

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; 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>10/01/2014</u> and ending <u>09/30/2015</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>TETRA TECH, INC. AND SUBSIDIARIES RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>03/08/1988</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>03/08/1988</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>03/08/1988</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>TETRA TECH, INC.</u> <u>3475 EAST FOOTHILL BLVD</u> <u>PASADENA, CA 91107</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>95-4148514</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>626-470-2512</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541330</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>95-4148514</u>	2c Plan Sponsor's telephone number <u>626-470-2512</u>	2d Business code (see instructions) <u>541330</u>	
2b Employer Identification Number (EIN) <u>95-4148514</u>					
2c Plan Sponsor's telephone number <u>626-470-2512</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. Signature of plan administrator	07/14/2016 Date	JANET THOMAS Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	07/14/2016 Date	JANET THOMAS 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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 10809
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) 7860
a(2) Total number of active participants at the end of the plan year	6a(2) 7693
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 3012
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 10705
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 11
f Total. Add lines 6d and 6e	6f 10716
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 8733
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 190
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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (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 _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 10/01/2014 and ending 09/30/2015

A Name of plan <u>TETRA TECH, INC. AND SUBSIDIARIES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TETRA TECH, INC.</u>	D Employer Identification Number (EIN) <u>95-4148514</u>

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
AMERICAN FUNDS

95-1411037

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

20-4747475

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

13-3392291

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

94-3167260

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

INVESCO AIM

76-0528004

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

MAIRS & POWER

23-2398112

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

PUTNAM

36-4488942

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

ROYCE

52-2343049

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

T. ROWE PRICE

52-2264646

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

VANGUARD

23-1945930

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

TIAA

13-1624203

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

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)

WELLS FARGO BANK, N.A.

94-1347393

(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 21 37 49 50 52 62 64	SERVICE PROVIDER	536558	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

TETRA TECH, INC.

95-4148514

(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?
50 99	SERVICE PROVIDER	78796	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAPITAL RESEARCH & CONSULTING

95-4660745

(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?
27 50	SERVICE PROVIDER	50000	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)

PERRY HAY LLP

46-2290413

(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	SERVICE PROVIDER	42718	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MUSICK, PEELER & GARRETT

95-1777575

(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?
29 50	SERVICE PROVIDER	14280	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BPS&M

62-1647117

(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	SERVICE PROVIDER	7500	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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2014</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

<p>A Name of plan <u>TETRA TECH, INC. AND SUBSIDIARIES RETIREMENT PLAN</u></p>	<p>B Three-digit plan number (PN) ▶ <u>001</u></p>	
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TETRA TECH, INC.</u></p>	<p>D Employer Identification Number (EIN) <u>95-4148514</u></p>	

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: WELLS FARGO STABLE RETURN FUND N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN <u>41-6202499-001</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>81778143</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK S&P 500 INDEX CIT N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN <u>94-3224211-001</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>55762680</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):

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
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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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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
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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
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) <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>10/01/2014</u> and ending <u>09/30/2015</u>		
A Name of plan <u>TETRA TECH, INC. AND SUBSIDIARIES RETIREMENT PLAN</u>		B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TETRA TECH, INC.</u>		D Employer Identification Number (EIN) <u>95-4148514</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	<div style="display: flex; justify-content: space-between;"> (a) Beginning of Year (b) End of Year </div>
a Total noninterest-bearing cash	1a	42519
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	2390679
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	988013
(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)	72887
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common.....	1c(4)(B)	2848766
(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)	6894311
(9) Value of interest in common/collective trusts	1c(9)	137601333
(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)	647800450
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	10106
		9311

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	798606545	788652252

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	798606545	788652252
---	-----------	-----------	-----------

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)	8757738	
(B) Participants	2a(1)(B)	38252006	
(C) Others (including rollovers)	2a(1)(C)	2092337	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		49102081
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	89	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	5286	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	273757	
(F) Other	2b(1)(F)	1	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		279133
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	67792	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	52320793	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		52388585
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	21999149	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	22017080	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-17931
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-338168	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-338168

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		722364
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(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)		-61986520
c Other income.....	2c		733309
d Total income. Add all income amounts in column (b) and enter total.....	2d		40882853

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	81294029	
(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)		81294029
f Corrective distributions (see instructions).....	2f		40830
g Certain deemed distributions of participant loans (see instructions).....	2g		11765
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)	754736	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		754736
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		82101360

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-41218507
l Transfers of assets:			
(1) To this plan.....	2l(1)		31264214
(2) From this plan.....	2l(2)		

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: PERRY HAY LLP

(2) EIN: 46-2290413

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		500000
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

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.
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For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

A Name of plan <u>TETRA TECH, INC. AND SUBSIDIARIES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TETRA TECH, INC.</u>	D Employer Identification Number (EIN) <u>95-4148514</u>

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	<u>0</u>
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): <u>41-6257133</u>		
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

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): _____



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INDEPENDENT AUDITOR'S REPORT

The Retirement Committee
Tetra Tech, Inc. and Subsidiaries
Retirement Plan
Pasadena, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Tetra Tech, Inc. and Subsidiaries Retirement Plan (the "Plan") which comprise the statements of net assets available for benefits as of September 30, 2015 and 2014 and the related statement of changes in net assets available for benefits for the year ended September 30, 2015 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 information summarized in Note 5, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee held the Plan's investment assets and executed investment transactions. The plan administrator has obtained certifications from the Trustee as of September 30, 2015 and 2014, and for the year ended September 30, 2015, that the information provided to the plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

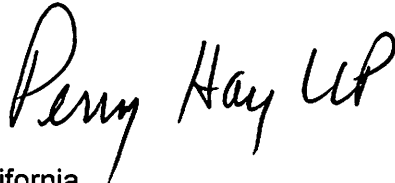
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule, as listed in the table of contents, is required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. 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 information certified 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 Department of Labor'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 "Perry Hay LP". The signature is written in a cursive, flowing style.

Woodland Hills, California
July 7, 2016

**TETRA TECH, INC. AND SUBSIDIARIES
RETIREMENT PLAN**

**FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULE**

SEPTEMBER 30, 2015

with

INDEPENDENT AUDITOR'S REPORT

**TETRA TECH, INC. AND SUBSIDIARIES
RETIREMENT PLAN
SEPTEMBER 30, 2015**

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INDEPENDENT AUDITOR'S REPORT

The Retirement Committee
Tetra Tech, Inc. and Subsidiaries
Retirement Plan
Pasadena, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Tetra Tech, Inc. and Subsidiaries Retirement Plan (the "Plan") which comprise the statements of net assets available for benefits as of September 30, 2015 and 2014 and the related statement of changes in net assets available for benefits for the year ended September 30, 2015 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 information summarized in Note 5, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee held the Plan's investment assets and executed investment transactions. The plan administrator has obtained certifications from the Trustee as of September 30, 2015 and 2014, and for the year ended September 30, 2015, that the information provided to the plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

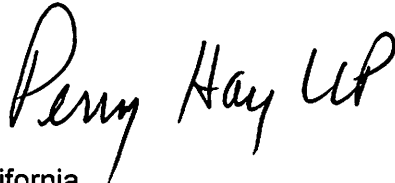
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule, as listed in the table of contents, is required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. 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 information certified 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 Department of Labor'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 "Perry Hay LP". The signature is written in a cursive, flowing style.

Woodland Hills, California
July 7, 2016

TETRA TECH, INC. AND SUBSIDIARIES
RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
Investments:		
Common/collective trusts:		
Wells Fargo Stable Return	\$ 81,778,143	\$ 83,411,827
Wells Fargo Blackrock S&P 500 Index	<u>55,762,679</u>	<u>54,189,506</u>
Total common/collective trusts	137,540,822	137,601,333
Registered investment companies:		
Franklin U.S. Government Securities	27,653,049	24,961,316
Wells Fargo Advantage Core Return Bond	56,955,872	56,122,525
T. Rowe Price Capital Appreciation	79,486,209	74,533,463
American Funds American Balanced	55,108,728	53,218,505
American Funds Fundamental Investors	33,824,254	34,971,805
Franklin Mutual Quest Fund	19,738,041	13,629,393
Mairs & Power Growth	44,288,526	48,904,290
American Funds Growth Fund of America	56,827,299	57,828,779
Invesco Van Kampen American Franchise	13,775,559	14,476,600
Third Avenue Value	-	6
TIAA-CREF Institutional Mid Cap Value	30,389,588	-
Aston/Fairpointe Mid Cap	23,675,007	28,797,045
Vanguard Mid-Cap Growth Fund	30,498,416	-
Invesco Dynamics/Mid Cap Growth	33,960,531	32,813,406
Franklin Balance Sheet Investment	-	35,677,773
Royce Premier	-	35,052,854
Invesco Small Cap Growth	39,063,656	37,837,390
American Funds Capital World Growth & Income	47,561,272	51,059,290
First Eagle Global	21,643,896	23,178,339
Putnam International Equity	<u>21,228,481</u>	<u>22,376,536</u>
Total registered investment companies	635,678,384	645,439,315
Cash and cash equivalents	45,270	9,565
Tetra Tech, Inc. common stock	291,695	296,052
Self-directed brokerage accounts	<u>6,194,687</u>	<u>5,975,290</u>
Total investments	779,750,858	789,321,555
Notes receivable from participants	6,884,334	7,134,298
Company contributions receivable	<u>2,268,780</u>	<u>2,390,679</u>
Net assets available for benefits	<u>\$ 788,903,972</u>	<u>\$ 798,846,532</u>

See accompanying Notes to Financial Statements.

TETRA TECH, INC. AND SUBSIDIARIES
RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
YEAR ENDED SEPTEMBER 30, 2015

Additions:

Investment income (loss):

Net depreciation in fair value of investments	\$ (9,226,294)
Other income (expense), net	<u>733,309</u>
Total investment income (loss)	(8,492,985)

Interest on notes receivable from participants	273,757
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Contributions:

Company	8,757,738
Participant salary deferrals	38,252,006
Participant rollovers	2,092,337
Transfer of assets from other qualified plans	<u>31,264,214</u>
Total contributions	<u>80,366,295</u>
Total additions	72,147,067

Deductions:

Benefits paid to participants	81,334,891
Administrative expenses	<u>754,736</u>
Total deductions	<u>82,089,627</u>

Net decrease	(9,942,560)
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Net assets available for benefits - September 30, 2014	<u>798,846,532</u>
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Net assets available for benefits - September 30, 2015	<u><u>\$ 788,903,972</u></u>
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**TETRA TECH, INC. AND SUBSIDIARIES
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2015**

1. Description of the Plan

General

The following description of the Tetra Tech, Inc. and Subsidiaries Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions. The Plan is intended to qualify as a profit sharing plan under Section 401(a) and as a cash or deferred arrangement under Section 401(k) of the Internal Revenue Code ("IRC") and is administered by a committee appointed by the Board of Directors of Tetra Tech, Inc. The Plan covers the employees of Tetra Tech, Inc. and some of its subsidiaries (collectively, the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). At September 30, 2015, there were 10,716 participants in the Plan.

Participant salary deferrals

Participants may make elective salary deferrals up to 100% of their compensation, not to exceed the maximum allowed under appropriate provisions of the IRC. Each employee who has completed at least 30 days of service shall be eligible to participate in the salary deferral.

Company contributions

The Company makes matching contributions to eligible participants employed on the last day of each calendar quarter of \$.50 on each dollar of participant salary deferrals during that quarter subject to a maximum contribution of 3% of eligible compensation during that quarter. The Company also makes discretionary contributions as determined annually by each participating Company's Board of Directors. Employees are eligible to participate in these Company contributions upon completing at least 1,000 hours during the Plan year and being employed on the last day of the Plan year. Certain divisions of the Company do not participate in these matching and discretionary contributions.

Participant accounts

Each participant's account is credited with their salary deferral and rollover contributions and allocations of (a) the Company's matching contribution, (b) the Company's discretionary contribution and (c) Plan earnings (losses) and expenses. Allocations of Company contributions are based on participant's compensation, as defined in the Plan document. The benefit to which a participant is entitled is dependent on the balance of the participant's vested account.

TETRA TECH, INC. AND SUBSIDIARIES
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2015

1. Description of the Plan (continued)

Vesting

Participants are immediately 100% vested in their salary deferrals plus actual earnings thereon. Participants generally become vested in their portion of the Company contributions and the allocated portion of income, gains and losses as follows:

Years of Service Completed	Vesting Percentage
1	0%
2	20%
3	40%
4	60%
5	100%

The Company contributions also become 100% vested upon reaching the normal retirement age of 65, death or termination of employment because of a disability while employed by the Company.

Payment of benefits

Upon termination, death, disability or retirement the participant's vested portion of the Company contribution accounts, salary deferral account and rollover account are paid to the participant or beneficiaries as soon as administratively feasible in the form of a lump-sum distribution. The forfeited portion of the participant's account balance, if any, is used to reduce future Company contributions. During the year ended September 30, 2015, participants forfeited \$1,933,343.

In addition, a participant may request a financial hardship withdrawal under certain conditions as provided by the Plan. Also a participant may elect to receive in-service withdrawals of the participant's salary deferral and rollover contributions and vested Company matching contribution account balance upon the attainment of age 59½.

Investment options

All investments are held in trust and were invested in cash and cash equivalents, common stocks, registered investment companies and other investments at the direction of the participants. The Plan allows the participants very broad investment options ranging from very low volatility to very high volatility. Wells Fargo Bank, N.A., Trustee of the Plan (the "Trustee") (deemed to be a party-in-interest), held the Plan's investment assets and executed investment transactions as of and during the year ended September 30, 2015 under a nondiscretionary trust agreement. Investment income, gains and losses are allocated to each participant's account each business day.

TETRA TECH, INC. AND SUBSIDIARIES
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2015

1. Description of the Plan (continued)

Notes receivable from participants

Under the terms of the Plan, participants may borrow from their vested account balances up to \$50,000 or 50%, whichever is less. The loans are secured by the balance in the participants' accounts and bear interest at market rates in effect at the time of the loan ranging from 4.25% to 9.25%. Loan terms range from one to five years or up to ten years for the purchase of a principal residence. Principal and interest is paid through payroll deductions.

Plan termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, the participants' Company contribution accounts will become 100% vested and the net assets of the Plan will be distributed as prescribed by ERISA.

2. Summary of significant accounting policies

Basis of accounting

The Plan financial statements are prepared under the accrual method of accounting.

Use of estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of Plan assets, liabilities and disclosures at the date of the financial statements. Actual results could differ from those estimates.

Investment valuation and income recognition

Investments are stated 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.

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

TETRA TECH, INC. AND SUBSIDIARIES
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2015

2. Summary of significant accounting policies (continued)

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of September 30, 2015 or 2014. 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.

Payment of benefits

Benefits are recorded when paid.

Risks and uncertainties

The Plan, at the participant's direction, invests in various investment securities that 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 values of investment securities will occur in the near term. Accordingly, such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits as of September 30, 2015.

Administrative expenses

Trustee record-keeping and trustee services are charged \$15.75 per quarter to all participants with an account balance. Other administrative expenses, including accounting, legal, testing, auditing and investment consulting fees, vary quarterly and are charged to participant accounts based on their account balances.

Subsequent events

The Plan's management has evaluated subsequent events through July 7, 2016, the date the financial statements were available to be issued.

TETRA TECH, INC. AND SUBSIDIARIES
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2015

3. Fair value measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 3 inputs were used.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2015 and 2014.

Level 1 fair value measurements

The fair values of the registered investment companies, cash and cash equivalents, common stock and self-directed brokerage accounts are based on quoted net asset values or closing price of the shares held by the Plan at year-end.

Level 2 fair value measurements

The fair value of the common/collective trusts are valued at the net asset value as provided by the Trustee. The net asset value per unit is based on the fair value of the underlying investments held by the trust less its liabilities.

TETRA TECH, INC. AND SUBSIDIARIES
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2015

3. Fair value measurements (continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of September 30, 2015 and 2014:

		Fair value measurements at September 30, 2015:	
	Fair value	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)
Common/collective trusts	\$ 137,540,822	\$ -	\$ 137,540,822
Registered investment companies	635,678,384	635,678,384	-
Cash and cash equivalents	45,270	45,270	-
Tetra Tech, Inc. common stock	291,695	291,695	-
Self-directed brokerage accounts	6,194,687	6,194,687	-
	<u>\$ 779,750,858</u>	<u>\$ 642,210,036</u>	<u>\$ 137,540,822</u>

		Fair value measurements at September 30, 2014:	
	Fair value	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)
Common/collective trusts	\$ 137,601,333	\$ -	\$ 137,601,333
Registered investment companies	645,439,315	645,439,315	-
Cash and cash equivalents	9,565	9,565	-
Tetra Tech, Inc. common stock	296,052	296,052	-
Self-directed brokerage accounts	5,975,290	5,975,290	-
	<u>\$ 789,321,555</u>	<u>\$ 651,720,222</u>	<u>\$ 137,601,333</u>

TETRA TECH, INC. AND SUBSIDIARIES
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2015

4. Net depreciation in fair value of investments

During the year ended September 30, 2015, the Plan's investments appreciated (depreciated) in fair value as follows:

Wells Fargo Stable Return	\$ 1,310,551
Wells Fargo Blackrock S&P 500 Index	(545,450)
Franklin U.S. Government Securities	621,429
Wells Fargo Advantage Core Return Bond	1,603,642
T. Rowe Price Capital Appreciation	4,595,484
American Funds American Balanced	103,209
American Funds Fundamental Investors	(383,236)
Franklin Mutual Quest Fund	(1,494,014)
Mairs & Power Growth	(1,059,551)
American Funds Growth Fund of America	456,773
Invesco Van Kampen American Franchise	(168,161)
TIAA-CREF Institutional Mid Cap Value	342,338
Aston/Fairpointe Mid Cap	(2,777,390)
Vanguard Mid-Cap Growth Fund	246,428
Invesco Dynamics/Mid Cap Growth	789,899
Franklin Balance Sheet Investment	(4,708,804)
Royce Premier	(2,789,390)
Invesco Small Cap Growth	885,638
American Funds Capital World Growth & Income	(2,879,911)
First Eagle Global	(1,048,878)
Putnam International Equity	(1,287,921)
Tetra Tech, Inc. common stock	(4,230)
Self-directed brokerage accounts	<u>(395,269)</u>
Total losses	(8,586,814)
Reclassifications:	
Mutual fund rebate income	(656,833)
Other	<u>17,353</u>
Net depreciation in fair value of investments	<u><u>\$ (9,226,294)</u></u>

TETRA TECH, INC. AND SUBSIDIARIES
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2015

5. Certification

The following is a summary of the unaudited information included in the Plan's financial statements and supplemental schedule that was provided by the Trustee and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee that the following information is complete and accurate:

- (a) The fair value and cost of investments as of September 30, 2015 and 2014.
- (b) Net depreciation in fair value of investments, interest on notes receivable from participants and other income for the year ended September 30, 2015.
- (c) Supplemental schedule of assets (held at end of year) as of September 30, 2015.

6. Rollover contributions

During the fiscal year ended September 30, 2015, the Plan received rollover contributions of \$2,092,337 from the retirement plans of various former employers of numerous plan participants. These amounts have been credited to the accounts of these participants. All rollover contributions are 100% vested. In addition, during the year ended September 30, 2015, the plan assets of the qualified plan of Empire State Highway Contractors Association, Inc. Retirement Plan for the Employees of Tetra Tech Construction, Inc. totaling \$31,264,214 were transferred to the Plan in accordance with Plan amendments.

7. Tax status

The Internal Revenue Service ("IRS") has determined and informed the Company, by a letter dated February 22, 2016, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan may be amended since receiving this determination letter, the Plan administrator and the tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

TETRA TECH, INC. AND SUBSIDIARIES
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2015

8. Reconciliation to Form 5500

The financial statements for the years ended September 30, 2015 and 2014 agreed to the IRS Form 5500, Annual Return/Report of Employee Benefit Plan except for the following:

	<u>2015</u>	<u>2014</u>
Net assets available for benefits per the financial statements	\$ 788,903,972	\$ 798,846,532
Deemed distributions of participant loans	<u>(251,720)</u>	<u>(239,987)</u>
Net assets per Form 5500	<u>\$ 788,652,252</u>	<u>\$ 798,606,545</u>
Net increase (decrease) in net assets available for benefits per the financial statements	\$ (9,942,560)	\$ 74,112,923
Deemed distributions of participant loans - prior year	239,987	150,137
Deemed distributions of participant loans - current year	(251,720)	(239,987)
Transfer of assets from other qualified plans	<u>(31,264,214)</u>	<u>(6,885,060)</u>
Net income (loss) per Form 5500	<u>\$ (41,218,507)</u>	<u>\$ 67,138,013</u>

SUPPLEMENTAL SCHEDULE

TETRA TECH, INC. AND SUBSIDIARIES
RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-4148514 – PLAN NUMBER 001
SEPTEMBER 30, 2015

(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
	Common/collective trusts:			
*	Wells Fargo Stable Return	1,567,351.709 units	\$ 79,674,735	\$ 81,778,143
*	Wells Fargo Blackrock S&P 500 Index	744,195.984 units	47,672,126	55,762,679
	Total common/collective trusts		127,346,861	137,540,822
	Registered investment companies:			
	Franklin U.S. Government Securities	4,307,328.462 shares	28,718,163	27,653,049
*	Wells Fargo Advantage Core Return Bond	4,463,626.377 shares	57,055,719	56,955,872
	T. Rowe Price Capital Appreciation	3,016,554.417 shares	70,375,319	79,486,209
	American Funds American Balanced	2,335,115.585 shares	53,189,250	55,108,728
	American Funds Fundamental Investors	693,262.016 shares	31,745,178	33,824,254
	Franklin Mutual Quest Fund	1,332,750.886 shares	23,785,798	19,738,041
	Mairs & Power Growth	420,473.996 shares	36,535,493	44,288,526
	American Funds Growth Fund of America	1,358,529.746 shares	52,434,436	56,827,299
	Invesco Van Kampen American Franchise	855,624.817 shares	10,491,021	13,775,559
	TIAA-CREF Institutional Mid Cap Value	1,258,497.435 shares	30,071,411	30,389,588
	Aston/Fairpointe Mid Cap	666,338.499 shares	24,066,377	23,675,007
	Vanguard Mid-Cap Growth Fund	1,287,939.861 shares	30,263,737	30,498,416
	Invesco Dynamics/Mid Cap Growth	921,838.528 shares	29,691,232	33,960,531
	Invesco Small Cap Growth	1,035,347.353 shares	31,336,496	39,063,656

TETRA TECH, INC. AND SUBSIDIARIES
RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-4148514 – PLAN NUMBER 001
SEPTEMBER 30, 2015

(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
	Registered investment companies (continued):			
	American Funds Capital World Growth & Income	1,115,152.916 shares	\$ 45,740,376	\$ 47,561,272
	First Eagle Global	432,704.832 shares	22,202,115	21,643,896
	Putnam International Equity	949,820.187 shares	17,592,218	21,228,481
	Total registered investment companies		595,294,339	635,678,384
	Cash and cash equivalents		45,270	45,270
*	Tetra Tech, Inc. common stock	12,666.226 shares	130,322	291,695
*	Self-directed brokerage accounts		6,438,922	6,194,687
	Total investments		729,255,714	779,750,858
*	Notes receivable from participants	(1)	6,884,334	6,884,334
	Total assets held at end of year		\$ 736,140,048	\$ 786,635,192

* Party-in-interest

(1) Loan terms range from one to five years, or up to ten years for the purchase of a principal residence. The loans are secured by the balance in the participant's account. Interest rates on participant loans range from 4.25% to 9.25%.

SUPPLEMENTAL SCHEDULE

TETRA TECH, INC. AND SUBSIDIARIES
RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-4148514 – PLAN NUMBER 001
SEPTEMBER 30, 2015

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	American Funds Fundamental Investors	693,262.016 shares	31,745,178	33,824,254
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	American Funds Growth Fund of America	1,358,529.746 shares	52,434,436	56,827,299
	Invesco Van Kampen American Franchise	855,624.817 shares	10,491,021	13,775,559
	TIAA-CREF Institutional Mid Cap Value	1,258,497.435 shares	30,071,411	30,389,588
	Aston/Fairpointe Mid Cap	666,338.499 shares	24,066,377	23,675,007
	Vanguard Mid-Cap Growth Fund	1,287,939.861 shares	30,263,737	30,498,416
	Invesco Dynamics/Mid Cap Growth	921,838.528 shares	29,691,232	33,960,531
	Invesco Small Cap Growth	1,035,347.353 shares	31,336,496	39,063,656

TETRA TECH, INC. AND SUBSIDIARIES
RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-4148514 – PLAN NUMBER 001
SEPTEMBER 30, 2015

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*	Notes receivable from participants	(1)	6,884,334	6,884,334
	Total assets held at end of year		\$ 736,140,048	\$ 786,635,192

* Party-in-interest

(1) Loan terms range from one to five years, or up to ten years for the purchase of a principal residence. The loans are secured by the balance in the participant's account. Interest rates on participant loans range from 4.25% to 9.25%.