CORPORATION 401(k) RETIREMENT PLAN

FINANCIAL STATEMENTS
AND
REPORT OF INDEPENDENT
CERTIFIED PUBLIC ACCOUNTANTS

DECEMBER 31, 2014 and 2013

URS CORPORATION 401(k) RETIREMENT PLAN

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Report of Independent Certified Public Accountants

Administrative Committee of
URS Corporation 401(k) Retirement Plan

Report on the financial statements

We were engaged to audit the accompanying financial statements of URS Corporation 401(k) Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note 5, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entities meet the requirements of 29 CFR 2520.103-8. The Plan administrator obtained certifications from these entities as of December 31, 2014 and 2013, and for the year ended December 31, 2014, stating that the certified information provided to the Plan administrator is complete and accurate.

Disclaimer of opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Grant Thornton

Supplementary information

The supplemental schedule of assets (held at end of year) as of December 31, 2014 is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on form and content in compliance with DOL rules and regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the certified information described in Note 5, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

Cleveland, Ohio
October 7, 2015

URS CORPORATION 401(k) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(expressed in thousands)

	December 31	
	2014	**2013**
ASSETS		
Investments, at fair value (Notes 3 and 4)		
Plan investment in URS Corporation Retirement Plans Master Trust	$ 3,031,955	$ 2,981,055
Receivables		
Notes receivable from participants	45,515	46,983
Employer contributions	41,746	50,204
Participant contributions	8	84
Total receivables	87,269	97,271
Total assets	3,119,224	3,078,326
LIABILITIES		
Due to affiliate plan	909	867
Administrative expenses payable	440	446
Total liabilities	1,349	1,313
Net assets reflecting investments at fair value	3,117,875	3,077,013
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(4,750)	(4,788)
Net assets available for benefits	$ 3,113,125	$ 3,072,225

See accompanying notes to financial statements.

URS CORPORATION 401(k) RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(expressed in thousands)

Year Ended December 31, 2014

Investment income	
Plan interest in URS Corporation Retirement Plans	
Master Trust investment income (Note 4)	$ 161,819
Interest income on notes receivable from participants	1,992
Contributions	
Participants	162,775
Employer	45,567
Rollover	22,558
Total contributions	230,900
Deductions	
Benefits paid to participants	(383,890)
Administrative expenses	(7,490)
Total deductions	(391,380)
Net assets transferred in from affiliated plans	37,569
Net increase	40,900
Net assets available for benefits	
Beginning of year	3,072,225
End of year	$ 3,113,125

See accompanying notes to financial statements.

URS CORPORATION 401(k) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2014 and 2013

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the URS Corporation 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan was established on November 1, 1983, to provide retirement benefits for employees of URS Corporation and certain of its affiliates. On October 17, 2014, URS Corporation merged with AECOM and became a wholly-owned subsidiary of AECOM. Subsequent to the merger, URS Corporation changed its name to AECOM Global II, LLC (the "Company"), and the sponsorship of the Plan was transferred from URS Corporation to AECOM Global II, LLC.

The Plan is a defined contribution plan covering all eligible employees who have attained eighteen years of age and are not members of a collective bargaining unit whose employment is governed by a collective bargaining agreement under which retirement benefits were the subject of good faith bargaining, unless the agreement provides for participation in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plan provides for a Plan administrator who is responsible for keeping accurate and complete records with regard to the Plan's operations, informing participants of changes or amendments to the Plan, ensuring that the Plan conforms to the law and to government regulations, and providing participants with any reports and documents required by law.

Participant Contributions: Participants may voluntarily make contributions between 1% and 75% of their annual pre-tax compensation (the "Salary Reduction Contributions"), limited to $17,500 for the year ended December 31, 2014. Participants who are 50 years of age and over may voluntarily make additional contributions up to $5,500 (the "Catch-up Contributions"). Catch-up Contributions are counted as part of the 75% limitation on the Salary Reduction Contributions. Participants also may voluntarily make after-tax and Roth elective deferral contributions. If participants are highly-compensated employees, the maximum contribution percentage may be subject to further limitation.

The Plan also provides for an automatic enrollment feature. Eligible employees will be automatically enrolled as participants in the Plan on the first day of the pay period that is as soon as administratively feasible following their "Automatic Enrollment Date." A participant's Automatic Enrollment Date is 45 days after the date on which the participant first completes one hour of service. Eligible employees will not be automatically enrolled in the Plan if they affirmatively elect to make deferral contributions at the time and in the manner specified by the Company or elect not to participate in the Plan prior to their Automatic Enrollment Date. A participant's Salary Reduction Contributions under the automatic enrollment feature will be 1% subject to an annual increase of 1% until either a participant elects to discontinue or change his or her automatic enrollment contributions or such contributions reach 6%.

Employer Contributions: The Company may make discretionary contributions to eligible participants. In addition to the Company's discretionary contributions, certain participants may be eligible to receive Company matching contributions based on the provisions specified in the Plan document, as amended. All discretionary and required employer contributions are subject to limitations imposed by applicable provisions of the Internal Revenue Code ("IRC"). No discretionary contributions were made to the Plan in 2014.

Participant Accounts: Each participant's account is credited with the participant's contributions and Company contributions which are directly made to a participant's account and allocations of (a) certain Company discretionary or required contributions, if any, and (b) Plan investment earnings or losses. Allocations are based on participant earnings or account balances, as defined by the Plan document. Certain administration fees are paid from the participant's account. The benefit to which a participant is entitled is the benefit that may be provided from the participant's vested account.

Vesting: Participants are immediately vested in their voluntary contributions, rollover contributions, and employer contributions, plus actual earnings thereon. Employer contributions for participants of certain plans merged into the Plan were subject to vesting schedules under those plans; however, active participants' unvested balances became fully vested upon the mergers.

Notes Receivable from Participants: Participants may borrow from their vested account balances provided they meet the Plan's eligibility requirements. The minimum loan amount is $1,000 and the maximum amount is the lesser of one-half of the participant's vested account balance or $50,000. The duration of the loan is not to exceed five years, except for loans used to finance the purchase of a primary residence. A participant may have no more than two loans outstanding at the same time. Notes receivable from participants bear interest at rates that range from 4.25% to 9.50% and 4.00% to 10.00% at December 31, 2014 and 2013, respectively, which are commensurate with prevailing rates at the time of the loan as determined by the Plan administrator and remain fixed throughout the life of the loan. Loans are collateralized by the borrower's account balance in the Plan. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits: The Plan provides for the distribution of benefits to the participant (or, if applicable, the beneficiary) if the participant (a) attains age 70½ or, (b) upon retirement, death, disability, or termination of employment. Hardship withdrawals, certain in-service withdrawals, and withdrawals of roll-over contributions, as defined in the Plan, are also permitted. Participants may elect to receive their benefits in the form of a lump sum payment, installment payments or a direct rollover distribution to another qualified plan. Participants who separate from service and have vested account balances of less than $1,000 receive a lump sum distribution in cash as determined by the Plan administrator.

Forfeited Accounts: Forfeitures may be used to reduce the Company's contributions, to pay Plan expenses, and to restore non-vested accounts of employees who are rehired. The balance of unallocated forfeitures was approximately $0 at December 31, 2014 and 2013. Forfeitures used by the Company to reduce the Company's contributions totaled approximately $643,000 during the year ended December 31, 2014.

Unallocated Contribution Funding Accounts: Quarterly, the Company funds estimated future required contributions for the participants of one participating affiliate of the Company into an

unallocated contribution funding account. The balance of the unallocated contribution funding account at December 31, 2014 and 2013 was approximately $8.7 million and $7.2 million, respectively.

Administrative Expenses: The Plan's expenses are paid by either the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statement of Changes in Net Assets Available for Benefits. In addition, certain investment-related expenses are included in net appreciation of fair value of investments presented in the accompanying Statement of Changes in Net Assets Available for Benefits.

Investment Options: Upon enrollment in the Plan, a participant is allowed to direct the investment of his or her account, in one percent increments, into a variety of diversified investment fund options allowed by the Plan. If a participant is automatically enrolled in the Plan and has not selected an investment fund to invest their contributions to the Plan, those contributions will be invested in the Retirement Date Fund closest to the year in which the employee would obtain retirement age. Participants may change their investment options at any time.

The Plan's investments include a company stock fund, a pooled fund which consists of two components: common stock of the company and a cash investment fund. At December 31, 2014, the fund held AECOM common stock. Prior to October 17, 2014, the fund held URS Corporation common stock. In accordance with the merger agreement between AECOM and URS Corporation, the URS Corporation stockholders, including participants with balances in the URS Stock Fund, had the right to elect to receive cash, AECOM common stock or a combination of cash and AECOM common stock. As a result of the merger, the URS Stock Fund ceased, and the AECOM Stock Fund was established. Those participants who elected to receive AECOM stock became participants in the AECOM Stock Fund.

Participants in the AECOM Stock Fund hold units of the pooled fund which are valued each day by determining the quoted market value of the AECOM stock plus the cash reserves held in the fund. Participants with current balances in the AECOM Stock Fund are former participants of the Performance Plan and Employee Stock Ownership Plan of Greiner Engineering, Inc., a wholly-owned subsidiary of the Company. The fair value of AECOM stock held by the Plan was approximately $593,000 at December 31, 2014, and the fair value of the URS stock held by the Plan was approximately $1,520,000 at December 31, 2013. Additional contributions and transfers into the AECOM Stock Fund are not allowed by the Plan.

Transfers to and from Affiliated Plans: On September 30, 2014, net assets of approximately $40.5 million, which consisted of $40.4 million in investments and $0.1 million in notes receivable from participants, were transferred into the Plan from another affiliated plan of the Company.

If during the year the eligibility of an active participant in the Plan or the URS Corporation 401(k) Retirement Plan for Specified Contract Employees (the "SCE Plan") changes, fully vested benefits are transferred to the plan that the participant is eligible to participate in. Those transfers accounted for a net transfer of approximately $3.0 million out of the Plan to the SCE Plan during 2014.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The Plan's financial statements are prepared under the accrual basis of accounting, in conformity with accounting principles generally accepted in the United States of America.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statements of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Use of Estimates**:** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results may differ from those estimates.

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. Investment income (loss) and realized and unrealized gains or losses are reported as a single amount as Plan interest in investment income of the Master Trust. (See Note 4 for information about the Master Trust.)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in the fair value of investments includes gains and losses on investments bought and sold, as well as held during the year.

Payment of Benefits**:** Benefits are recorded when paid.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 or 2013. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

NOTE 3 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures,* provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques

used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). When available, the Master Trust and the Plan measure fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Master Trust and Plan have the ability to access.
Level 2	Inputs to the valuation methodology include: · Quoted prices for similar assets or liabilities in active markets; · Quoted prices for identical or similar assets or liabilities in inactive markets; · Inputs other than quoted prices that are observable for the asset or liability; · Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Following is a description of the valuation methodologies used to measure the fair value of assets held within the Master Trust. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Mutual Funds: Valued based on quoted market prices of the fund in active markets.

Synthetic Investment Contracts: Valued at fair value and then adjusted to contract value. Fair value is based on the underlying fixed income securities and contract wrappers. Certain underlying fixed income securities are valued at prices determined using other significant observable inputs such as the quoted prices for similar securities, interest rates, credit risks and others. One component is valued based on quoted market prices of the fund in active markets. The fair value of the contract wrappers represents replacement costs.

Collective Trust Funds and Commingled Pools: Stated at the net asset value (NAV) of shares held at end of year based on the quoted market prices of the underlying assets.

Stocks: Valued at the quoted market price of the security.

Cash and certificates of deposit: Valued at the cash balance held at year-end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Master Trust and the Plan believes its valuation methods are appropriate and consistent with other market

participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE 4 – INTEREST IN MASTER TRUST

The Plan's investment assets are held in a trust account at Fidelity Management Trust Company ("Trustee") and consist of an undivided interest in an investment account of the URS Corporation Retirement Plans Master Trust ("Master Trust"), a master trust established by URS Corporation and administered by the Trustee. Use of the Master Trust permits the commingling of trust assets with the assets of the SCE Plan for investment and administrative purposes. Although assets of the two retirement plans are commingled in the Master Trust, the Trustee maintains supporting records for the purpose of allocating the net gain or loss of the investment funds to the participating plans. The net investment income (loss) of the Master Trust investment funds is allocated by the Trustee to each participating plan based on that plan's interest in each investment fund, as compared with the total interest of all the participating plans in each investment fund. Investment income (loss) is recognized as earned based on the terms of the investments and the period during which the investments are held by the Master Trust. The Plan's interest in the Master Trust represented approximately 93.5% and 93.6% of the total assets in the Master Trust at December 31, 2014 and 2013, respectively.

The following table presents the net assets of the Master Trust as of December 31:

	2014	2013
	(expressed in thousands)	
Investments at fair value		
Mutual funds	$ 640,406	$ 663,242
Collective trust funds and commingled pools	1,394,892	1,233,220
Stocks	814,555	840,478
Synthetic investment contracts	367,489	394,907
Cash and certificates of deposit	27,514	53,318
	3,244,856	3,185,165
Accounts receivable		
Receivable for securities sold	3,977	3,943
Accounts payable		
Due to broker for securities purchased	4,198	3,686
Operating payables	1,840	1,876
	6,038	5,562
Net assets of Master Trust	$3,242,795	$3,183,546
Plan interest in Master Trust	$3,031,955	$2,981,055

During 2014, the investments in the Master Trust (including investments bought and sold, as well as held during the year) appreciated (depreciated) as shown in the following table:

	(expressed in thousands)
Net appreciation (depreciation) in fair value of investments:	
Mutual funds	$ (15,741)
Collective trust funds and commingled pools	89,240
Stocks	52,742
Other	(3,432)
Net appreciation in fair value of investments	$ 122,809

The following table shows the changes in net assets for the Master Trust for the year ended December 31, 2014:

Changes in net assets:	
Net appreciation in fair value of investments	$ 122,809
Interest and dividend income	49,712
Net investment income	172,521
Net purchases (redemptions)	(104,839)
Administrative expenses	(8,433)
Increase in net assets	$ 59,249
Net assets:	
Beginning of year	$3,183,546
End of year	$3,242,795

The following tables sets forth by level, within the fair value hierarchy, the Master Trust assets at fair value as of December 31, 2014 and 2013:

As of December 31, 2014	(Level 1)	(Level 2)	(Level 3)	Total
		(expressed in thousands)		
Mutual funds				
Fixed income fund	$ 227,701	$ --	$ --	$ 227,701
Mid-cap funds	152,179	--	--	152,179
Small to mid-cap funds	99,349	--	--	99,349
Small cap funds	93,807	--	--	93,807
Emerging markets fund	41,894	--	--	41,894
International equity funds	17,997	--	--	17,997
Other	7,479	--	--	7,479
Total mutual funds	640,406	--	--	640,406
Collective trust funds and commingled pools				
Retirement date funds	--	1,024,041	--	1,024,041
S&P 500 matching fund	--	305,418	--	305,418
MSCI ACWI matching fund	--	36,832	--	36,832
US Treasury securities	--	11,592	--	11,592
Investment grade bonds	--	17,009	--	17,009
	--	1,394,892	--	1,394,892

	(Level 1)	(Level 2)	(Level 3)	Total
As of December 31, 2014 (continued)		*(expressed in* thousands)		
Stocks				
Information Technology	199,225	--	--	199,225
Industrial/Materials	152,376	--	--	152,376
Consumer Discretionary	119,295	--	--	119,295
Financial	78,835	--	--	78,835
Health Care	137,567	--	--	137,567
Energy	32,954	--	--	32,954
Consumer Staples	27,105	--	--	27,105
Telecommunication	19,810	--	--	19,810
Utilities	20,943	--	--	20,943
Company stock	593	--	--	593
Other	15,020	--	--	15,020
Cash	10,832	--	--	10,832
	814,555	--	--	814,555
Synthetic investment contracts				
Treasury notes	--	110,889	--	110,889
Corporate bonds	--	59,118	--	59,118
Mortgage bonds	--	61,328	--	61,328
Government bonds	--	18,269	--	18,269
Short-duration bonds	--	108,330	--	108,330
Money market	5,797	--	--	5,797
Other	--	262	--	262
Wrap contract	--	--	40	40
Cash	3,456	--	--	3,456
	9,253	358,196	40	367,489
Cash and certificates of deposit	27,514	--	--	27,514
Total assets at fair value	$1,491,728	$1,753,088	$ 40	$3,244,856

	(Level 1)	(Level 2)	(Level 3)	Total
As of December 31, 2013		*(expressed in* thousands)		
Mutual funds				
Fixed income fund	$ 242,577	$ --	$ --	$ 242,577
Mid-cap funds	149,138	--	--	149,138
Small to mid-cap funds	86,502	--	--	86,502
Small cap funds	118,673	--	--	118,673
Emerging markets fund	45,694	--	--	45,694
International equity funds	14,596	--	--	14,596
Other	6,062	--	--	6,062
Total mutual funds	663,242	--	--	663,242
Collective trust funds and commingled pools				
Retirement date funds	--	918,420	--	918,420
S&P 500 matching fund	--	250,220	--	250,220
MSCI ACWI matching fund	--	42,165	--	42,165
US Treasury securities	--	12,464	--	12,464
Investment grade bonds	--	9,951	--	9,951
	--	1,233,220	--	1,233,220

	(Level 1)	(Level 2)	(Level 3)	Total
As of December 31, 2013 (continued)		*(expressed in* thousands)		
Stocks				
Information Technology	157,709	--	--	157,709
Industrial/Materials	160,858	--	--	160,858
Consumer Discretionary	165,933	--	--	165,933
Financial	98,885	--	--	98,885
Health Care	111,301	--	--	111,301
Energy	54,225	--	--	54,225
Consumer Staples	36,290	--	--	36,290
Telecommunication	25,826	--	--	25,826
Utilities	15,512	--	--	15,512
Company stock	1,520	--	--	1,520
Other	12,419	--	--	12,419
	840,478	--	--	840,478
Synthetic investment contracts				
Treasury notes	--	115,336	--	115,336
Corporate bonds	--	64,242	--	64,242
Mortgage bonds	--	69,583	--	69,583
Government bonds	--	18,859	--	18,859
Short-duration bonds	--	117,267	--	117,267
Money market	4,212	--	--	4,212
Other	--	292	--	292
Wrap contract	--	--	42	42
Cash	5,074	--	--	5,074
	9,286	385,579	42	394,907
Cash and certificates of deposit	53,318	--	--	53,318
Total assets at fair value	$1,566,324	$1,618,799	$ 42	$3,185,165

The following table sets forth a summary of changes in fair value of the Master Trust's Level 3 assets for the year ended December 31, 2014:

	Synthetic Investment Contracts *(expressed in thousands)*
Balance at beginning of year	$ 42
Realized and unrealized losses	(2)
Balance at end of year	$ 40

The table below presents additional information for investments whose fair value is estimated using net asset value (NAV) per share as of December 31, 2014 and 2013:

	Fair Value (in $000)	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
December 31, 2014					
Collective trust funds and commingled pools					
Retirement date funds [(a)]	$1,024,041	$ --	Daily	None	None
S&P 500 matching fund [(b)]	305,418	--	Daily	None	None
MSCI ACWI matching fund [(c)]	36,832	--	Daily	None	None
US Treasury securities [(d)]	11,592	--	Daily	None	None
Investment grade bonds [(e)]	17,009	--	Daily	None	None
December 31, 2013					
Collective trust funds and commingled pools					
Retirement date funds [(a)]	$918,420	$ --	Daily	None	None
S&P 500 matching fund [(b)]	250,220	--	Daily	None	None
MSCI ACWI matching fund [(c)]	42,165	--	Daily	None	None
US Treasury securities [(d)]	12,464	--	Daily	None	None
Investment grade bonds [(e)]	9,951	--	Daily	None	None

(a) Funds invest in a diversified portfolio which seeks to invest in assets of an appropriate risk level for the average investors at various stages in their working lives.
(b) Fund seeks to provide long-term capital appreciation, closely matching the return of the S&P 500 Index.
(c) Fund seeks to match the performance of the Morgan Stanley Capital International (MSCI) ACWI ex-US Index.
(d) Fund seeks to provide inflation protection and long-term total return in excess of the Barclays U.S. 1-10 Year TIPS Index.
(e) Fund seeks to match the performance and risk of the Barclays Capital U.S Aggregate Bond Index.

NOTE 5 – INFORMATION CERTIFIED BY THE TRUSTEE OF THE PLAN

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, no audit procedures were performed with respect to the information certified by the Trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014, and certified by Bank of Oklahoma as of December 31, 2013, with respect to certain assets transferred to the Plan effective December 31, 2013, except to compare such information to the information included in the accompanying financial statements and supplemental schedule.

Information certified by the Trustee and Bank of Oklahoma includes the fair value of the investments held in the Master Trust and notes receivable from participants included in the accompanying Statements of Net Assets Available for Benefits; interest in investment income (loss) for the Master Trust, and interest income on notes receivable from participants included in the accompanying Statement of Changes in Net Assets Available for Benefits; information regarding the investments held in the Master Trust presented in Note 4; and notes receivable from participants included in Schedule H, Line 4i: Schedule of Assets (Held at End of Year).

NOTE 6 – SYNTHETIC INVESTMENT CONTRACTS

The Master Trust, in which the Plan's investment assets are held, includes investments in synthetic investment contracts ("SICs"). A liquidity agreement ("wrapper") is entered into for a fee with a financially responsible third party that guarantees a minimum rate of return and provides benefit responsiveness. These companies have Standard and Poor's financial strength ratings of AA- to AAA. There are no reserves currently considered necessary against contract value for credit risk of these companies or otherwise. Contract value, as reported to the Master Trust by the financially responsible third parties, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The fair value of the SICs was determined based on the underlying fixed income securities and contract wrappers as discussed in Note 3. The contract wrappers held in the Master Trust were $40,000 and $42,000 at December 31, 2014 and 2013, respectively. The investments in SICs are presented at fair value on the Statements of Net Assets Available for Benefits in the line item "Plan investment in URS Corporation Retirement Plans Master Trust" at December 31, 2014 and 2013. An adjustment is also included in the Statements of Net Assets Available for Benefits, so that ending net assets available for benefits reflect the contract value of the SICs.

The SIC contracts are between the respective issuers thereof and the Master Trust and prohibit the Master Trust from selling or assigning such contracts without issuer consent. Terms of such contracts allow all participant-initiated transactions to occur at contract value. The crediting interest rate is set at the time such contracts are negotiated and, depending on the terms of such contracts, is fixed through the maturity date or is re-set quarterly, semiannually or annually depending on the performance of the investments being managed. The minimum crediting rate is zero percent. Key factors that could influence future crediting interest rates include, but are not limited to, the following: (1) the level or market interest rates, (2) the amount and timing of participant contributions, transfers and withdrawals into/out of such contracts, (3) the investment returns generated by the fixed income investments that support the contract wrapper, or (4) the duration of the underlying investments supporting such contracts.

There are certain events not initiated by Plan participants that limit the ability of the Master Trust to transact with the issuer of a SIC at its contract value. Specific coverage provided by each SIC may be different for each issuer, and can be found in the individual SIC contracts held by the Master Trust. Examples of such events include: the Plan's failure to qualify under the Internal Revenue Code of 1986 as amended; full or partial termination of the Plan, involuntary termination of employment as a result of a corporate merger, divestiture, spin-off, or other significant business restructuring, which may include early retirement incentive programs or bankruptcy; changes to the administration of the Plan which decreases employee or employer contributions, the establishment of a competing plan by the Plan sponsor, the introduction of a competing investment option, or other Plan amendment that has not been approved by the contract issuers; dissemination of a participant communication that is designed to induce participants to transfer assets from this investment option; events resulting in a material and adverse financial impact on the contract issuer, including changes in the tax code, laws or regulations. The Company does not believe that the occurrence of any of the aforementioned events, which would limit the Master Trust's ability to transact with the issuer of a SIC at its contract value with participants, is probable.

The SICs generally impose conditions on both the Master Trust and the issuer. If an event of default occurs and is not cured, the non-defaulting party may terminate the contract. The following may cause the Master Trust to be in default: a breach of material obligation under the contract; a material misrepresentation; or a material amendment to the Master Trust agreement. The issuer may be in default if it breaches a material obligation under the investment contract; makes a material misrepresentation; has a decline in its long-term credit rating below a threshold set forth in the contract; is acquired or reorganized and the successor issuer does not satisfy the investment or credit guidelines applicable to issuers. If, in the event of default of an issuer, the Master Trust were unable to obtain a replacement investment contract, withdrawing plans may experience losses if the value of the Master Trust's assets no longer covered by the contract is below contract value.

The Master Trust may seek to add additional issuers over time to diversify the Master Trust's exposure to such risk, but there is no assurance the Master Trust may be able to do so. The combination of the default of an issuer and an inability to obtain a replacement agreement could render the Master Trust unable to achieve its objective of maintaining a stable contract value. The terms of an investment contract generally provide for settlement of payments only upon termination of the contract or total liquidation of the covered investments. Generally, payments will be made pro-rata, based on the percentage of investments covered by each issuer. Contract termination occurs whenever the contract value or market value of the covered investments reaches zero or upon certain events of default. If the contract terminates due to issuer default (other than a default occurring because of a decline in its rating), the issuer will generally be required to pay to the Master Trust the excess, if any, of contract value over market value on the date of termination.

If a SIC terminates due to a decline in the ratings of the issuer, the issuer may be required to pay to the Master Trust the cost of acquiring a replacement contract (i.e. replacement cost) within the meaning of the contract.

If the contract terminates when the market value equals zero, the issuer will pay the excess of contract value over market value to the Master Trust to the extent necessary for the Master Trust to satisfy outstanding contract value withdrawal requests. Contract termination also may occur by either party upon election and notice.

The average yield based on actual earnings was approximately 1.31% and 1.24% and the average yield based on interest rate credited to participants was approximately 1.43% and 1.20% at December 31, 2014 and 2013, respectively.

NOTE 7 – RISKS AND UNCERTAINTIES

The Plan provides for various investment options in any combination from among the investments currently being offered. Investment securities are exposed to various risks, such as interest rate, market fluctuation and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the economic environment in the near term would materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

The underlying securities of the Plan's investments could include securities with contractual cash flows, such as, but not limited to, asset backed securities, collateralized mortgage obligations,

and commercial mortgage backed securities and real estate. The value, liquidity and related income of these securities may be particularly sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by real or perceived difficulties of the issuers, changes in interest rates and conditions in financial markets.

NOTE 8 – TAX STATUS

The Plan received its latest determination letter on May 13, 2015, in which the Internal Revenue Service ("IRS") indicated that the form of the Plan complies with the applicable requirements of the IRC. The Plan has not been amended since receiving the determination letter. The Plan administrator believes the Plan is qualified and the related trust continues to be tax-exempt: therefore, no provision for federal income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

NOTE 9 – RELATED PARTY TRANSACTIONS

The Plan has certain investments that are managed by Fidelity and also holds shares of common stock of AECOM. Fidelity is the trustee as defined by the Plan and AECOM Global II, LLC, a wholly-owned subsidiary of AECOM, is the sponsor of the Plan; therefore, these transactions qualify as party-in-interest transactions and are exempt from the prohibited transaction rules of ERISA.

NOTE 10 – PLAN TERMINATION

The Company has established the Plan with the expressed intention and expectation that it will continue the Plan. However, if circumstances make it impossible or inadvisable to continue the Plan, the Company reserves the right to terminate it at any time subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Benefits will be held in the trust fund which will remain in existence until the Company requests the discontinuance of the trust agreement.

NOTE 11 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the financial statements to Form 5500 as of and for the year ended December 31:

	2014	2013
	(expressed in thousands)	
Net assets available for benefits per financial statements	$3,113,125	$3,072,225
Reconciling Item:		
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	4,750	4,788
Net assets available for benefits per Form 5500	$3,117,875	$3,077,013

Increase in net assets per financial statements	$ 40,900
Adjustment from fair value to contract value for fully benefit-responsive investment contracts at:	
December 31, 2014	4,750
December 31, 2013	(4,788)
Increase in net assets available for benefits per Form 5500	$40,862

NOTE 12 – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 7, 2015, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

URS CORPORATION 401(k) RETIREMENT PLAN

EIN 47-1336341
PLAN NUMBER 001

FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2014

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current Value
* Notes Receivable from Participants	4.25% to 9.50%		$45,515,219

*Known party-in-interest
**Cost information is not required for participant-directed investments and, therefore, is not included.

URS CORPORATION 401(k) RETIREMENT PLAN

EIN 47-1336341
PLAN NUMBER 001

FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2014

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current Value
* Notes Receivable from Participants	4.25% to 9.50%		$45,515,219

*Known party-in-interest
**Cost information is not required for participant-directed investments and, therefore, is not included.