

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="font-size: 24pt; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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>AECOM CONTRACT EMPLOYEE 401(K) 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 (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AECOM</u> <u>300 SOUTH GRAND AVE.</u> <u>2ND FLOOR</u> <u>LOS ANGELES, CA 90071</u>	2b	Employer Identification Number (EIN) <u>61-1088522</u>
		2c	Plan Sponsor's telephone number <u>213-386-5000</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.	10/18/2016	BERNARD KNOBBE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/18/2016	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)			Preparer's telephone number

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 AECOM TECHNOLOGY CORPORATION	4b EIN 61-1088522 4c PN 334
5 Total number of participants at the beginning of the plan year	5 1735
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) 1368
a(2) Total number of active participants at the end of the plan year	6a(2) 1152
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 393
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1545
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 1
f Total. Add lines 6d and 6e	6f 1546
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 772
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 20
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)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>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
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan AECOM CONTRACT EMPLOYEE 401(K) PLAN	B Three-digit plan number (PN) ▶	334
C Plan sponsor's name as shown on line 2a of Form 5500 AECOM	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)

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	22516	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

MCDERMOTT WILL & EMERY LLP

36-1453176

(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	OTHER	8564	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>AECOM CONTRACT EMPLOYEE 401(K) 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</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: <u>VANGUARD TARGET RET TRUST SEL 2055</u>				
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>				
c EIN-PN <u>47-6948719-001</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>108354</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY MANAGED INC PORTFOLIO II</u>				
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>				
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>2440379</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD EMPLOYEE BENEFIT INDEX FD</u>				
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>				
c EIN-PN <u>23-3080210-001</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>942216</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET TRUST SEL INCOM</u>				
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>				
c EIN-PN <u>47-6930815-001</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>240729</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET TRUST SEL 2010</u>				
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>				
c EIN-PN <u>47-6930910-001</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>82027</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET TRUST SEL 2015</u>				
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>				
c EIN-PN <u>47-6935471-001</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>255202</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET TRUST SEL 2020</u>				
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>				
c EIN-PN <u>47-6935530-001</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>1273221</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET TRUST SEL 2025**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 47-6938034-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 152200
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET TRUST SEL 2030**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 47-6938065-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 916363
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET TRUST SEL 2035**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 47-6941311-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64695
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET TRUST SEL 2040**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 47-6941351-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 745563
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET TRUST SEL 2045**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 47-6944355-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111629
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET TRUST SEL 2050**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 47-6944390-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 530635
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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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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.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan AECOM CONTRACT EMPLOYEE 401(K) PLAN	B Three-digit plan number (PN) ►	<div style="border: 1px solid black; padding: 2px; width: 50px; margin: 0 auto;">334</div>
C Plan sponsor's name as shown on line 2a of Form 5500 AECOM	D Employer Identification Number (EIN) 61-1088522	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	200	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	317573	199873
	(2) Participant contributions	1b(2)	0	
	(3) Other.....	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	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)	364481	0
	(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)	427034	363106
	(9) Value of interest in common/collective trusts.....	1c(9)	1860885	7845817
	(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)	17081594	9762345
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	0	464895

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	21031543	18636036

Liabilities

g Benefit claims payable	1g		7330
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	7330

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	21031543	18628706
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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)	1240785	
(B) Participants	2a(1)(B)	1163426	
(C) Others (including rollovers)	2a(1)(C)	41198	
(2) Noncash contributions	2a(2)	0	2445409
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	822	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	14395	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15217
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	671858	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		671858
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-4549
(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)		-581776
c Other income	2c		14266
d Total income. Add all income amounts in column (b) and enter total	2d		2560425

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3080749	
(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)		3080749
f Corrective distributions (see instructions)	2f		15503
g Certain deemed distributions of participant loans (see instructions)	2g		184751
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	11318	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	22516	
(4) Other	2i(4)	3049	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		36883
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3317886

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-757461
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		1645376

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: RSM 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:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒		
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	N/A	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		
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		
e Was this plan covered by a fidelity bond?	X			25000000
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		
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		
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		
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			
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		
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		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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)
MERIDIAN INFRASTRUCTURE CORPORATION 401(K) PLAN	01-0918822	001

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

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>AECOM CONTRACT EMPLOYEE 401(K) 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</u>	D Employer Identification Number (EIN) <u>61-1088522</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>94-1687665</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
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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
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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) 2015
v. 150123

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:		14a	
	a The current year		14b	
	b The plan year immediately preceding the current plan year		14c	
	c The second preceding plan year			
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): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

AECOM Contract Employee 401(k) Plan

*Financial Statements as of
December 31, 2015 and 2014
and for the Year Ended December 31, 2015,
Supplemental Schedule as of December 31, 2015
and Report of Independent Public Accountants*

AECOM CONTRACT EMPLOYEE 401(K) PLAN

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Independent Auditor's Report

RSM US LLP

To the Plan Administrator and Participants
AECOM 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 Contract Employee 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, the related statement of changes in net assets available for benefits for the year ended December 31, 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 (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 E 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, 2015 and 2014, and for the year ended December 31, 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.

Emphasis of Matters

As discussed in Note A to the financial statements, the Americas Benefits Administration Committee of AECOM, the Plan's sponsor, approved a transfer of the plan assets of each affected participant within the division of Meridiam Infrastructure North America Corporation to the Meridiam Infrastructure Corporation 401(k) Plan (Meridiam Plan) effective June 19, 2015. Accordingly, plan assets associated with such participants were transferred out from the Plan on June 19, 2015. Our disclaimer of opinion has not been modified with respect to this matter.

As discussed in Note B to the financial statements, in 2015 the entity adopted new accounting guidance related to technical corrections to the definition of readily determinable fair value, presentation of fair value of certain investments and disclosures of investments. Prior year disclosures have been revised to reflect the retrospective application of adopting this change in accounting. Our disclaimer of opinion is not modified with respect to these matters.

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, 2015, 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.

RSM US LLP

Los Angeles, California
October 17, 2016

AECOM CONTRACT EMPLOYEE 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
	<i>(expressed in thousands)</i>	
ASSETS:		
Investments at fair value (Notes B, C and E):	\$ 18,073	\$ 20,260
Receivables:		
Notes from participants (Note A)	363	427
Employer contribution	<u>200</u>	<u>317</u>
Total receivables	<u>563</u>	<u>744</u>
Net Assets Available for Benefits	<u>\$ 18,636</u>	<u>\$ 21,004</u>

See notes to financial statements.

AECOM CONTRACT EMPLOYEE 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED DECEMBER 31, 2015

	2015 <i>(expressed in thousands)</i>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
INVESTMENT INCOME (Notes B and E):	
Net depreciation in fair value of investments	\$ (572)
Interest and dividends	700
Net investment income	<u>128</u>
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	<u>14</u>
CONTRIBUTIONS (Note A):	
Employer	1,241
Employee	1,163
Rollover	41
Total contributions	<u>2,445</u>
Total additions	<u>2,587</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants (Notes A and B)	(3,273)
Administrative expenses (Note B)	<u>(37)</u>
Total deductions	<u>(3,310)</u>
NET DECREASE	<u>(723)</u>
TRANSFER TO ANOTHER PLAN	<u>(1,645)</u>
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	<u>21,004</u>
End of year	<u><u>\$ 18,636</u></u>

See notes to financial statements.

AECOM CONTRACT EMPLOYEE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

A. DESCRIPTION OF THE PLAN

The following brief description of AECOM 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”).

In June 2015, MINA ceased to be a participating employer in the Plan. The Americas Benefits Administration Committee approved a transfer of the portion of accounts and assets related to the participants employed by MINA, to Meridiam Infrastructure Corporation 401(k) Plan (a new defined contribution retirement plan controlled by MINA), effective June 19, 2015. The transfer of assets was completed by June 19, 2015. This transfer out, consisting of investments of \$1,624,386 and notes from participants of \$20,990, is reflected on the 2015 Statement of Changes in Net Assets Available for Benefits.

The Plan is administered by the Americas Benefits Administration Committee authorized by AECOM. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended. Assets of the Plan, except for certain separately managed accounts, are held by Bank of America, N.A. the trustee and record keeper, (the “Trustee”), and assets in the separately managed accounts are held by Northern Trust Corporation, (the “Custodian”).

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”) (\$18,000 in 2015).

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 (\$6,000 in 2015).

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

AECOM CONTRACT EMPLOYEE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

A. DESCRIPTION OF THE PLAN (*continued*)

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;
- 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 investment earnings or losses, 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 and rollovers 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, 2015 was \$29,000. During the year ended December 2015, \$32,733 of forfeitures was used to pay for Plan expenses and none of the account 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. Notes receivable from participants bear an interest rate of 4.25% at December 31, 2015 and 2014. 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

AECOM CONTRACT EMPLOYEE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

A. DESCRIPTION OF THE PLAN (*concluded*)

hardship withdrawal, the participant will be suspended from making further contributions to the Plan for a six-month period.

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, except for fully benefit-responsive contracts. 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 indirectly through a collective investment trust.

Due to a clarification in application of Topic 946 to employee benefit plan accounting, contract value of indirect investments in fully benefit-responsive contracts is understood to be the fair value. Therefore, the adjustment from fair value to contract value of \$27,000 from the previously presented December 31, 2014 Statement of Net Assets Available for Benefits has been reclassified and presented as part of Investments—at fair value.

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

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

AECOM CONTRACT EMPLOYEE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

B. SIGNIFICANT ACCOUNTING POLICIES *(continued)*

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;

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

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 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 Trusts

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 used as a practical expedient to estimate fair value. The Plan also invests in a Stable Value Collective Investment Trust, which contains fully benefit-responsive investment contracts ("FBRIC"). These FBRIC's are valued at contract value. Because the Plan's investment in FBRIC is an indirect investment through a collective investment trust, the contract value of the indirect investment is understood to be the fair value of the investment. The collective investment trusts are classified within Level 2 of the valuation hierarchy because the NAV's unit price is quoted on a private market that is not active.

AECOM CONTRACT EMPLOYEE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

B. SIGNIFICANT ACCOUNTING POLICIES *(continued)*

Separately Managed Accounts

Separately managed accounts are not mutual funds registered under the Investment Company Act of 1940, but instead are individual managed investment accounts managed by an investment adviser. The underlying investments include investments in publicly traded common stock and bonds, in both domestic and foreign markets, and in money market funds. The fair values of the underlying assets of the separately managed accounts are priced by the investment advisor using the last quoted sale price listed or regularly traded on a securities exchange or in the over-the-counter market or, for certain markets, the official closing price at the time the valuations are made. Because the underlying assets are valued using quoted prices available in active markets, they are classified within Level 2.

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.

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, 2015 and 2014, there were no transfers between levels.

Recent Accounting Pronouncements — In May 2015, the FASB issues Accounting Standards Update ("ASU") 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. The 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.

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

AECOM CONTRACT EMPLOYEE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

B. SIGNIFICANT ACCOUNTING POLICIES *(concluded)*

December 15, 2015. The Plan early adopted Part II of this Update. Disclosures of individual investments that comprised 5 percent or more of net assets available for benefits, as well as the net appreciation or depreciation of fair value by investment type have been eliminated as a result of the early adoption of this Update. There were no other significant impacts on the Statements of Net Assets Available for Benefits as of December 31, 2015 and 2014, and the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2015 for early adopting this Update.

C. 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, 2015				
	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	\$ 6,223	\$ —	\$ —	\$ 6,223
Collective investment trusts	—	7,846	—	7,846
Separately managed accounts	—	3,539	—	3,539
Self-directed brokerage accounts	465	—	—	465
Total investments	<u>\$ 6,688</u>	<u>\$ 11,385</u>	<u>\$ —</u>	<u>\$ 18,073</u>

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	\$ 18,033	\$ —	\$ —	\$ 18,033
Collective investment trust	—	1,834	—	1,834
Self-directed brokerage accounts	393	—	—	393
Total investments	<u>\$ 18,426</u>	<u>\$ 1,834</u>	<u>\$ —</u>	<u>\$ 20,260</u>

AECOM CONTRACT EMPLOYEE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

C. FAIR VALUE MEASUREMENTS (concluded)

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, 2015 and 2014, respectively.

December 31, 2015	Fair Value (in \$000)	Unfunded Commitment	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
AECOM Stable Value Fund ^(a)	\$ 2,423	n/a	Daily	None
Vanguard Employee Benefit Index ^(b)	942	n/a	Daily	None
Vanguard Target Trust Select Income ^(c)	241	n/a	Daily	None
Vanguard Trust Select 2010 Fund ^(d)	82	n/a	Daily	None
Vanguard Trust Select 2015 Fund ^(d)	255	n/a	Daily	None
Vanguard Trust Select 2020 Fund ^(d)	1,273	n/a	Daily	None
Vanguard Trust Select 2025 Fund ^(d)	152	n/a	Daily	None
Vanguard Trust Select 2030 Fund ^(d)	916	n/a	Daily	None
Vanguard Trust Select 2035 Fund ^(d)	65	n/a	Daily	None
Vanguard Trust Select 2040 Fund ^(d)	746	n/a	Daily	None
Vanguard Trust Select 2045 Fund ^(d)	112	n/a	Daily	None
Vanguard Trust Select 2050 Fund ^(d)	531	n/a	Daily	None
Vanguard Trust Select 2055 Fund ^(d)	108	n/a	Daily	None

December 31, 2014	Fair Value (in \$000)	Unfunded Commitment	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Fidelity Managed Income Portfolio II Class IV	\$ 1,834	n/a	Daily	None

- (a) Fund invests primarily in the Fidelity Managed Income Portfolio II, which seeks the preservation of capital and to provide a competitive level of income over time that is consistent with the preservation of capital.
- (b) Fund seeks to provide long-term capital appreciation through investments in stocks of small companies.
- (c) Fund seeks to provide current income and some capital appreciation through investment in five Vanguard index funds.
- (d) Funds invest in a diversified portfolio which seeks to invest in assets of an appropriate risk level for average investors at various stages in their working lives.
- (e) Fund seeks long-term total return in excess of inflation through investments primarily in assets related to real assets and real asset companies.

D. BENEFITS PAYABLE

Net assets available for benefits at December 31, 2015 and 2014 include \$7,330 and \$0, respectively, for participants who have withdrawn from the Plan and have requested distribution of benefits, but have not yet been paid.

AECOM CONTRACT EMPLOYEE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

E. INFORMATION CERTIFIED OR PROVIDED BY THE TRUSTEE

The following is a summary of the investment information as of December 31, 2015 and 2014, and for the year ended December 31, 2015, included in Note C 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 under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information in Note E and supplemental schedule related to the following investments:

	2015	2014
	<i>(expressed in thousands)</i>	
Statements of net assets available for benefits:		
Investments	\$ 18,073	\$ 20,260
Notes receivable from participants	363	427
Statement of changes in net assets available for benefits:		
Interest and dividends	700	
Interest income on notes receivable from participants	14	
Net appreciation (depreciation) in fair value of investments	(572)	

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

F. 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. The Plan also holds investments managed by Northern Trust Corporation, and these transactions also qualify as party-in-interest transactions.

G. 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.

H. TAX STATUS

The Internal Revenue Service (the "IRS") has determined and informed the Company by a letter dated December 16, 2014, 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.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of liability (or asset) or disclosure in the financial statements.

AECOM CONTRACT EMPLOYEE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

I. 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 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.

J. 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, 2015 and 2014 to Form 5500:

	2015	2014
	<i>(expressed in thousands)</i>	
Net assets available for benefits per the financial statements	\$ 18,636	\$ 21,004
Adjustment from contract value to fair value for interest in a collective investment trust fund relating to fully benefit-responsive investment contracts	—	27
Amounts allocated to withdrawing participants	(7)	—
Net assets available for benefits per Form 5500	<u>\$ 18,629</u>	<u>\$ 21,031</u>

The following is a reconciliation of total net decrease per the financial statements for the year ended December 31, 2015 to Form 5500:

	2015
	<i>(expressed in thousands)</i>
Total net decrease per financial statements	\$ (723)
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	(27)
Net change in amounts allocated to withdrawing participants	(7)
Total net decrease per Form 5500	<u>\$ (757)</u>

K. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 17, 2016, the date the financial statements were available to be issued.

Certain Plan provisions changed effective January 1, 2016. The significant changes consisted of:

- Eligibility — All employees who meet the eligibility requirements of the Plan, including new hires, are eligible to participate in the Plan with no waiting period. Part-time and temporary employees are also eligible to participate.

AECOM CONTRACT EMPLOYEE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

- Increased employee contribution limits — The combined limit that participants may elect to make after-tax, tax-deferred, and Roth increased to 75%. Contribution elections can only be made in whole percentages.
- Distribution —Terminated participants may elect to receive distribution of their account balances in monthly, quarterly, semi-annual or annual installments in addition to lump sum distributions.

AECOM CONTRACT EMPLOYEE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

(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
<u>Registered Investment Companies:</u>				
	American EuroPacific Growth Fund Class R6	5,515 shares	**	\$ 249,961
	BlackRock Advisors Money Fund	7,330 shares	**	7,330
	Dodge & Cox International Stock	9,899 shares	**	361,109
	Fidelity Investments Growth Company Fund	14,149 shares	**	1,937,517
	Fidelity Investments Balanced Fund	71,514 shares	**	1,517,541
	Morgan Stanley Global Real Estate Portfolio Fund Class IS Shares	26,890 shares	**	290,686
	Oakmark Fund Class I	17,275 shares	**	1,085,931
	Templeton Global Total Fund Class R6	1,923 shares	**	22,095
	Vanguard Explorer Fund Admiral Shares	1,238 shares		92,533
	Vanguard Extended Market Index Fund	2,976 shares	**	466,980
	Vanguard PRIMECAP Core Fund	9,214 shares	**	191,841
				<u>6,223,524</u>
<u>Common/Collective Investment Trust Funds:</u>				
	AECOM Stable Value Fund	2,422,983 shares	**	2,422,983
	Vanguard Employee Benefit Index Fund	9,422 shares	**	942,216
	Vanguard Target Trust Select 2010 Fund	2,779 shares	**	82,027
	Vanguard Target Trust Select 2015 Fund	8,731 shares	**	255,202
	Vanguard Target Trust Select 2020 Fund	43,829 shares	**	1,273,221
	Vanguard Target Trust Select 2025 Fund	5,268 shares	**	152,200
	Vanguard Target Trust Select 2030 Fund	31,929 shares	**	916,363
	Vanguard Target Trust Select 2035 Fund	2,268 shares	**	64,695
	Vanguard Target Trust Select 2040 Fund	26,326 shares	**	745,563
	Vanguard Target Trust Select 2045 Fund	3,943 shares	**	111,629
	Vanguard Target Trust Select 2050 Fund	18,757 shares	**	530,635
	Vanguard Target Trust Select 2055 Fund	3,833 shares	**	108,354
	Vanguard Target Trust Select Income Fund	8,125 shares	**	240,729
				<u>7,845,817</u>
<u>Separately Managed Account Fund Investments:</u>				
	AECOM Dividend Growth Fund	164,902 shares	**	2,002,704
	AECOM Fixed Income Fund	80,342 shares	**	791,705
	AECOM Mid-Cap Growth Fund	67,998 shares	**	679,981
	AECOM Small Cap Value Fund	5,966 shares	**	64,431
				<u>3,538,821</u>
*	Assets in Bank of America, N.A. Self-Directed Brokerage Accounts	Various investments, including common stocks, ETFs and money market funds	**	<u>464,895</u>
	Notes Receivable from participants	Loans to participants with maturities ranging from 2015 to 2022 and with a 4.25% interest rate	—	<u>363,106</u>
Total investments				<u>\$ 18,436,163</u>

* Party-in-interest

** Cost information not required for participant directed investments

AECOM CONTRACT EMPLOYEE 401(K) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2015

EIN 61-1088522
PLAN NUMBER 334

(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
<u>Registered Investment Companies:</u>				
	American EuroPacific Growth Fund Class R6	5,515 shares	**	\$ 249,961
	BlackRock Advisors Money Fund	7,330 shares	**	7,330
	Dodge & Cox International Stock	9,899 shares	**	361,109
	Fidelity Investments Growth Company Fund	14,149 shares	**	1,937,517
	Fidelity Investments Balanced Fund	71,514 shares	**	1,517,541
	Morgan Stanley Global Real Estate Portfolio Fund Class IS Shares	26,890 shares	**	290,686
	Oakmark Fund Class I	17,275 shares	**	1,085,931
	Templeton Global Total Fund Class R6	1,923 shares	**	22,095
	Vanguard Explorer Fund Admiral Shares	1,238 shares		92,533
	Vanguard Extended Market Index Fund	2,976 shares	**	466,980
	Vanguard PRIMECAP Core Fund	9,214 shares	**	191,841
				<u>6,223,524</u>
<u>Common/Collective Investment Trust Funds:</u>				
	AECOM Stable Value Fund	2,422,983 shares	**	2,422,983
	Vanguard Employee Benefit Index Fund	9,422 shares	**	942,216
	Vanguard Target Trust Select 2010 Fund	2,779 shares	**	82,027
	Vanguard Target Trust Select 2015 Fund	8,731 shares	**	255,202
	Vanguard Target Trust Select 2020 Fund	43,829 shares	**	1,273,221
	Vanguard Target Trust Select 2025 Fund	5,268 shares	**	152,200
	Vanguard Target Trust Select 2030 Fund	31,929 shares	**	916,363
	Vanguard Target Trust Select 2035 Fund	2,268 shares	**	64,695
	Vanguard Target Trust Select 2040 Fund	26,326 shares	**	745,563
	Vanguard Target Trust Select 2045 Fund	3,943 shares	**	111,629
	Vanguard Target Trust Select 2050 Fund	18,757 shares	**	530,635
	Vanguard Target Trust Select 2055 Fund	3,833 shares	**	108,354
	Vanguard Target Trust Select Income Fund	8,125 shares	**	240,729
				<u>7,845,817</u>
<u>Separately Managed Account Fund Investments:</u>				
	AECOM Dividend Growth Fund	164,902 shares	**	2,002,704
	AECOM Fixed Income Fund	80,342 shares	**	791,705
	AECOM Mid-Cap Growth Fund	67,998 shares	**	679,981
	AECOM Small Cap Value Fund	5,966 shares	**	64,431
				<u>3,538,821</u>
*	Assets in Bank of America, N.A. Self-Directed Brokerage Accounts	Various investments, including common stocks, ETFs and money market funds	**	464,895
	Notes Receivable from participants	Loans to participants with maturities ranging from 2015 to 2022 and with a 4.25% interest rate	—	363,106
Total investments				<u>\$ 18,436,163</u>

* Party-in-interest

** Cost information not required for participant directed investments

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Plan Sponsor's Name	AECOM TECHNOLOGY CORPORATION	PN:	334

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