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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 07/01/2016

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AECOM 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 101

1c Effective date of plan 11/01/1983

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)
AECOM GLOBAL II, LLC

300 S. GRAND AVE - 2ND FLOOR
LOS ANGELES, CA 90071

2b Employer Identification Number (EIN) 47-1336341

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

2d Business code (see instructions) 541330

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/15/2017	BERNIE KNOBBE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor

AECOM

300 S. GRAND AVE, 2ND FLOOR
LOS ANGELES, CA 90071

3b Administrator's EIN: 61-1088522

3c Administrator's telephone number: 208-386-5000

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	32252
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)**	19569
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2R 2S 2T 3F 3H

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 07/01/2016

A Name of plan	**B** Three-digit plan number (PN) ▶
AECOM 401(K) RETIREMENT PLAN	101
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
AECOM GLOBAL II, LLC	47-1336341

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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	NONE	185090	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [ ]

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 51 52 59 60 62 63 71 72	RECORDKEEPER	90809	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

ANGELES INVESTMENT ADVISORS, LLC

95-4839031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 70	CONSULTANT	62627	Yes [ ] No [X]	Yes [ ] No [X]		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)

AECOM

300 S. GRAND AVE.
2ND FLOOR
LOS ANGELES, CA 90071

(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?
14 15 50	EMPLOYER	34896	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [ ]

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

MERCER INVESTMENT CONSULTING INC.

P.O. BOX 100260
PASADENA, CA 91189-0260

(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?
16 50 70	CONSULTANT	12394	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 07/01/2016

A Name of plan
AECOM 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 101

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

D Employer Identification Number (EIN)
47-1336341

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: URS CORPORATION RETIREMENT PLAN

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

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)
94-1381538-005	M	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AECOM DC PLANS VANGUARD MASTER TRUS

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

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)
81-6281769-108	M	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AECOM DC PLANS STABLE VALUE MASTER

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

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)
81-6275547-109	M	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AECOM DC PLANS SMA MASTER TRUST

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
47-5394478-110	M	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 07/01/2016

A Name of plan
AECOM 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 101

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

D Employer Identification Number (EIN)
47-1336341

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	34247705	0
(2) Participant contributions	1b(2)	2440	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	41143709	0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	2513062973	0
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2588456827	0
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	410947	0
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	25533	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	436480	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2588020347	0

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	142688	
	(B) Participants	2a(1)(B)	72269429	
	(C) Others (including rollovers)	2a(1)(C)	2504614	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		74916731
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	722171	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		722171
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	47217	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		47217
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	44058855	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	43450642	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		608213
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4013560
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		77543011
(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)		6129344
c Other income	2c		946018
d Total income. Add all **income** amounts in column (b) and enter total	2d		164926265
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	161347013	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		161347013
f Corrective distributions (see instructions)	2f		14242
g Certain deemed distributions of participant loans (see instructions)	2g		1728817
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	-76985	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		-76985
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		163013087
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1913178
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		2589933525

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: GRANT THORNTON (2) EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		98842
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n	X		
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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 ..... [X] **Yes** [ ] **No** **Amount:** 0

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)
AECOM RETIREMENT & SAVINGS PLAN	61-1088522	055

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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 sections 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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 07/01/2016

A Name of plan
AECOM 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 101

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

D Employer Identification Number (EIN)
47-1336341

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 04-6568107 94-1687665

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

AECOM 401(k) RETIREMENT PLAN
(formerly named the URS CORPORATION 401(k) RETIREMENT PLAN)

FINANCIAL STATEMENTS
JULY 1, 2016 and DECEMBER 31, 2015
AND
REPORT OF INDEPENDENT
CERTIFIED PUBLIC ACCOUNTANTS

AECOM 401(k) RETIREMENT PLAN
(formerly named the URS CORPORATON 401(k) RETIREMENT PLAN)

Table of Contents

	Page
Report of Independent Certified Public Accountants	1
Statements of Net Assets Available for Benefits as of July 1, 2016 and December 31, 2015	3
Statement of Changes in Net Assets Available for Benefits for the Period from January 1, 2016 to July 1, 2016	4
Notes to Financial Statements	5
Supplemental Schedule:	
Schedule H – Line 4a: Schedule of Delinquent Participant Contributions for the Period from January 1, 2016 to July 1, 2016	19

Grant Thornton LLP
1375 East 9th Street, Suite 1500
Cleveland, OH 44114-1718

T 216.771.1400
F 216.771.1409
GrantThornton.com
linkd.in/GrantThorntonUS
twitter.com/GrantThorntonUS

Report of Independent Certified Public Accountants

Administrative Committee of
AECOM 401(k) Retirement Plan

Report on the financial statements

We were engaged to audit the accompanying financial statements of AECOM 401(k) Retirement Plan (formerly the URS Corporation 401(k) Retirement Plan) (the "Plan"), which comprise the statements of net assets available for benefits as of July 1, 2016 and December 31, 2015, and the related statement of changes in net assets available for benefits for the period from January 1, 2016 to July 1, 2016, and the related notes to the financial statements.

Management's responsibility for the financial statements

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

Auditor's responsibility

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

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note 8, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entities meet the requirements of 29 CFR 2520.103-8. The Plan administrator obtained certifications from these entities as of July 1, 2016 and December 31, 2015, and for the period from January 1, 2016 to July 1, 2016, stating that the certified information provided to the Plan administrator is complete and accurate.

Disclaimer of opinion

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

Grant Thornton

Supplementary information

The supplemental schedule of delinquent participant contributions for the period from January 1, 2016 to July 1, 2016 is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the certified information described in Note 8, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

Cleveland, Ohio
May 12, 2017

AECOM 401(K) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	July 1, 2016	December 31, 2015
	(expressed in thousands)	
ASSETS		
Investments (Notes 3 and 7)		
Plan investment in URS Corporation Retirement Plans Master Trust	$ -	$ 2,513,063
Receivables		
Notes receivable from participants	-	41,144
Company contributions	-	34,247
Participant contributions	-	3
Total receivables	-	75,394
Total assets	-	2,588,457
LIABILITIES		
Administrative expenses payable	-	411
Corrective distributions payable	-	25
Total liabilities	-	436
Net assets available for benefits	$ -	$ 2,588,021

See accompanying notes to financial statements.

AECOM 401(K) RETIREMENT PLAN

STATEMENT CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Period from Janaury 1, 2016 to July 1, 2016

(expressed in thousands)

ADDITIONS		
Investment income		
Net appreciation in fair value of investments	$	10,751
Interest and dividends		993
Plan interest in the investment income of:		
AECOM DC Retirement Plans Vanguard Master Trust (Note 4)		63,476
AECOM DC Retirement Plans SMA Master Trust (Note 5)		11,997
AECOM DE Retirement Plans Stable Value Master Trust (Note 6)		2,070
Total investment income		89,287
Interest income on notes receivable from participants		722
Contributions		
Participants		72,269
Company		143
Rollover		2,505
Total contributions		74,917
Total additions		164,926
DEDUCTIONS		
Benefits paid to participants		(163,090)
Administrative expenses		77
Total deductions		(163,013)
Net increase		1,913
Net assets transferred to an affiliated plan		(2,589,934)
Net assets available for benefits		
Beginning of period		2,588,021
End of period	$	-

See accompanying notes to financial statements.

AECOM 401(k) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 – DESCRIPTION OF THE PLAN

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

General: The Plan was established on November 1, 1983, to provide retirement benefits for employees of URS Corporation and certain of its affiliates. On October 17, 2014, URS Corporation merged with AECOM and became a wholly-owned subsidiary of AECOM. Subsequent to the merger, URS Corporation changed its name to AECOM Global II, LLC (the "Company"), and the sponsorship of the Plan was transferred from URS Corporation to AECOM Global II, LLC. Effective January 1, 2016, the Company changed the name of the Plan to the AECOM 401(k) Retirement Plan.

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

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

Assets of the Plan, except for certain investment fund options, were held by Bank of America, N.A. the trustee and record keeper, (the "Trustee"). Assets in the separately managed accounts ("SMA") were held by Northern Trust Corporation and the Vanguard investment funds were held by The Vanguard Group. Effective July 1, 2016, the Plan merged into the AECOM Retirement & Savings Plan (the "AECOM RSP"), which is sponsored by AECOM. In conjunction with the merger, net assets of approximately $2.6 billion were transferred to the AECOM RSP.

Participant Contributions: Participants could voluntarily make pre-tax, Roth 401(k) and/or after-tax contributions in any combination. Contributions could be made in whole percentage increments up to 75 percent of eligible compensation ("Salary Reduction Contributions"), as defined in the Plan document, limited to $18,000 for 2016. Participants who were 50 years of age and over could voluntarily make additional contributions up to $6,000 in 2016 (the "Catch-up Contributions"). Catch-up Contributions were counted as part of the 75 percent limitation on the

Salary Reduction Contributions. Participants could also contribute amounts representing rollovers from other qualified plans. If participants were highly-compensated employees, the maximum contribution percentage could have been subject to further limitation.

The Plan also provided for an automatic enrollment feature at a contribution level of one percent of eligible earnings. Eligible employees were automatically enrolled in the Plan as soon as administratively feasible following their "Automatic Enrollment Date." A participant's Automatic Enrollment Date was 45 days after the date on which the participant first completed one hour of service. Eligible employees would not be automatically enrolled in the Plan if they affirmatively elected to make deferral contributions at the time and in the manner specified by the Company or elected not to participate in the Plan prior to their Automatic Enrollment Date.

Company Contributions: Based on the provisions specified in the Plan document, as amended, the Company could make discretionary contributions to eligible participants. In addition to the Company's discretionary contributions, eligible participants earned an annual Company match of 50% on the first 6% of the participant's eligible contributions. All Company contributions are subject to limitations imposed by applicable provisions of the Internal Revenue Code ("IRC"). No discretionary match was made during the period from January 1, 2016 to July 1, 2016.

Participant Accounts: Each participant's account was credited with the participant's contributions and Company contributions which were directly made to a participant's account, as well as Plan investment earnings or losses. Allocations were based on participant earnings or account balances, as defined by the Plan document. Prior to January 1, 2016, certain administration fees were paid from the participant's account. The benefit to which a participant was entitled was the benefit that may be provided from the participant's vested account.

Vesting: Participants were immediately vested in their voluntary contributions, rollover contributions, and employer contributions, plus actual earnings thereon. Participants who first performed an hour of service with an employer on or after January 1, 2016 were subject to three-year graded vesting.

Notes Receivable from Participants: Participants could borrow from their vested account balances provided they met the Plan's eligibility requirements. The minimum loan amount was $1,000 and the maximum amount was the lesser of one-half of the participant's vested account balance or $50,000. The duration of the loan was not to exceed five years, except for loans used to finance the purchase of a primary residence, in which case longer terms, up to 20 years, were allowed. Prior to January 1, 2016, a participant could have no more than two loans outstanding at the same time. Beginning January 1, 2016, participants could only have one outstanding loan at any time, except those who already had two loans outstanding as of that date. Notes receivable from participants bore interest at rates that ranged from 4.25% to 9.50% at December 31, 2015, which were commensurate with prevailing rates at the time of the loan as determined by the Plan administrator and remain fixed throughout the life of the loan. Loans were collateralized by the borrower's account balance in the Plan. Principal and interest were paid ratably through payroll deductions. In conjunction with the merger of the Plan, notes receivable from participants of approximately $35.8 million were transferred to the AECOM RSP.

Payment of Benefits: The Plan provided for the distribution of benefits to the participant (or, if applicable, the beneficiary) if the participant (a) attained age 70½ or, (b) upon retirement, death, disability, or termination of employment. Hardship withdrawals, certain in-service withdrawals, and withdrawals of roll-over contributions, as defined in the Plan document, were also permitted. Participants could elect to receive their benefits in the form of a lump sum payment, installment payments or a direct rollover distribution to another qualified plan. Participants who separated from service and had vested account balances of less than $1,000 received a lump sum distribution in cash as determined by the Plan administrator. Beginning January 1, 2016, if the balance of the terminated participant's account was between $1,000 and $5,000, the Company could authorize that the benefit payment be rolled into an individual retirement account in the participant's name.

Forfeited Accounts: Forfeitures could be used to reduce the Company's contributions, to pay Plan expenses, and to restore non-vested accounts of employees who were rehired. The balance of unallocated forfeitures was approximately $325,000 December 31, 2015. Forfeitures of approximately $295,000 were used to pay Plan expenses and none were used to reduce the Company's contributions during the period from January 1, 2016 to July 1, 2016. At July 1, 2016, the balance of the unallocated forfeitures of approximately $66,000 was transferred to the AECOM RSP in conjunction with the merger.

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

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

Effective January 1, 2016, one of the investment options offered under the Plan consisted of common shares of AECOM (the "AECOM Stock Fund"). Participants could direct their investment to the AECOM Stock Fund, transfer their investment in the AECOM Stock Fund to other investment options, transfer their investment into the AECOM Stock Fund from other investment options, and make withdrawals, subject to certain Plan and legal restrictions, out of the Plan at any time, unless the participant was subject to the AECOM insider trading restrictions.

Prior to January 1, 2016, the Plan's investments included a company stock fund, which was a pooled fund which consisted of two components: common stock of AECOM and a cash

investment fund. Participant in the pre-2016 AECOM Stock Fund held units of the pooled fund which were valued each day by determining the quoted market value of the AECOM stock plus the cash reserves held in the fund. Participants with current balances in the pre-2016 AECOM Stock Fund were former participants of the Performance Plan and Employee Stock Ownership Plan of Greiner Engineering, Inc., a wholly-owned subsidiary of the Company. Additional contributions and transfers into the AECOM Stock Fund were not allowed by the Plan prior to January 1, 2016.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

Investment Valuation and Income Recognition: Investments held by the Plan are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

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

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of July 1, 2016 or December 31, 2015. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Subsequent Event**:** The Plan has evaluated subsequent events through May 12, 2017, the date the financial statements were available to be issued. The Plan administrator has determined that there are no events that require recognition or disclosure.

NOTE 3 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

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

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

Following is a description of the valuation methodologies used to measure the fair value of assets held within the URS Master Trust at December 31, 2015.

Mutual funds and Self-directed brokerage accounts: Valued based on quoted market prices of the fund in active markets.

Collective trust funds and commingled pools: Stated at the net asset value ("NAV") of shares held at end of year based on the quoted market prices of the underlying assets.

Stocks: Valued based on quoted market prices of the stocks in active markets.

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

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes

its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE 4 – INTEREST IN AECOM DC RETIREMENT PLANS VANGUARD MASTER TRUST

Beginning January 1, 2016, certain of the Plan's investment assets were held in a custody account at The Vanguard Group and consisted of an interest in an investment account of the AECOM DC Retirement Plans Vanguard Master Trust ("Vanguard Master Trust"), a master trust established by AECOM and administered by the Trustee. Use of the Vanguard Master Trust permitted the commingling of trust assets with the assets of five other retirement savings plans of AECOM for investment and administrative purposes. Although the assets of the six retirement plans were commingled in the Vanguard Master Trust, the Trustee maintained supporting records for the purpose of allocating the net gain or loss of the investment funds to the participating plans. The net investment income (loss) of the Vanguard Master Trust investment funds was allocated by the Trustee to each participating plan based on that plan's interest in each investment fund, as compared with the total interest of all the participating plans in each investment fund. Investment income (loss) was recognized as earned based on the terms of the investments and the period during which the investments were held by the Vanguard Master Trust. Due to the merger of the Plan into the AECOM RSP at July 1, 2016, the Plan's interest in the Vanguard Master Trust was transferred to the AECOM RSP.

The following table shows the changes in net assets for the Vanguard Master Trust for the period from January 1, 2016 to July 1, 2016:

	(expressed in $000)
Changes in net assets:	
Net appreciation in fair value of investments	$ 83,838
Interest and dividend income	2,724
Total investment income	86,562
Net purchases (redemptions)	(20,030)
Administrative expenses	(72)
Increase in net assets	$ 66,460
Net assets:	
Beginning of period	$ 2,312,261
End of period	$ 2,378,721

NOTE 5 – INTEREST IN AECOM DC RETIREMENT PLANS SMA MASTER TRUST

Beginning January 1, 2016, certain of the Plan's investment assets were held in separately managed accounts ("SMA") in a custody account at Northern Trust Corporation and consisted of an interest in an investment account of the AECOM DC Retirement Plans SMA Master Trust ("SMA Master Trust"), a master trust established by AECOM and administered by the Trustee.

Use of the SMA Master Trust permitted the commingling of trust assets with the assets of five other retirement savings plans of AECOM for investment and administrative purposes. Although the assets of the six retirement plans were commingled in the SMA Master Trust, the Trustee maintained supporting records for the purpose of allocating the net gain or loss of the investment funds to the participating plans. The net investment income (loss) of the SMA Master Trust investment funds was allocated by the Trustee to each participating plan based on that plan's interest in each investment fund, as compared with the total interest of all the participating plans in each investment fund. Investment income (loss) was recognized as earned based on the terms of the investments and the period during which the investments were held by the SMA Master Trust. Due to the merger of the Plan into the AECOM RSP at July 1, 2016, the Plan's interest in the SMA Master Trust was transferred to the AECOM RSP.

The following table shows the changes in net assets for the SMA Master Trust for the period from January 1, 2016 to July 1, 2016:

	(expressed in $000)
Changes in net assets:	
Net appreciation in fair value of investments	$ 27,776
Net purchases (redemptions)	(50,167)
Administrative expenses	(10)
Decrease in net assets	$ (22,401)
Net assets:	
Beginning of period	$ 696,586
End of period	$ 674,185

NOTE 6– INTEREST IN AECOM DC RETIREMENT PLANS STABLE VALUE MASTER TRUST

Beginning January 1, 2016, certain of the Plan's investment assets were held in a custody account at Fidelity Management Trust Company and consisted of an interest in an investment account of the AECOM DC Retirement Plans Stable Value Master Trust ("Stable Value Master Trust"), a master trust established by AECOM and administered by the Trustee. Use of the Stable Value Master Trust permitted the commingling of trust assets with the assets of five other retirement savings plans of AECOM for investment and administrative purposes. Although the assets of the six retirement plans were commingled in the Stable Value Master Trust, the Trustee maintained supporting records for the purpose of allocating the net gain or loss of the investment funds to the participating plans. The net investment income (loss) of the Stable Value Master Trust investment funds was allocated by the Trustee to each participating plan based on that plan's interest in each investment fund, as compared with the total interest of all the participating plans in each investment fund. Investment income (loss) was recognized as earned based on the terms of the investments and the period during which the investments were held by the Stable Value Master Trust. Due to the merger of the Plan into the AECOM RSP at July 1, 2016, the Plan's interest in the Stable Value Master Trust was transferred to the AECOM RSP.

The following table shows the changes in net assets for the Stable Value Master Trust for the period from January 1, 2016 to July 1, 2016:

	(expressed in $000)
Changes in net assets:	
Interest and dividend income	$ 3,670
Net purchases (redemptions)	(25,400)
Administrative expenses	(1,054)
Decrease in net assets	$ (22,784)
Net assets:	
Beginning of period	$ 466,773
End of period	$ 443,989

NOTE 7 – INTEREST IN URS CORPORATION RETIREMENT PLANS MASTER TRUST

At December 31, 2015, the Plan's investment assets were held in a trust account at Fidelity Management Trust Company ("Prior Trustee") and consisted of an interest in an investment account of the URS Corporation Retirement Plans Master Trust ("URS Master Trust"), a master trust established by URS Corporation and administered by the Prior Trustee. Use of the URS Master Trust permitted the commingling of trust assets with the assets of the AECOM 401(k) Retirement Plan for Specified Contract Plans (formerly named the URS 401(k) Retirement Plan for Specified Contract Employees) (the "AECOM SCE Plan"), an affiliated plan of AECOM Global II, LLC, for investment and administrative purposes. Although assets of the two retirement plans were commingled in the URS Master Trust, the Prior Trustee maintained supporting records for the purpose of allocating the net gain or loss of the investment funds to the participating plans. The net investment income (loss) of the URS Master Trust investment funds was allocated by the Prior Trustee to each participating plan based on that plan's interest in each investment fund, as compared with the total interest of all the participating plans in each investment fund. Investment income (loss) was recognized as earned based on the terms of the investments and the period during which the investments were held by the URS Master Trust. The Plan's interest in the URS Master Trust represented approximately 92.0% of the total assets in the URS Master Trust at December 31, 2015.

On January 1, 2016, the assets held within the URS Master Trust were transferred from the Prior Trustee to the Trustee. In addition, the URS Master Trust was terminated and all the assets were either transferred into one of the master trusts discussed in Notes 4 – 6 or held separately by the Plan and the AECOM SCE Plan. In preparation of transferring the assets of the participating plans to the Trustee in January 2016, certain assets within the URS Master Trust were liquidated as of December 31, 2015, and included in "Accounts receivable" in the table below.

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

	2015 *(expressed in $000)*
Investments at fair value	
Mutual funds	$ 312,305
Collective trust funds and commingled pools	1,238,621
Self-directed brokerage accounts	23,896
Stocks	690
Cash and certificates of deposit	24,122
	1,599,634
Investments at contract value	
Synthetic investment contracts	306,078
Accounts receivable	
Receivable for securities sold	828,027
Accounts payable	
Due to broker for securities purchased	12
Operating payables	725
	737
Net assets of URS Master Trust	$2,733,002
Plan interest in URS Master Trust	$2,513,063

The following tables sets forth by level, within the fair value hierarchy, the URS Master Trust assets at fair value as of December 31, 2015:

As of December 31, 2015	(Level 1)	(Level 2)	(Level 3)	Total
		(expressed in thousands)		
Mutual funds	$ 312,305	$ --	$ --	$ 312,305
Collective trust funds and commingled pools	--	1,238,621	--	1,238,621
Self-directed brokerage accounts	23,896			23,896
Stocks	690	--	--	690
Cash and certificates of deposit	24,122	--	--	24,122
Total assets at fair value	$ 361,013	$1,238,621	$ --	$1,599,634

The table below presents additional information for investments whose fair value is estimated using net asset value (NAV) per share at December 31, 2015:

	Fair Value (in $000)	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
December 31, 2015					
Collective trust funds and commingled pools					
Retirement date funds	$ 911,320	$ --	Daily	None	None
S&P 500 matching fund	262,593	--	Daily	None	None
MSCI ACWI matching fund	28,409	--	Daily	None	None
US Treasury securities	9,163	--	Daily	None	None
Investment grade bonds	27,136	--	Daily	None	None
	$1,238,621				

NOTE 8 – INFORMATION CERTIFIED BY THE TRUSTEE AND PRIOR TRUSTEE OF THE PLAN

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, no audit procedures were performed with respect to the information certified by the Trustee as of July 1, 2016 and for the period from January 1, 2016 to July 1, 2016, and certified by the Prior Trustee as of December 31, 2015, except to compare such information to the information included in the accompanying financial statements.

Information certified by the Trustee and Prior Trustee includes the value of the investments held by the Plan and in the master trusts described in Notes 4-7 and the notes receivable from participants included in the accompanying Statements of Net Assets Available for Benefits; interest in investment income (loss) for the Plan and the master trusts, and interest income on notes receivable from participants included in the accompanying Statement of Changes in Net Assets Available for Benefits; and information regarding the investments held in the master trusts presented in Notes 4-7.

NOTE 9 – SYNTHETIC INVESTMENT CONTRACTS

At December 31, 2015, the URS Master Trust included investments in synthetic investment contracts ("SICs"). A liquidity agreement ("wrapper") is entered into for a fee with a financially responsible third party that guarantees a minimum rate of return and provides benefit responsiveness. These companies have Standard and Poor's financial strength ratings of AA- to AAA. There are no reserves currently considered necessary against contract value for credit risk of these companies or otherwise. These contracts meet the fully benefit-responsive investment contract criteria and, therefore, are reported at contract value. Contract value is the relevant measure for fully benefit-responsive contracts because this is the amount received by participants if they were to initiate permitted transactions under the Plan. Contract value, as reported by the financially responsible third parties, represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The investments in SICs are presented on the Statements of Net Assets Available for Benefits in the line item "Plan investment in URS Corporation Retirement Plans Master Trust" at December 31, 2015.

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

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

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

The URS Master Trust may seek to add additional issuers over time to diversify the URS Master Trust's exposure to such risk, but there is no assurance the URS Master Trust may be able to do so. The combination of the default of an issuer and an inability to obtain a replacement agreement could render the URS Master Trust unable to achieve its objective of maintaining a

stable contract value. The terms of an investment contract generally provide for settlement of payments only upon termination of the contract or total liquidation of the covered investments. Generally, payments will be made pro-rata, based on the percentage of investments covered by each issuer. Contract termination occurs whenever the contract value or market value of the covered investments reaches zero or upon certain events of default. If the contract terminates due to issuer default (other than a default occurring because of a decline in its rating), the issuer will generally be required to pay to the URS Master Trust the excess, if any, of contract value over market value on the date of termination.

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

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

NOTE 10 – RISKS AND UNCERTAINTIES

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

The underlying securities of the Plan's investments could include securities with contractual cash flows, such as, but not limited to, asset backed securities, collateralized mortgage obligations, and commercial mortgage backed securities and real estate. The value, liquidity and related income of these securities may be particularly sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by real or perceived difficulties of the issuers, changes in interest rates and conditions in financial markets.

NOTE 11 – TAX STATUS

The Plan received its latest determination letter on May 13, 2015, in which the Internal Revenue Service ("IRS") indicated that the form of the Plan complies with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. The Plan administrator believes the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt. Therefore, no provision for federal income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of July 1, 2016 and December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax periods in progress.

NOTE 12 – RELATED PARTY TRANSACTIONS

Certain Plan investments were shares of common stock of AECOM. In addition, AECOM charged the Plan for certain administrative labor costs. The total cost of administrative labor charged to the Plan by AECOM during the period from January 1, 2016 to July 1, 2016, was approximately $35,000. AECOM is the Plan sponsor as defined by the Plan and, therefore, these transactions qualified as party-in-interest. During the period from January 1, 2016 to July 1, 2016, the Plan held self-directed brokerage accounts and investments managed by the Trustee and their affiliates. The transactions described above qualify as party-in-interest transactions and are exempted from the prohibited transaction rules of ERISA.

At December 31, 2015, Plan held certain investments that were managed by Prior Trustee, the trustee of the Plan during 2015; therefore, these transactions qualify as party-in-interest transactions and are exempt from the prohibited transaction rules of ERISA.

NOTE 13 – PLAN TERMINATION

The Company has established the Plan with the expressed intention and expectation that it will continue the Plan. However, if circumstances make it impossible or inadvisable to continue the Plan, the Company reserves the right to terminate it at any time subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Benefits will be held in the trust fund which will remain in existence until the Company requests the discontinuance of the trust agreement. On July 1, 2016, the Plan was merged into the AECOM RSP and the net assets in the Plan were transferred to the AECOM RSP on in conjunction with the merger.

SUPPLEMENTAL SCHEDULE

AECOM 401(k) RETIREMENT PLAN

EIN 47-1336341
PLAN NUMBER 101

FORM 5500, SCHEDULE H, LINE 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE PERIOD JANUARY 1, 2016 TO JULY 1, 2016

Participant Contributions Transferred Late to the Plan	**Total that Constitute Nonexempt Prohibited Transactions**			
Late Participant Loan Repayments are Included:	**Contributions Not corrected**	**Contributions corrected Outside VFCP**	**Contributions Pending Correction in VFCP**	**Total Fully Corrected under VFCP and PTE 2002-51**
Yes	$ -	$98,842	$ -	$ -

AECOM 401(k) RETIREMENT PLAN

EIN 47-1336341
PLAN NUMBER 101

FORM 5500, SCHEDULE H, LINE 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE PERIOD JANUARY 1, 2016 TO JULY 1, 2016

Participant Contributions Transferred Late to the Plan	**Total that Constitute Nonexempt Prohibited Transactions**			
Late Participant Loan Repayments are Included:	**Contributions Not corrected**	**Contributions corrected Outside VFCP**	**Contributions Pending Correction in VFCP**	**Total Fully Corrected under VFCP and PTE 2002-51**
Yes	$ -	$98,842	$ -	$ -