

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 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
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 ☐ 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.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>AECOM TECHNOLOGY CORPORATION CONTRACT EMPLOYEE 401K PLAN</u>		1b Three-digit plan number (PN) ▶ <u>334</u>
			1c Effective date of plan <u>11/01/1995</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	<u>AECOM TECHNOLOGY CORPORATION</u>		2b Employer Identification Number (EIN) <u>61-1088522</u>
			2c Plan Sponsor's telephone number <u>208-386-5000</u>
<u>515 SOUTH FLOWER STREET</u> <u>10TH FLOOR</u> <u>LOS ANGELES, CA 90071</u>			2d Business code (see instructions) <u>541330</u>

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	BERNARD KNOBBE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	BERNARD KNOBBE
	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 ☒ 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	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	1516
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)	1030
a(2) Total number of active participants at the end of the plan year		6a(2)	1368
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	363
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1731
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	4
f Total. Add lines 6d and 6e		6f	1735
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	813
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	16
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 2T 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) ☒ Trust		(3) ☒ 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		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☒ 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 _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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 AECOM TECHNOLOGY CORPORATION CONTRACT EMPLOYEE 401K PLAN	B Three-digit plan number (PN)	334
C Plan sponsor's name as shown on line 2a of Form 5500 AECOM TECHNOLOGY CORPORATION	D Employer Identification Number (EIN) 61-1088522	

Part I	Service Provider Information (see instructions)
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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)

MCGLADREY LLP

42-0714325

(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?
10 50	OTHER	23000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(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?
15 52 59 60 62 71 72	RECORDKEEPER	15846	Yes ☒ No ☐	Yes ☒ No ☐	0	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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2014</div> This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>AECOM TECHNOLOGY CORPORATION CONTRACT EMPLOYEE 401K PLAN</u>	B Three-digit plan number (PN) ►	<u>334</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AECOM TECHNOLOGY CORPORATION</u>	D Employer Identification Number (EIN) <u>61-1088522</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MGD INC PORT II

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN <u>04-3022712-025</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1860885</u>
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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)
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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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
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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
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>AECOM TECHNOLOGY CORPORATION CONTRACT EMPLOYEE 401K PLAN</u>		B Three-digit plan number (PN) ► <u>334</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AECOM TECHNOLOGY CORPORATION</u>		D Employer Identification Number (EIN) <u>61-1088522</u>

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	0	200
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	317573
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1001102	979776
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	279612	364481
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	398660	427034
(9) Value of interest in common/collective trusts	1c(9)	1448472	1860885
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	16307511	17081594
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(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	19435357	21031543

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	19435357	21031543
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2787468	
(B) Participants	2a(1)(B)	1004735	
(C) Others (including rollovers)	2a(1)(C)	39013	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3831216

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	714	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	14949	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15663

(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	7411	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	703643	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		711054

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	5805699	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5785570	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		20129

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	60607	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		60607

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		26451
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(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)		777018
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5442138

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3750816	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		3750816
f Corrective distributions (see instructions).....	2f		7324
g Certain deemed distributions of participant loans (see instructions).....	2g		51383
h Interest expense.....	2h		0
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)	36429	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		36429
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3845952

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1596186
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

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) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: MCGLADREY LLP

(2) EIN: 42-0714325

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:

- 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.).....
- 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.).....

	Yes	No	Amount
4a		X	
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.)		X	
4c			
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.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		10000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
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?.....		X	
4g			
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?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
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.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
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)

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>		<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
A Name of plan AECOM TECHNOLOGY CORPORATION CONTRACT EMPLOYEE 401K PLAN				B Three-digit plan number (PN) ▶	334
C Plan sponsor's name as shown on line 2a of Form 5500 AECOM TECHNOLOGY CORPORATION				D Employer Identification Number (EIN) 61-1088522	
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	0
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): 94-1687665					
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 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					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

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): _____

AECOM Technology Corporation
Contract Employee 401(k) Plan

*Financial Statements as of
December 31, 2014 and 2013
and for the Year Ended December 31, 2014,
Supplemental Schedule as of December 31, 2014
and Report of Independent Public Accountants*

AECOM TECHNOLOGY CORPORATION CONTRACT EMPLOYEE 401(K) PLAN

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Schedule of Assets (Held at End of Year) as of December 31, 2014, Form 5500 (Schedule H, Part IV, Line 4i)	18
NOTE:	
All other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	



Independent Auditor's Report

To the Plan Administrator and Participants
AECOM Technology Corporation Contract Employee 401(k) Plan
Los Angeles, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the AECOM Technology Corporation Contract Employee 401(k) 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 (DOL) 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 information summarized in Note F to the financial statements, which was certified or provided by Bank of America N.A., the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2013, that the information provided to the Plan Administrator by the trustee 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.

Basis of Accounting

We draw attention to Note K to the financial statements, which describes the change in the Plan's basis of accounting. The financial statement as of December 31, 2014 is prepared on the accrual basis of accounting and the financial statement as of December 31, 2013 is restated to reflect the change in the basis of accounting from the modified cash basis of accounting (basis of accounting other than accounting principles generally accepted in the United States of America) to the accrual basis of accounting. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule, Schedule H, Line 4(i)—Schedule of Assets (held at end of year) as of or for the year ended December 31, 2014, is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. 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 the DOL's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the trustee, 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 DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "McGladrey LLP". The signature is written in a cursive, flowing style.

Los Angeles, California
October 13, 2015

AECOM TECHNOLOGY CORPORATION

CONTRACT EMPLOYEE 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>Restated 2013</u>
	<i>(expressed in thousands)</i>	
ASSETS:		
Investments at fair value (Notes B, C, D and F):		
Mutual funds and other investments	\$ 18,426	\$ 17,612
Collective investment trusts	<u>1,861</u>	<u>1,449</u>
Total investments at fair value	20,287	19,061
Receivables:		
Notes from participants (Note A)	427	398
Employer contribution	<u>317</u>	<u>1,132</u>
Total receivables	744	1,530
Net Assets Available for Benefits - at fair value	21,031	20,591
Adjustment from fair value to contract value for interest in a collective investment trust relating to fully benefit-responsive investment contracts	<u>(27)</u>	<u>(20)</u>
Net Assets Available for Benefits	<u>\$ 21,004</u>	<u>\$ 20,571</u>

See notes to financial statements.

AECOM TECHNOLOGY CORPORATION

CONTRACT EMPLOYEE 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED DECEMBER 31, 2014

	2014
	<i>(expressed in thousands)</i>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
INVESTMENT INCOME (Notes B, C and F):	
Net appreciation in fair value of investments	\$ 831
Interest and dividends	734
Net investment income	<u>1,565</u>
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	<u>15</u>
CONTRIBUTIONS (Note A):	
Employer	1,655
Employee	1,004
Rollover	39
Total contributions	<u>2,698</u>
Total additions	<u>4,278</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants (Notes A and B)	(3,809)
Administrative expenses (Note B)	<u>(36)</u>
Total deductions	<u>(3,845)</u>
NET INCREASE	433
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year (Restated) (Note K)	<u>20,571</u>
End of year	<u>\$ 21,004</u>

See notes to financial statements.

AECOM TECHNOLOGY CORPORATION CONTRACT EMPLOYEE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

A. DESCRIPTION OF THE PLAN

The following brief description of AECOM Technology Corporation Contract Employee 401(k) Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General — The Plan is a defined contribution plan which became effective as of November 1, 1995. Employees of the following separate employers are eligible to participate in the Plan: (1) various participating companies, corporations, or entities affiliated with the Plan sponsor, AECOM, such as SCA and MSI contracts within McNeil Technologies, Inc. (“McNeil”), the Diesel Contract, AC First LLC, and certain other contracts of AECOM; (2) Rock Island Integrated Services Project in Illinois (“Rock Island”); and (3) Meridiam Infrastructure North America Corporation (“MINA”). The Plan is administered by the Americas Retirement Plans Investment Committee, formerly the Americas Stock and Pension Committee, authorized by the AECOM Board of Directors. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended. The assets of the Plan are held by Bank of America, N.A. (the “Trustee”).

Eligibility — Participants generally become eligible to participate in the Plan on the first day of the second calendar month following the date the individual becomes an employee of a participating company, with the exception of employees of McNeil and Rock Island who are eligible to participate upon their date of hire.

Employee Contributions:

After-Tax Contributions — Participants may elect to make after-tax contributions in percentages from 1% to 25% of eligible compensation, with the exception of McNeil and Rock Island employees who are allowed to elect up to 100% and 10% of eligible compensation, respectively.

Tax-Deferred Contributions — Participants may elect to make tax-deferred contributions in percentages from 1% to 25% of eligible compensation, with the exception of McNeil and Rock Island employees who are allowed to elect up to 100% and 15% of eligible compensation, respectively. All participants are limited to a maximum annual amount specified by the Internal Revenue Code (the “Code”) (\$17,500 in 2014).

Roth Contributions — Participants may elect to make Roth contributions in percentages from 1% to 25% of eligible compensation, with the exception of McNeil and Rock Island employees who are allowed to elect up to 100% and 10% of eligible compensation, respectively.

Catch-Up Contributions — Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions limited to the specified amount by the Code (\$5,500 in 2014).

Rollover Contributions — Participants may also contribute amounts representing rollovers from other qualified plans. Participants may make rollover contributions starting on their date of hire.

Employer Contributions — Participating companies are required to make employer contributions to the Plan on behalf of each eligible employee in an amount determined by each participating company or applicable collective bargaining agreements. Participating Union and Non-Union companies require employer contributions as follows:

- a) MINA – 100% match on the first 8% deferred;

AECOM TECHNOLOGY CORPORATION

CONTRACT EMPLOYEE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

A. DESCRIPTION OF THE PLAN (*concluded*)

- b) Rock Island – profit sharing contribution: Union employees receive match of \$1 for each hour worked. Non-Union employees receive match of \$0.30 for each hour worked;
- c) McNeil SCA contracts – 50% match on the first 6% deferred;
- d) McNeil MSI contracts – 100% match on the first 5% deferred;
- e) The Diesel contract – 100% match on the first 3% deferred and 50% on the next 2% deferred.

Employees of certain contracts governed by the Service Contract Act of 1965 (“SCA”) receive a required employer contribution on a quarterly basis (“SCA contributions”). SCA contributions are based on a calculated threshold of three months’ worth of health and welfare insurance premiums in their individual premium reserve accounts held externally to this Plan. The equivalent amounts in excess of this threshold are contributed to the participants’ account in the Plan and included in employer contributions.

Participant Accounts — An account is maintained for each participant, which is credited with the participant’s and employer’s contributions and allocations of the Plan earnings and charged with any administrative expenses specific to the participant’s transactions. Participants direct the investments of all contributions into various investment options offered by the Plan. Participants may change their investment options any time throughout the year. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting — Participants are 100% vested in their contributions at all times. Participants have a 100% nonforfeitable right to the amount in their accounts, including employer contributions, at all times with the exception of McNeil SCA contracts, Diesel contract, and MINA employees who have a 3-year cliff vesting schedule. Employees that are eligible to receive SCA contributions are 100% vested at all times. Unvested forfeited employer contributions are accumulated in the forfeiture account in the Plan and are available to pay Plan expenses or reduce subsequent employer contributions. The balance in the forfeiture account at December 31, 2014 was immaterial. During the year ended December 2014, \$31,000 of forfeitures was used to pay for Plan expenses and \$0 was used to reduce employer contributions.

Notes Receivable from Participants — Active participants may obtain loans from the Plan with the consent of the Plan Administrator. The minimum loan amount permitted is \$1,000; the maximum is the lesser of \$50,000 or 50% of the participant’s vested account balance. The interest rates are no less than 1% over the prime rate as published in The Wall Street Journal on the first business day of the month in which the loan application is approved. The repayment period of such loans cannot exceed five years unless the proceeds are used to buy the participant’s principal residence, in which case longer terms, up to ten years, are allowed. These loans are secured by a promissory note from the participant and his or her vested interest in the Plan. A note in default becomes a distribution and is considered a taxable event subject to all taxes and penalties applicable to such distributions. The notes are recorded at cost plus accrued interest.

Distributions — Generally, distributions are made when a participant terminates employment, becomes disabled, dies, or turns age 59-1/2 (in the event of death, payment shall be made to his or her beneficiary or, if none, to his or her legal representatives). Distributions are made in one single lump-sum in-kind distribution. Certified hardship withdrawals are permitted on vested amounts for certain substantiated financial reasons. If the participant takes a hardship withdrawal, the participant will be suspended from making further contributions to the Plan for a six-month period.

AECOM TECHNOLOGY CORPORATION

CONTRACT EMPLOYEE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

B. SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation — The accompanying financial statements have been prepared on the accrual basis in accordance 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 a fully benefit-responsive investment contract because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in these investment contracts through a collective trust. The Statements of Net Assets Available for Benefits presents the fair value of the investment in the collective trust, as well as the adjustment of the investment in the collective trust from fair value to contract value relating to the investment contracts. 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 the Plan's management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investments Valuation and Income Recognition — Other than the fully benefit-responsive investment contracts, as described previously, investments held by the Plan are reported at fair value. Fair value of mutual funds, common stocks, and exchange traded funds are based on quoted market prices. The investment in the collective investment trust is stated at net asset value as determined by the administrator of the collective trust. The cost of investments sold or distributed is determined on the basis of average cost for each participant. Purchases and sales of securities are reflected on the trade date. Dividends are recorded on the ex-dividend date. Interest income is recorded as earned. Net appreciation or depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits — Benefits are recorded when paid by the Plan.

Administrative Expenses — The Plan incurs monthly recordkeeping and administrative expenses. Specific participant transaction expenses are deducted from participant accounts directly. Plan expenses that cannot be directly charged to a specific participant transaction are paid by AECOM. For the year ended December 31, 2014, the Plan incurred \$36,000 of expenses.

Fair Value Measurements — The Plan's investments, which are stated at fair value, are disclosed in accordance with the established framework and disclosure requirements described in the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") No. 820-10, "Fair Value Measurements and Disclosures" ("ASC 820-10"), which defines fair value, establishes a framework for measuring fair value under current accounting pronouncements that require or permit fair value measurement and enhances disclosures about fair value measurements. ASC 820-10 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction value hierarchy, which requires an entity to maximize the use of observable inputs when measuring fair value.

The standard describes three levels of inputs that may be used to measure fair value:

- Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;

AECOM TECHNOLOGY CORPORATION

CONTRACT EMPLOYEE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

B. SIGNIFICANT ACCOUNTING POLICIES *(continued)*

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 inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Mutual Funds and Money Market Funds

A mutual fund is an investment company registered under the Investment Company Act of 1940 that pools the capital of many investors and invests it in stocks, bonds, short-term money market instruments, and/or other securities. These investments and money market funds are public investment vehicles valued using the Net Asset Value ("NAV") provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.

Collective Investment Trust

A collective investment trust is a trust for the collective investment and reinvestment of assets contributed from employee benefit plans maintained by more than one plan. These investments are valued using the NAV provided by the administrator of the collective trust. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is classified within Level 2 of the valuation hierarchy because the NAV's unit price is quoted on a private market that is not active. The composition and valuation of the collective investment trusts that were classified as Level 2 are described in Note D.

Common Stocks

Common stocks and exchanged traded funds are valued at the closing quoted price reported on active markets and are classified within Level 1 of the valuation hierarchy.

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 Plan management 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.

AECOM TECHNOLOGY CORPORATION

CONTRACT EMPLOYEE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

B. SIGNIFICANT ACCOUNTING POLICIES *(concluded)*

Transfers Between Levels — The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions of model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. We evaluate the significance of transfers between levels based on the nature of the financial instrument's size or the transfer relative to total net assets available for benefits. For the years ended December 31, 2014 and 2013, there were no transfers between levels.

Recent Accounting Pronouncements — In May 2015, the FASB issues Accounting Standards Update No. 2015-07, *Disclosures for Investment in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* ("ASU 2015-07"). ASU 2015-07 seeks to eliminate diversity in practice surrounding how investments measured at net asset value under the practical expedient with future redemption dates have been categorized in the fair value hierarchy. It is effective for annual reporting periods beginning after December 15, 2015.

In July 2015, the FASB issued ASU No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plan (Topic 962), Health and Welfare Benefit Plans (Topic 965) : (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, and (Part III) Measurement Date Practical Expedient (a consensus of the FASB Emerging Issues Task Force)* ("Update"). The purpose of this Update is to simplify plan accounting. The amendments in Part I of this update designate contract value as the only required measure for direct investments in fully benefit-responsive investment contracts. Fully benefit-responsive investment contracts will be presented at the contract value; accordingly, there will no longer be an adjustment from fair value to contract value on the face of the financial statements. The amendments in Part II of the Update will eliminate the requirements for plans to disclose (1) individual investments that represent 5 percent or more of net assets available for benefits and (2) the net appreciation or depreciation for investments by general type for both participant-directed investments and nonparticipant-directed investments. The net appreciation or depreciation in investments for the period will still be required to be presented in aggregate. The amendments in Part III of the Update reduce complexity in employee benefit plan accounting by providing a practical expedient that permits plans to measure investments and investment-related accounts as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end. The Update may be adopted in whole or by part (I, II, and III), as applicable. The amendments in this Update are effective for fiscal years beginning after December 15, 2015. Early adoption is permitted. Upon adoption, the amendments in Parts I and II shall be applied retrospectively to all periods presented; the amendments in Part III shall be applied prospectively.

Plan's management is currently in the process of evaluating the impact of the adoption of the new accounting guidance on its Plan financial statements.

Subsequent Events — The Plan has evaluated subsequent events through October 13, 2015, the date the financial statements were available to be issued.

AECOM TECHNOLOGY CORPORATION

CONTRACT EMPLOYEE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

C. INVESTMENTS

The Plan's investments that represented 5% or more of the Plan's net assets available for benefits as of December 31, 2014 and 2013 are as follows:

	2014	2013
	<i>(expressed in thousands)</i>	
T.Rowe Price Dividend Growth Fund (mutual fund)	\$ 2,009	\$ 1,774
Fidelity Investments Growth Company Fund (mutual fund)	1,970	1,940
Fidelity Managed Income Portfolio II Class IV (collective investment trust)	1,861	1,449
Fidelity Investments Balanced Fund (mutual fund)	1,727	1,711
Vanguard Target Retirement 2020 Fund (mutual fund)	1,517	1,343
Oakmark Fund Class I (mutual fund)	1,397	1,582
Vanguard Target Retirement 2030 Fund (mutual fund)	1,267	1,199
BlackRock Advisors FFI Premier Institutional Fund (mutual fund)	*	981

* The balance was less than 5% of the Plan's net assets available for benefits in the year indicated.

During the year ended December 31, 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value, as follows:

	<i>(expressed in \$000)</i>
Mutual funds	\$ 777
Collective investment trust	(6)
Common stocks	60
Net appreciation in fair value	<u>\$ 831</u>

AECOM TECHNOLOGY CORPORATION

CONTRACT EMPLOYEE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

D. FAIR VALUE MEASUREMENTS

Below are the Plan's assets carried at fair value on a recurring basis by the ASC 820-10 fair value hierarchy levels described in Note B:

As of December 31, 2014				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
<i>(expressed in thousands)</i>				
Mutual funds:				
Growth funds	\$ 3,880	\$ —	\$ —	\$ 3,880
Money market funds	980	—	—	980
Blend funds	12,427	—	—	12,427
Fixed income funds	774	—	—	774
Total mutual funds	18,061	—	—	18,061
Collective investment trust	—	1,861	—	1,861
Common stocks:				
Technology	247	—	—	247
Energy	31	—	—	31
Materials	8	—	—	8
Industrials	17	—	—	17
Consumer	24	—	—	24
Healthcare	11	—	—	11
Telecommunications	18	—	—	18
Exchange traded funds	5	—	—	5
Other	4	—	—	4
Total common stocks	365	—	—	365
Total assets at fair value	\$ 18,426	\$ 1,861	\$ —	\$ 20,287

AECOM TECHNOLOGY CORPORATION

CONTRACT EMPLOYEE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

D. FAIR VALUE MEASUREMENTS (continued)

	As of December 31, 2013			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
	(expressed in thousands)			
Mutual funds:				
Growth funds	\$ 3,828	\$ —	\$ —	\$ 3,828
Money market funds	1,025	—	—	1,025
Blend funds	11,665	—	—	11,665
Fixed income funds	814	—	—	814
Total mutual funds	17,332	—	—	17,332
Collective investment trusts	—	1,449	—	1,449
Common stocks:				
Technology	164	—	—	164
Energy	30	—	—	30
Materials	21	—	—	21
Industrials	17	—	—	17
Consumer	21	—	—	21
Healthcare	11	—	—	11
Telecommunications	10	—	—	10
Exchange traded funds	6	—	—	6
Total common stocks	280	—	—	280
Total assets at fair value	\$ 17,612	\$ 1,449	\$ —	\$ 19,061

The composition and valuation of the collective investment trusts that were classified as Level 2 as of December 31, 2014 and 2013 in the tables above are described below.

Fidelity Managed Income Portfolio II Class IV Fund (Collective Investment Trust)

During the years ended December 31, 2014 and 2013, the Plan held investments in the Fidelity Managed Income Portfolio II (“MIP II”) Fund. The Class IV Fund represents an investment in the Fidelity MIP II, which is a commingled pool of net assets in the Fidelity Group Trust for Employee Benefit Plans and is managed by Fidelity Management Trust Company (FMTC). Each share Class represents an investment in the same portfolio of assets, but with different fee and/or expense structures. MIP II’s investment objective is to seek the preservation of capital and to provide a competitive level of income over time that is consistent with the preservation of capital. MIP II invests in short-term bonds and other fixed income securities such as U.S. treasury bonds, government agency securities, corporate bonds, mortgage-backed securities, commercial mortgage-backed securities, asset-backed securities and derivative instruments, including futures, options and swaps. A portion of MIP II is invested in cash equivalents represented by shares in money market funds to provide daily liquidity and help maintain a stable NAV. The MIP II Fund is credited with contributions from participants and earnings on the underlying investments and charged for participant withdrawals and administrative expenses. MIP II enters into third party liquidity agreements, commonly referred to as wrap contracts, issued by insurance companies and other financial institutions. The issuer of the wrap contract guarantees a minimum rate of return and provides full benefit responsiveness,

AECOM TECHNOLOGY CORPORATION

CONTRACT EMPLOYEE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

D. FAIR VALUE MEASUREMENTS *(concluded)*

provided that all terms of the wrap contract have been met. FMTC normally seeks to minimize the exposure of MIP II to wrap related credit risk through diversification of the wrap contracts across an approved group of issuers, but may have a single wrap issuer for all of the fund's underlying assets. The wrap contracts accrue interest using crediting interest rates which is based upon a formula agreed with the issuer of the wrap contract with the requirement that the interest rates may not be less than zero percent. Crediting interest rates are reset monthly. A wrap issuer may terminate a wrap contract at any time. The fair value of the MIP II Fund equals the total of the fair values of the underlying assets plus wrap contracts. The fair values of the underlying assets of the MIP II, other than the wrap contracts, are priced using independent third party pricing services or brokers approved by FMTC to value its investments. The investment in wrap contracts are measured at fair value using a discounted cash flow model that considers recent fee bids as determined by recognized dealers, discount rate, and the duration of the underlying portfolio securities.

The average yields earned by the Plan for all investments held by the MIP II Fund was approximately 1.70% and 1.59% for the year ended December 31, 2014 and 2013, respectively. The average yields earned by the Plan for all investments held by the MIP II Fund based on the actual interest rates credited to the participants was approximately 1.38% and 1.14% for the year ended December 31, 2014 and 2013, respectively.

Net Asset Value per Share

The following tables summarize Level 2 investments measured at fair value based on NAV per share as of December 31, 2014 and 2013, respectively.

December 31, 2014	Fair Value (in \$000)	Unfunded Commitment	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Fidelity Managed Income Portfolio II Class IV	\$ 1,861	n/a	Daily	None

December 31, 2013	Fair Value (in \$000)	Unfunded Commitment	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Fidelity Managed Income Portfolio II Class IV	\$ 1,449	n/a	Daily	None

E. BENEFITS PAYABLE

Net assets available for benefits at December 31, 2014 and 2013 include \$0 and \$24,000, respectively, for participants who have withdrawn from the Plan and have requested distribution of benefits, but have not yet been paid.

F. INFORMATION CERTIFIED OR PROVIDED BY THE TRUSTEE

The following is a summary of the investment information as of December 31, 2014 and 2013, and for the year ended December 31, 2014, included in Notes C and D and in the Plan's financial statements and supplemental schedule that was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure

AECOM TECHNOLOGY CORPORATION

CONTRACT EMPLOYEE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

F. INFORMATION CERTIFIED OR PROVIDED BY THE TRUSTEE *(concluded)*

under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information in Note F and supplemental schedule related to the following investments:

	<u>2014</u>	<u>2013</u>
	<i>(expressed in thousands)</i>	
Statements of net assets available for benefits:		
Investments	\$ 20,287	\$ 19,061
Notes receivable from participants	427	398
Statement of changes in net assets available for benefits:		
Interest and dividends	734	
Interest income on notes receivable from participants	15	
Net appreciation in fair value of investments	831	

Schedule of assets (held at end of year) and investment information included in Notes C and D, and supplemental schedules.

G. RELATED PARTY TRANSACTIONS

The Plan invests in investments held in self-directed brokerage accounts managed by Merrill Lynch. Merrill Lynch is an affiliate of Bank of America, N.A., which is the Trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions.

H. PLAN TERMINATION

Although it has not expressed any intent to do so, AECOM has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination, participants will become 100% vested in their accounts.

I. TAX STATUS

The Internal Revenue Service (the "IRS") has determined and informed the Company by a letter dated December 16, 2013, that the Plan and related trust are designed in accordance with applicable sections of the Code. The Plan has been amended since receiving the determination letter. The Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Plan management is required 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, 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.

J. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term, and that such

AECOM TECHNOLOGY CORPORATION

CONTRACT EMPLOYEE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

J. RISKS AND UNCERTAINTIES *(concluded)*

change could materially affect the amounts reported in the financial statements. The Plan's exposure to a concentration of risks is limited by the diversification of investments across various participant-directed investment options. Additionally, the investments within each participant-directed investment option are further diversified into varied financial instruments.

K. BASIS OF ACCOUNTING

The Plan's 2013 financial statements were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principals accepted in the United States of America ("GAAP"). The modified cash basis was used during 2013 to report the cash received from employer contributions related to SCA contract employees. Those employer contributions to SCA contract employees were recorded when cash was received by the Plan as opposed to being accrued under the GAAP basis of accounting in the period they were contractually earned by participants and payable to the Plan.

The Plan began reporting the employer contributions to SCA contract employees when accrued under GAAP for the year ended December 31, 2014, and restated December 31, 2013, to record such receivable. The following lines in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits were restated:

	As previously reported under modified cash basis	Adjustments <i>(expressed in thousands)</i>	As restated under GAAP
Statement of Net Assets Available for Benefits (2013)			
Employer contribution receivable	\$ —	\$ 1,132	\$ 1,132
Net assets available for Benefits – at fair value	19,459	1,132	20,591
Net Assets Available for Benefits	19,439	1,132	20,571
Statement of Changes in Net Assets Available for Benefits			
Beginning of year net assets available for benefits	\$ 19,439	\$ 1,132	\$ 20,571

AECOM TECHNOLOGY CORPORATION

CONTRACT EMPLOYEE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

L. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014 and 2013 to Form 5500:

	2014	2013
	<i>(expressed in thousands)</i>	
Net assets available for benefits per the financial statements (See Note K)	\$ 21,004	\$ 20,571
Restatement of employer contributions (See Note K)	–	(1,132)
Adjustment from contract value to fair value for interest in a collective investment trust fund relating to fully benefit-responsive investment contracts	27	20
Amounts allocated to withdrawing participants	–	(24)
Net assets available for benefits per Form 5500	<u>\$ 21,031</u>	<u>\$ 19,435</u>

The following is a reconciliation of total net increase per the financial statements for the year ended December 31, 2014 to Form 5500:

	2014
	<i>(expressed in thousands)</i>
Total net increase per financial statements	\$ 433
Net change in adjustment from contract value to fair value for interest in a collective investment trust fund relating to fully benefit-responsive investment contracts	7
Restatement of employer contributions (See Note K)	1,132
Net change in amounts allocated to withdrawing participants	<u>24</u>
Total net increase per Form 5500	\$ 1,596

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AECOM TECHNOLOGY CORPORATION

CONTRACT EMPLOYEE 401(K) PLAN

EIN #: 61-1088522

PLAN #: 334

FORM 5500, SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	€ Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par of Maturity Value	(d) Cost	(e) Current Value
<u>Registered Investment Companies:</u>				
	BlackRock Advisors FFI Premier Institutional Fund	951,267 shares	**	\$ 951,267
	Templeton Global Total Fund Class R6	819 shares	**	10,277
	T. Rowe Price Dividend Growth Fund	55,617 shares	**	2,009,430
	Cambiar Small Cap Institutional Class	5,591 shares	**	111,930
	Oakmark Fund Class I	21,039 shares	**	1,396,575
	PIMCO Total Return Fund Institutional Class	72,658 shares	**	774,529
	Baron Growth Fund Class I	11,524 shares	**	844,022
	Dodge & Cox International Stock	12,109 shares	**	509,889
	American EuroPacific Growth Fund Class R6	6,517 shares	**	306,901
	VOYA Real Estate Fund (Class I)	12,435 shares	**	264,000
	Morgan Stanley Global Real Estate Portfolio Fund Class IS Shares	10,798 shares	**	119,964
	Neuberger Berman Socially Responsive Fund Investor	3,720 shares	**	128,687
	Fidelity Investments Growth Company Fund	14,934 shares	**	1,969,666
	Fidelity Investments Balanced Fund	75,832 shares	**	1,726,693
	Vanguard Explorer Fund Admiral Shares	1,212 shares	**	104,858
	Vanguard PRIMECAP Core Fund	6,094 shares	**	131,896
	Vanguard Extended Market Index Fund	8,780 shares	**	584,747
	Vanguard Institutional Index Fund	4,822 shares	**	909,740
	Vanguard Target Retirement 2010 Fund	5,210 shares	**	137,131
	Vanguard Target Retirement 2015 Fund	18,874 shares	**	288,589
	Vanguard Target Retirement 2020 Fund	53,292 shares	**	1,516,702
	Vanguard Target Retirement 2025 Fund	6,110 shares	**	101,011
	Vanguard Target Retirement 2030 Fund	43,625 shares	**	1,266,872
	Vanguard Target Retirement 2035 Fund	3,214 shares	**	57,346
	Vanguard Target Retirement 2040 Fund	27,544 shares	**	819,718
	Vanguard Target Retirement 2045 Fund	3,771 shares	**	70,331
	Vanguard Target Retirement 2050 Fund	21,697 shares	**	642,670
	Vanguard Target Retirement 2055 Fund	2,139 shares	**	68,392
	Vanguard Target Retirement Income Fund	16,191 shares	**	209,027
				18,032,860
<u>Common/Collective Investment Trust Fund:</u>				
	Fidelity Managed Income Portfolio II Class IV	1,860,885 shares	**	1,860,885
*	Assets in Bank of America, N.A. Self-Directed Brokerage Accounts	Various investments, including common stocks, ETFs and money market funds	**	392,988

AECOM TECHNOLOGY CORPORATION CONTRACT EMPLOYEE 401(K) PLAN

EIN #: 61-1088522

PLAN #: 334

FORM 5500, SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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 of Maturity Value	(d) Cost	(e) Current Value
	Notes Receivable from participants	Loans to participants with maturities ranging from 2015 to 2022 and with a 4.25% interest rate	—	427,034
	Total investments			\$ 20,713,767

* Party-in-interest

** Cost information not required for participant directed investments

See Report of Independent Public Accountants.

AECOM TECHNOLOGY CORPORATION

CONTRACT EMPLOYEE 401(K) PLAN

EIN #: 61-1088522

PLAN #: 334

FORM 5500, SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	€ Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par of Maturity Value	(d) Cost	(e) Current Value
<u>Registered Investment Companies:</u>				
	BlackRock Advisors FFI Premier Institutional Fund	951,267 shares	**	\$ 951,267
	Templeton Global Total Fund Class R6	819 shares	**	10,277
	T. Rowe Price Dividend Growth Fund	55,617 shares	**	2,009,430
	Cambiar Small Cap Institutional Class	5,591 shares	**	111,930
	Oakmark Fund Class I	21,039 shares	**	1,396,575
	PIMCO Total Return Fund Institutional Class	72,658 shares	**	774,529
	Baron Growth Fund Class I	11,524 shares	**	844,022
	Dodge & Cox International Stock	12,109 shares	**	509,889
	American EuroPacific Growth Fund Class R6	6,517 shares	**	306,901
	VOYA Real Estate Fund (Class I)	12,435 shares	**	264,000
	Morgan Stanley Global Real Estate Portfolio Fund Class IS Shares	10,798 shares	**	119,964
	Neuberger Berman Socially Responsive Fund Investor	3,720 shares	**	128,687
	Fidelity Investments Growth Company Fund	14,934 shares	**	1,969,666
	Fidelity Investments Balanced Fund	75,832 shares	**	1,726,693
	Vanguard Explorer Fund Admiral Shares	1,212 shares	**	104,858
	Vanguard PRIMECAP Core Fund	6,094 shares	**	131,896
	Vanguard Extended Market Index Fund	8,780 shares	**	584,747
	Vanguard Institutional Index Fund	4,822 shares	**	909,740
	Vanguard Target Retirement 2010 Fund	5,210 shares	**	137,131
	Vanguard Target Retirement 2015 Fund	18,874 shares	**	288,589
	Vanguard Target Retirement 2020 Fund	53,292 shares	**	1,516,702
	Vanguard Target Retirement 2025 Fund	6,110 shares	**	101,011
	Vanguard Target Retirement 2030 Fund	43,625 shares	**	1,266,872
	Vanguard Target Retirement 2035 Fund	3,214 shares	**	57,346
	Vanguard Target Retirement 2040 Fund	27,544 shares	**	819,718
	Vanguard Target Retirement 2045 Fund	3,771 shares	**	70,331
	Vanguard Target Retirement 2050 Fund	21,697 shares	**	642,670
	Vanguard Target Retirement 2055 Fund	2,139 shares	**	68,392
	Vanguard Target Retirement Income Fund	16,191 shares	**	209,027
				18,032,860
<u>Common/Collective Investment Trust Fund:</u>				
	Fidelity Managed Income Portfolio II Class IV	1,860,885 shares	**	1,860,885
*	Assets in Bank of America, N.A. Self-Directed Brokerage Accounts	Various investments, including common stocks, ETFs and money market funds	**	392,988

AECOM TECHNOLOGY CORPORATION CONTRACT EMPLOYEE 401(K) PLAN

EIN #: 61-1088522

PLAN #: 334

FORM 5500, SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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 of Maturity Value	(d) Cost	(e) Current Value
	Notes Receivable from participants	Loans to participants with maturities ranging from 2015 to 2022 and with a 4.25% interest rate	—	427,034
	Total investments			\$ 20,713,767

* Party-in-interest

** Cost information not required for participant directed investments

See Report of Independent Public Accountants.

Plan Name	<u>AECOM TECHNOLOGY CORPORATION CONTRACT EMPLOYEE 401K PLAN</u>	EIN:	<u>61-1088522</u>
Plan Sponsor's Name	<u>AECOM TECHNOLOGY CORPORATION</u>	PN:	<u>334</u>

[illegible]