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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089               |
|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                | <b>2015</b>                                   |
|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                |
| For calendar plan year 2015 or fiscal plan year beginning <u>10/01/2015</u> and ending <u>09/30/2016</u> |                                                                                                                                                                                                                                                                                                                                                |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                       |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                      |

|                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                               | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                         |
| <b>1a</b> Name of plan<br><u>AECOM PENSION PLAN</u>                                                                                                                                                                                                                                                                                                                                          | <b>1b</b> Three-digit plan number (PN) ▶ <u>004</u><br><b>1c</b> Effective date of plan<br><u>12/01/1971</u>                                                                                           |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>AECOM</u><br><br><u>ONE CALIFORNIA PLAZA</u><br><u>300 SOUTH GRAND AVENUE, 2ND FLOOR</u><br><u>LOS ANGELES, CA 90071</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>61-1088522</u><br><b>2c</b> Plan Sponsor's telephone number<br><u>208-386-5057</u><br><b>2d</b> Business code (see instructions)<br><u>541330</u> |

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

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

|                                                                                                 |                                                          |                   |                                                              |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | <u>Filed with authorized/valid electronic signature.</u> | <u>07/17/2017</u> | <u>BERNIE KNOBBE</u>                                         |
|                                                                                                 | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                          |                   |                                                              |
|                                                                                                 | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                          |                   |                                                              |
|                                                                                                 | <b>Signature of DFE</b>                                  | 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                                  |
|                                                                                                 |                                                          |                   |                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 2211                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 296<br><b>6a(2)</b> 283<br><b>6b</b> 868<br><b>6c</b> 865<br><b>6d</b> 2016<br><b>6e</b> 170<br><b>6f</b> 2186<br><b>6g</b><br><b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1I 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                       |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>0</b> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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|                 |                                                                                   |
|-----------------|-----------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Form M-1 Compliance Information (to be completed by welfare benefit plans)</b> |
|-----------------|-----------------------------------------------------------------------------------|

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

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

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

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**11c** Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016

▶ Round off amounts to nearest dollar.  
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                   |                                                             |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>AECOM PENSION PLAN                                       | <b>B</b> Three-digit plan number (PN) ▶ 004                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>AECOM | <b>D</b> Employer Identification Number (EIN)<br>61-1088522 |

**E** Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

**Part I Basic Information**

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month 10 Day 01 Year 2015                                                                                                                                                    |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 116463767                 |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 120412027                 |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 1008                       | 64922182                  | 64922182                 |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 927                        | 29736322                  | 29736322                 |
| <b>c</b> For active participants .....                                                                                                                                                                          | 296                        | 18890337                  | 19022637                 |
| <b>d</b> Total .....                                                                                                                                                                                            | 2231                       | 113548841                 | 113681141                |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....                                                                                                                   | <input type="checkbox"/>   |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 6.16%                     |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | 1550000                   |                          |

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                                  |              |                                        |
|------------------------------------------------------------------|--------------|----------------------------------------|
| <b>SIGN HERE</b>                                                 |              |                                        |
| Signature of actuary                                             | 07/07/2017   | Date                                   |
| MICHELE RAAD                                                     | 17-06641     | Most recent enrollment number          |
| MERCER                                                           | 213-346-2200 | Telephone number (including area code) |
| 777 SOUTH FIGUEROA ST., SUITE 2400<br>LOS ANGELES, CA 90017-5800 | Firm name    |                                        |
| Address of the firm                                              |              |                                        |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

| Part II Beginning of Year Carryover and Prefunding Balances                                                                                                          |                       |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-1.30</u> % .....                                                                                | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.38</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    |                       |                        |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

| Part III Funding Percentages                                                                                                                                               |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 105.92 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 105.92 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 107.84 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

| Part IV Contributions and Liquidity Shortfalls                                           |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| Totals ►                                                                                 |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

|                                                                                                                                                                                  |            |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                             |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                                                             | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                               | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                          | <b>19c</b> | 0       |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                      |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |            |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |            |         |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                                                                                  |            |         |
| Liquidity shortfall as of end of quarter of this plan year                                                                                                                       |            |         |
| (1) 1st                                                                                                                                                                          | (2) 2nd    | (3) 3rd |
|                                                                                                                                                                                  |            |         |
|                                                                                                                                                                                  |            |         |
|                                                                                                                                                                                  |            |         |
|                                                                                                                                                                                  |            |         |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.72 % | 2nd segment:<br>6.11 % | 3rd segment:<br>6.81 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                                                                                                                                                                                                                                                                                                                             |                   |                    |  |                     |             |                                                       |   |   |                                                |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|--|---------------------|-------------|-------------------------------------------------------|---|---|------------------------------------------------|--|--|
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>                                                                                                                                                                                                                                                                                                                  | 1550000           |                    |  |                     |             |                                                       |   |   |                                                |  |  |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>                                                                                                                                                                                                                                                                                                                  | 1550000           |                    |  |                     |             |                                                       |   |   |                                                |  |  |
| <b>32</b> Amortization installments:                                                                                                                                                 | <table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td><b>a</b> Net shortfall amortization installment .....</td> <td>0</td> <td>0</td> </tr> <tr> <td><b>b</b> Waiver amortization installment .....</td> <td></td> <td></td> </tr> </tbody> </table> |                   |                    |  | Outstanding Balance | Installment | <b>a</b> Net shortfall amortization installment ..... | 0 | 0 | <b>b</b> Waiver amortization installment ..... |  |  |
|                                                                                                                                                                                      | Outstanding Balance                                                                                                                                                                                                                                                                                                         | Installment       |                    |  |                     |             |                                                       |   |   |                                                |  |  |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                                                                                                                                                                                                                                                                                                                           | 0                 |                    |  |                     |             |                                                       |   |   |                                                |  |  |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                                                                                                                                                                                                                                                                                                                             |                   |                    |  |                     |             |                                                       |   |   |                                                |  |  |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>                                                                                                                                                                                                                                                                                                                   |                   |                    |  |                     |             |                                                       |   |   |                                                |  |  |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>                                                                                                                                                                                                                                                                                                                   | 0                 |                    |  |                     |             |                                                       |   |   |                                                |  |  |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                             | Carryover balance | Prefunding balance |  |                     |             |                                                       |   |   |                                                |  |  |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                |                                                                                                                                                                                                                                                                                                                             |                   | 0                  |  |                     |             |                                                       |   |   |                                                |  |  |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>                                                                                                                                                                                                                                                                                                                   | 0                 |                    |  |                     |             |                                                       |   |   |                                                |  |  |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>                                                                                                                                                                                                                                                                                                                   | 0                 |                    |  |                     |             |                                                       |   |   |                                                |  |  |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                                                                                                                                                                                                                                                                                                                             |                   |                    |  |                     |             |                                                       |   |   |                                                |  |  |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>                                                                                                                                                                                                                                                                                                                  | 0                 |                    |  |                     |             |                                                       |   |   |                                                |  |  |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>                                                                                                                                                                                                                                                                                                                  |                   |                    |  |                     |             |                                                       |   |   |                                                |  |  |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>                                                                                                                                                                                                                                                                                                                   | 0                 |                    |  |                     |             |                                                       |   |   |                                                |  |  |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>                                                                                                                                                                                                                                                                                                                   | 0                 |                    |  |                     |             |                                                       |   |   |                                                |  |  |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |  |

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                             |                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                             | 2015                                    |
|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016 |                                                      |     |
| A Name of plan<br>AECOM PENSION PLAN                                                       | B Three-digit plan number (PN) ▶                     | 004 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>AECOM                            | D Employer Identification Number (EIN)<br>61-1088522 |     |

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

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

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

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

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

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

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

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

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

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

TOWERS WATSON DELAWARE INC

53-0181291

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 14 50                  | NONE                                                                                              | 364258                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MERCER

13-2834414

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | NONE                                                                                              | 220678                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ANGELES INVESTMENT ADVISORS, LLC

95-4839031

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 50                  | NONE                                                                                              | 178424                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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

61-1088522

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10 14 50                      | PLAN SPONSOR                                                                                             | 63437                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

U.S. BANK

31-0841368

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 21 50                         | TRUSTEE                                                                                                  | 53218                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

MCDERMOTT WILL & EMERY LLP

36-1453176

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 29 50                         | NONE                                                                                                     | 38508                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**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)

RSM US LLP

42-0714325

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 32000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

J.P. MORGAN INVESTMENT MANAGEMENT

13-3200244

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 50                  | NONE                                                                                              | 7924                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

**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<br>(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<br>(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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                                                                               |                                  |
|-------------------------------------------------------------------------------|----------------------------------|
| <b>a</b> Name: RSM US LLP                                                     | <b>b</b> EIN: 42-0714325         |
| <b>c</b> Position: AUDITOR                                                    |                                  |
| <b>d</b> Address: 515 S. FLOWER STREET<br>41ST FLOOR<br>LOS ANGELES, CA 90071 | <b>e</b> Telephone: 213-330-4800 |
|                                                                               |                                  |

Explanation: THE COMPANY IS CONSOLIDATING THE NUMBER OF BENEFIT PLAN AUDIT FIRMS IT USES; THEREFORE, THE COMPANY TERMINATED THE AUDIT ARRANGEMENT WITH THE AUDIT FIRM. THERE WERE NO DISPUTES BETWEEN THE FIRM AND THE COMPANY.

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:



**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2015 or fiscal plan year beginning <span style="color: blue;">10/01/2015</span> and ending <span style="color: blue;">09/30/2016</span>                                                                                                           |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                   |
| <b>A</b> Name of plan<br><span style="color: blue;">AECOM PENSION PLAN</span>                                                                                                                                                                                            | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <div style="border: 1px solid black; padding: 2px; font-weight: bold; color: blue;">004</div>                                                                                     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">AECOM</span>                                                                                                                                                                 | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">61-1088522</span>                                                                                                                                                                                |                                                                                                                                                                                   |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                                     |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                                                                                   |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                                     |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                              | <b>1a</b>       |                       |                 |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                               |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 0                     | 0               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 70462                 | 49302           |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                              |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 1998226               | 1223055         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 17949378              | 20362063        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 15107788              | 15396247        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 81337913              | 83068477        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 116463767             | 120099144       |

**Liabilities**

|                                                                           |           |        |        |
|---------------------------------------------------------------------------|-----------|--------|--------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |        |        |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 304553 | 211828 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |        |        |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |        |        |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 304553 | 211828 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 116159214 | 119887316 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 72940      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 72940     |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 2855       |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 1219960    |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 1222815   |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 3370463    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 3370463   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 23145059   |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 23147417   |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -2358     |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 291848     |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 291848    |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 1938459   |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 7032275   |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 13926442  |

**Expenses**

|                                                                                      |       |         |          |
|--------------------------------------------------------------------------------------|-------|---------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |         |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 8603005 |          |
| (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) |         | 8603005  |
| f Corrective distributions (see instructions) .....                                  | 2f    |         |          |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |         |          |
| h Interest expense .....                                                             | 2h    |         |          |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) | 786656  |          |
| (2) Contract administrator fees .....                                                | 2i(2) |         |          |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 170924  |          |
| (4) Other .....                                                                      | 2i(4) | 637755  |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |         | 1595335  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 10198340 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 3728102 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan .....                                   | 2l(1) |  |         |
| (2) From this plan .....                                 | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

☒ Yes ☐ No

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

(1) Name: EIDE BAILLY LLP

(2) EIN: 45-0250958

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes | No | N/A | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|--------|
| <b>a</b> 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.) .....                 |     | X  |     |        |
| <b>b</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.) ..... |     | X  |     |        |

|                                                                                                                                                                                                                         | Yes | No | N/A | Amount   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                          |     | X  |     |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                               |     | X  |     |          |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                      | X   |    |     | 25000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                       |     | X  |     |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                    |     | X  |     |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                          |     | X  |     |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                | X   |    |     |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | X   |    |     |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                           |     | X  |     |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                            |     | X  |     |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                  |     |    |     |          |
| <b>n</b> 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.                                     |     |    |     |          |
| <b>o</b> Did the plan trust incur unrelated business taxable income?                                                                                                                                                    |     |    |     |          |
| <b>p</b> Were in-service distributions made during the plan year?                                                                                                                                                       |     |    |     |          |

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

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

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

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

## Part V Trust Information

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016

|                                                                               |                                                                    |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>AECOM PENSION PLAN</u>                            | <b>B</b> Three-digit plan number (PN) ▶<br><u>004</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>AECOM</u> | <b>D</b> Employer Identification Number (EIN)<br><u>61-1088522</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>31-0841368</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>5</u> |

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

|                                                                                                                                                                                                                                                                                                                                                             |                              |                                        |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                                        |                                         |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                                        |                                         |
| <b>c</b> 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).....                                                                                                                                                                                                             | <b>6c</b>                    |                                        |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                             |                                   |                                   |                               |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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. .... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015  
v. 150123

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |  |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |  | <b>14a</b> |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      |  | <b>14b</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             |  | <b>14c</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        |  |            |  |
| <b>15</b> | 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:                                                                         |  |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                |  | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           |  | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |  |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                             |  | <b>16a</b> |  |
|           | <b>b</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 .....                                                                               |  | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |  |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>           |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)                                                                                                                                                                                                                                                                                                                            |
|           | <b>a</b> Enter the percentage of plan assets held as:<br>Stock: <u>43.0%</u> Investment-Grade Debt: <u>43.0%</u> High-Yield Debt: <u>0.0%</u> Real Estate: <u>0.0%</u> Other: <u>14.0%</u>                                                                                                                                                                                                                      |
|           | <b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input checked="" type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more |
|           | <b>c</b> What duration measure was used to calculate line 19(b)?<br><input type="checkbox"/> Effective duration <input checked="" type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify):                                                                                                                                                      |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

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

## ***AECOM Pension Plan***

*Financial Statements as of September 30,  
2016 and 2015 and for the Years Then Ended,  
Supplemental Schedules as of and for the  
Year Ended September 30, 2016 and  
Independent Auditor's Report*

# AECOM PENSION PLAN

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## Independent Auditor's Report

Americas Benefits Administrative Committee  
AECOM Pension Plan  
Los Angeles, California

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of AECOM Pension Plan (the Plan), which comprise the statement of net assets available for benefits as of September 30, 2016, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Plan 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 are not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by U.S. Bank N.A., the trustee of the Plan, except for comparing such information with the related information included in the 2016 financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of September 30, 2016 and for the year then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

### Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2016 financial statements. Accordingly, we do not express an opinion on the 2016 financial statements.

**Supplemental Schedules**

The supplemental Schedule H, Line 4i-Schedule of Assets Held at End of Year, and Schedule H, Line 4j-Schedule of Reportable Transactions as of and for the year ended September 30, 2016, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

**Other Matter – 2015 Financial Statements**

The financial statements of the Plan as of September 30, 2015, were audited by predecessor auditors. 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 (ERISA), the Plan Administrator instructed the predecessor auditors not to perform, and they did not perform any auditing procedures with respect to the information certified by U.S. Bank N.A. Their report, dated July 14, 2016, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee were presented in compliance with the Department of Labor's Rules and regulations for Reporting and Disclosure under ERISA.

**Report on Form and Content in Compliance with DOL Rules and Regulations 2016**

The form and content of the information included in the 2016 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in cursive script that reads "Eric Sully LLP".

Boise, Idaho  
July 14, 2017

## AECOM PENSION PLAN

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS SEPTEMBER 30, 2016 AND 2015

|                                                | <u>September 30,</u>            |                   |
|------------------------------------------------|---------------------------------|-------------------|
|                                                | <u>2016</u>                     | <u>2015</u>       |
|                                                | <i>(expressed in thousands)</i> |                   |
| ASSETS:                                        |                                 |                   |
| Investments—at fair value (Notes 2, 4, and 5): |                                 |                   |
| Mutual funds                                   | \$ 83,069                       | \$ 81,338         |
| Limited partner interests                      | 20,362                          | 17,949            |
| Collective investment trusts                   | 15,396                          | 15,108            |
| Money market funds                             | 1,223                           | 1,998             |
| Total investments                              | <u>120,050</u>                  | <u>116,393</u>    |
| Receivables:                                   |                                 |                   |
| Other receivables                              | <u>49</u>                       | <u>71</u>         |
| Total receivables                              | <u>49</u>                       | <u>71</u>         |
| Total assets                                   | <u>120,099</u>                  | <u>116,464</u>    |
| LIABILITIES:                                   |                                 |                   |
| Accrued expenses                               | <u>212</u>                      | <u>305</u>        |
| Total liabilities                              | <u>212</u>                      | <u>305</u>        |
| NET ASSETS AVAILABLE FOR BENEFITS              | <u>\$ 119,887</u>               | <u>\$ 116,159</u> |

See notes to financial statements.

## AECOM PENSION PLAN

### STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEARS ENDED SEPTEMBER 30, 2016 AND 2015

|                                                                                     | Year Ended September 30,        |                   |
|-------------------------------------------------------------------------------------|---------------------------------|-------------------|
|                                                                                     | 2016                            | 2015              |
|                                                                                     | <i>(expressed in thousands)</i> |                   |
| Investment income (loss):                                                           |                                 |                   |
| Net appreciation (depreciation) in fair value of investments<br>(Notes 2, 4, and 5) | \$ 9,260                        | \$ (4,847)        |
| Dividends                                                                           | 3,370                           | 3,382             |
| Interest                                                                            | 1,223                           | 188               |
|                                                                                     | <u>13,853</u>                   | <u>(1,277)</u>    |
| Contributions (Note 1):                                                             |                                 |                   |
| Participant rollovers                                                               | <u>73</u>                       | <u>199</u>        |
|                                                                                     | <u>73</u>                       | <u>199</u>        |
| Net increase (decrease) before deductions                                           | <u>13,926</u>                   | <u>(1,078)</u>    |
| Benefits paid directly to participants                                              | (8,603)                         | (8,692)           |
| Administrative expenses                                                             | (1,424)                         | (1,292)           |
| Investment management fees                                                          | <u>(171)</u>                    | <u>(220)</u>      |
| Total deductions                                                                    | <u>(10,198)</u>                 | <u>(10,204)</u>   |
| Net increase (decrease)                                                             | 3,728                           | (11,282)          |
| Net assets available for benefits:                                                  |                                 |                   |
| Beginning of year                                                                   | <u>116,159</u>                  | <u>127,441</u>    |
| End of year                                                                         | <u>\$ 119,887</u>               | <u>\$ 116,159</u> |

See notes to financial statements.

# AECOM PENSION PLAN

## NOTES TO FINANCIAL STATEMENTS

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### 1. DESCRIPTION OF THE PLAN

The following description of the AECOM Pension Plan (the “Plan”) is provided for general information purposes only. Selected Plan provisions are described below. Participants should refer to the Plan document and the summary plan description for more complete information regarding the terms of the Plan.

**General** — The Plan is a frozen defined pension plan that provides benefits to certain U.S. employees of AECOM (“AECOM” or the “Company”) and its participating subsidiaries who were hired on or before March 31, 1998.

Effective April 1, 1998, Plan participation was frozen. Except as otherwise provided in the Plan, each employee who was a participant in the Plan as of March 31, 1998, will continue to participate in the Plan in accordance with the terms of the Plan. No person was eligible to become a participant in the Plan after March 31, 1998, except for certain employees who were on authorized leave of absence on March 31, 1998. Benefit accruals were frozen effective October 1, 2009.

Prior to March 31, 1998, participants were required to contribute up to 1.5% of annual compensation based on years of service. Effective April 1, 1998, employee contributions were no longer accepted by the Plan. All employee contributions made on or after April 1, 1998, and before October 9, 2009, were made to the AECOM Retirement & Savings Plan (“AECOM RSP”) and were deposited into a separate pension account within the AECOM RSP (“AECOM RSP Pension Accounts”).

The Plan is administered by the AECOM Americas Benefits Administration Committee as authorized by AECOM. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

**Funding Policy** — Contributions to provide benefits under the Plan are made by the Company and certain employee rollovers from the AECOM RSP Pension Accounts. The Company contributes such amounts as are deemed necessary on an accrual basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants and to meet minimum funding standards as required by law. Required contribution levels are based upon the payment of the current normal cost for each participant, as well as amortization of the total unfunded actuarial accrued liabilities. The Company met the minimum funding requirements of ERISA for the years ended September 30, 2016 and 2015.

**Employee Rollovers from Other Plan** — Upon termination of employment, a participant may elect, within a specified period of time, to make a direct rollover of their AECOM RSP Pension Accounts to the Plan. This rollover will increase the participant’s monthly benefit amount commencing at the participant’s normal retirement date.

**Vesting** — Participants who have completed at least five years of vested service or who reach age 65 while employed with the Company are fully vested in their accrued benefit under the Plan. Participants of the Plan are always 100 percent vested in any employee contributions (plus applicable interest) they have made to the Plan (see Note 6).

**Benefits** — Upon retirement, a participant will receive a benefit, as calculated under the Plan’s terms, which is based on the participant’s years of service, final average compensation, and the participant’s employee contributions to the Plan. Effective April 1, 2004, the Plan was amended to limit the amount of annual compensation used to calculate a participant’s benefits to the participant’s highest calendar year compensation from 1994 to 2003. Furthermore, effective

# AECOM PENSION PLAN

## NOTES TO FINANCIAL STATEMENTS

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October 9, 2009, accrued benefits were frozen and credited service earned from October 9, 2009 and later is no longer taken into account for determining accrued benefits. Participants receive an actuarially-based benefit calculated under the Plan as described more fully in Note 6.

In addition, prior to October 9, 2009, participants were allowed to make specific elective contributions to the AECOM RSP into the AECOM RSP Pension Accounts for rollover to the Plan. Upon termination of employment, a participant may elect to make a direct rollover of those amounts to the Plan. In the event of a participant's elective rollover, such rollover amounts are added to the participant's normal benefits calculated under this Plan and result in a higher annuity payment to those participants. Effective October 9, 2009, all elective contributions to the AECOM RSP for this purpose were frozen; contributions made prior to October 9, 2009, are no longer adjusted for future investment earnings for purposes of rollover to the Plan.

A participant's benefit under the Plan will commence at their normal retirement date or, if eligible, an early retirement date as defined under the Plan. For married participants, the normal form of payment is a qualified 50 percent joint and survivor annuity, unless a spousal waiver is obtained. For unmarried participants, the normal form of payment is a single life annuity. If an active participant dies with a vested benefit, a death benefit based on age of the participant at death will be paid to the participant's beneficiary. A participant shall be eligible for disability benefits if the participant terminated employment by reason of disability after completing 10 or more years of vesting service. The participant's disability retirement benefit is payable beginning when the participant reaches age 65 and is based on the participant's compensation when they became disabled and the years of service the participant would have earned if the participant had worked until age 65 (or October 9, 2009, if earlier).

## 2. SIGNIFICANT ACCOUNTING POLICIES

***Basis of Accounting*** — The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

***Use of Estimates*** — The preparation of financial statements in accordance 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, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

***Investment Valuation and Income Recognition*** — Investments in mutual funds held by the Plan are stated at fair value, primarily based on quoted market prices. The investment in the collective investment trust is stated at net asset value of the applicable fund as determined by JPMorgan Chase Bank, by reference to the market prices of the fund portfolios. Investments in privately-held securities and partnerships are valued at fair value, which is based on the net asset value of the fund. Net asset value is based on the value of the underlying assets as reported by the fund managers. Values of the underlying assets are based on quoted market prices, appraisals, outside bids or quotes, the last transaction price, or other methods. Purchases and sales 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 fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

# AECOM PENSION PLAN

## NOTES TO FINANCIAL STATEMENTS

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**Expenses** — The Plan’s expenses are paid by either the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company, and not reimbursed by the Plan, are excluded from these financial statements. Certain expenses incurred in connection with general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. In addition, certain investment-related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

**Benefit Payments** — Benefit payments to participants are recorded upon distribution by the Plan.

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

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

|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Level 2 | <p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none"><li>· Quoted prices for similar assets or liabilities in active markets;</li><li>· Quoted prices for identical or similar assets or liabilities in inactive markets;</li><li>· Inputs other than quoted prices that are observable for the asset or liability;</li><li>· Inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li></ul> <p>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.</p> |
| Level 3 | Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.                                                                                                                                                                                                                                                                                                                                                                |

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

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

### *Mutual Funds*

A mutual fund is an investment company registered under the Investment Company Act of 1940 that pools the capital of many investors and invests it in stocks, bonds, short-term money market

# AECOM PENSION PLAN

## NOTES TO FINANCIAL STATEMENTS

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instruments, and/or other securities. These investments are public investment vehicles valued using the Net Asset Value (“NAV”) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.

### *Privately-Held Securities and Partnership Interests*

Investments in privately-held securities and partnerships are investments in closely held instruments for which there is no available market. These funds seek capital appreciation and current income by investing in various financial instruments. The funds may invest in publicly traded equity and debt securities, as well as derivatives thereof. In addition, the funds may pursue a value-oriented strategy through short selling and investments in private or less liquid instruments (financial instruments and other obligations for which no market or only a limited market may exist). The funds may also leverage its portfolio with borrowed funds. The fair value is determined by the Plan’s management using the NAV from the partnership funds’ management as a practical expedient. The Plan’s management may also consider subscription and redemption rights, including any restrictions on the disposition of its interest. Most of these investments require a 45 to 60 day notice period for redemptions and restrictions can be placed on redemptions at the funds’ discretion. As of September 30, 2016, there are no significant redemption restrictions on these investments. Non-marketable privately-held securities and partnership interests are included in Level 3 of the valuation hierarchy.

### *Money Market Funds*

These investments are public investment vehicles valued using \$1 for the NAV. The NAV is a quoted price in active markets. The money market funds are classified within Level 1 of the valuation hierarchy.

### *Collective Investment Trust*

A collective investment trust is a trust for the collective investment and reinvestment of assets contributed from employee benefit plans maintained by more than one plan. These investments are available only to certain qualified retirement plans and is not offered to the general public. The collective investment trust is valued using the NAV provided by the administrator of the collective investment trust, as a practical expedient. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV’s unit price is not quoted on active markets. A significant portion of the underlying assets may not be listed on active markets. Valuations may be determined by current market price of securities that have comparable characteristics or by employing a market-based approach which may use related or comparable assets or liabilities, recent transactions, market multiples, book values and other relevant information. A collective investment trust is classified within Level 2 of the valuation hierarchy.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

# AECOM PENSION PLAN

## NOTES TO FINANCIAL STATEMENTS

**Transfers Between Levels** — The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions of model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. We evaluate the significance of transfers between levels based on the nature of the financial instruments size or the transfer relative to total net assets available for benefits. For the years ended September 30, 2016 and 2015, there were no transfers between levels.

**Subsequent Events** — The Plan has evaluated subsequent events through July 14, 2017, which is the date the financial statements were available to be issued.

**Recent Accounting Pronouncements** — In May 2015, the FASB issued Accounting Standards Update No. 2015-07, *Disclosures for Investment in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* (“ASU 2015-07”). ASU 2015-07 seeks to eliminate diversity in practice surrounding how investments measured at net asset value under the practical expedient with future redemption dates have been categorized in the fair value hierarchy. It is effective for annual reporting periods beginning after December 15, 2016, with early adoption permitted. Upon adoption, ASU 2015-07 is to be applied retrospectively for all periods presented. The Plan’s management is currently in the process of evaluating the impact of the adoption of the new accounting guidance on its Plan financial statements.

**Reclassifications** — Certain amounts from the prior year financial statements have been reclassified for comparative purposes to conform to the presentation in the current year financial statements.

### 3. CONTRACT WITH INSURANCE COMPANY

In 1986, AECOM entered into an investment contract with Metropolitan Life Insurance Company (“Metropolitan”). AECOM purchased an allocated contract that represents a contractual arrangement whereby funds were allocated to purchase annuities for Ashland Inc. (“Ashland”) participants prior to the Plan sponsor change in 1990. Under the terms of the allocated contract, Metropolitan assumed a legal obligation to make benefit payments, as described in the contract, to named participants or their beneficiaries; therefore, the related benefit obligations covered by this contract and the related value of the contract are excluded from the Plan’s net assets available for benefits.

### 4. FAIR VALUE MEASUREMENTS

Below are the Plan’s assets carried at fair value on a recurring basis by the ASC 820-10 fair value hierarchy levels described in Note 2:

|                                                        | As of September 30, 2016                                                |                                                  |                                                    | Total<br>Fair Value |
|--------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------|---------------------|
|                                                        | Quoted Prices in<br>Active Markets for<br>Identical Assets<br>(Level 1) | Significant<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |                     |
|                                                        |                                                                         | <i>(expressed in thousands)</i>                  |                                                    |                     |
| Mutual funds                                           | \$ 83,069                                                               | \$ —                                             | \$ —                                               | \$ 83,069           |
| Money market fund                                      | 1,223                                                                   | —                                                | —                                                  | 1,223               |
| Collective investment trust                            | —                                                                       | 15,396                                           | —                                                  | 15,396              |
| Privately-held securities and<br>partnership interests | —                                                                       | —                                                | 20,362                                             | 20,362              |
| Total assets at fair value                             | <u>\$ 84,292</u>                                                        | <u>\$ 15,396</u>                                 | <u>\$ 20,362</u>                                   | <u>\$ 120,050</u>   |

# AECOM PENSION PLAN

## NOTES TO FINANCIAL STATEMENTS

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 investment assets and liabilities for the year ended September 30, 2016:

|                                                        | Year ended September 30, 2016   |                                  |           |       | Balance<br>End of<br>Year |
|--------------------------------------------------------|---------------------------------|----------------------------------|-----------|-------|---------------------------|
|                                                        | Balance<br>Beginning of<br>Year | Investment<br>Gains/<br>(Losses) | Purchases | Sales |                           |
|                                                        | <i>(expressed in thousands)</i> |                                  |           |       |                           |
| Privately-held securities<br>and partnership interests | \$ 17,949                       | \$ 1,514                         | \$ 899    | \$ —  | \$ 20,362                 |

|                                                        | As of September 30, 2015                                                |                                                  |                                                    |                     |
|--------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------|---------------------|
|                                                        | Quoted Prices in<br>Active Markets for<br>Identical Assets<br>(Level 1) | Significant<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) | Total<br>Fair Value |
|                                                        | <i>(expressed in thousands)</i>                                         |                                                  |                                                    |                     |
| Mutual funds                                           | \$ 81,338                                                               | \$ —                                             | \$ —                                               | \$ 81,338           |
| Money market fund                                      | 1,998                                                                   | —                                                | —                                                  | 1,998               |
| Collective investment trust                            | —                                                                       | 15,108                                           | —                                                  | 15,108              |
| Privately-held securities and<br>partnership interests | —                                                                       | —                                                | 17,949                                             | 17,949              |
| Total assets at fair value                             | \$ 83,336                                                               | \$ 15,108                                        | \$ 17,949                                          | \$ 116,393          |

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 investment assets and liabilities for the year ended September 30, 2015:

|                                                        | Year ended September 30, 2015   |                                  |           |          | Balance<br>End of<br>Year |
|--------------------------------------------------------|---------------------------------|----------------------------------|-----------|----------|---------------------------|
|                                                        | Balance<br>Beginning of<br>Year | Investment<br>Gains/<br>(Losses) | Purchases | Sales    |                           |
|                                                        | <i>(expressed in thousands)</i> |                                  |           |          |                           |
| Privately-held securities<br>and partnership interests | \$ 17,611                       | \$ 437                           | \$ 1      | \$ (100) | \$ 17,949                 |

## 5. NET ASSET VALUE PER SHARE

The following table presents the Plan's investments with a reported NAV at September 30, 2016:

|                                                    | Fair Value                  | Unfunded<br>Commitment | Redemption<br>Frequency<br>(if currently eligible) | Redemption<br>Notice<br>Period |
|----------------------------------------------------|-----------------------------|------------------------|----------------------------------------------------|--------------------------------|
|                                                    | <i>(expressed in \$000)</i> |                        |                                                    |                                |
| JPMorgan Chase Extended Duration Commingled Fund   | \$ 15,396                   | n/a                    | Daily                                              | None                           |
| Wellington Archipelago Holdings, Ltd. Class A      | 2,589                       | —                      | Quarterly                                          | 45 days                        |
| Canyon Value Realization Fund (Cayman), Ltd.       | 3,505                       | —                      | 25% Quarterly                                      | 60 days                        |
| SEG Partners Offshore Fund, Ltd. Class A1 Series 1 | 3,223                       | —                      | Quarterly                                          | 60 days                        |
| Beach Point Total Return Offshore Fund II Ltd.     | 2,489                       | n/a                    | Quarterly                                          | 60 days                        |
| Frontier Small Cap Value Fund LP                   | 6,271                       | n/a                    | Monthly                                            | 5 days                         |
| MidOcean Credit Opportunistic Offshore Fund        | 2,248                       | n/a                    | Quarterly                                          | 45 days                        |
| Shepherd Investment International, Ltd.*           | 16                          | n/a                    | n/a                                                | n/a                            |
| Shepherd Select Asset Holding, Ltd. Class A*       | 21                          | n/a                    | n/a                                                | n/a                            |

\* These limited partnership funds are in liquidation; therefore, the partnerships exercised its authority to suspend shareholder redemption rights to execute its liquidation process.

# AECOM PENSION PLAN

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The following table presents the Plan's investments with a reported NAV at September 30, 2015:

|                                                    | <u>Fair Value</u>    | <u>Unfunded<br/>Commitment</u> | <u>Redemption<br/>Frequency<br/>(if currently eligible)</u> | <u>Redemption<br/>Notice<br/>Period</u> |
|----------------------------------------------------|----------------------|--------------------------------|-------------------------------------------------------------|-----------------------------------------|
|                                                    | (expressed in \$000) |                                |                                                             |                                         |
| JPMorgan Chase Extended Duration Commingled Fund   | \$ 15,108            | n/a                            | Daily                                                       | None                                    |
| Wellington Archipelago Holdings, Ltd. Class A      | 2,527                | —                              | Quarterly                                                   | 45 days                                 |
| Canyon Value Realization Fund (Cayman), Ltd.       | 3,308                | —                              | 25% Quarterly                                               | 60 days                                 |
| SEG Partners Offshore Fund, Ltd. Class A1 Series 1 | 3,186                | —                              | Quarterly                                                   | 60 days                                 |
| Beach Point Total Return Offshore Fund II Ltd.     | 2,326                | n/a                            | Quarterly                                                   | 60 days                                 |
| Frontier Small Cap Value Fund LP                   | 4,396                | n/a                            | Monthly                                                     | 5 days                                  |
| MidOcean Credit Opportunistic Offshore Fund        | 2,165                | n/a                            | Quarterly                                                   | 45 days                                 |
| Shepherd Investment International, Ltd.*           | 20                   | n/a                            | n/a                                                         | n/a                                     |
| Shepherd Select Asset Holding, Ltd. Class A*       | 21                   | n/a                            | n/a                                                         | n/a                                     |

\* These investments are in liquidation; therefore, these funds exercised its authority to suspend shareholder redemption rights to execute its liquidation process.

**JPMorgan Chase Bank Extended Duration Commingled Fund** — The JPMorgan Chase Bank Extended Duration Commingled Fund is a collective investment fund established, operated and maintained by JPMorgan Chase Bank, N.A. ("JPMorgan"). The fund is only available to certain qualified and governmental retirement plans, and is not offered to the public. The objective of this fund is to maximize total return and outperform the Barclays Capital U.S. Long Government/Credit Index, gross of fees, over a market cycle, while maintaining total return risk similar to that of the Barclays Capital U.S. Long Government/Credit Index. The fund invests primarily in investment grade fixed income securities and selective derivatives designed to have similar attributes of such fixed income securities. A market-based approach is primarily used by JPMorgan to value the fund's investments. Investments for which market quotations are not readily available are fair valued by approved affiliated and unaffiliated pricing vendors of JPMorgan, third party broker-dealers, or may be internally fair valued by JPMorgan. This may include related or comparable assets or liabilities, recent transactions, market multiples, book values, and other relevant information for JPMorgan to determine the fair value of the investment. An income-based valuation approach may be used by JPMorgan in which the anticipated future cash flows of the investment are discounted to calculate the fair value. Discounts may also be applied due to the nature or duration of any restrictions on the disposition of the investments. Valuations may also be based upon current market prices of securities that are comparable in coupon, rating, maturity and industry.

**Wellington Archipelago Holdings, Ltd. Class A** — The objective of this fund is to seek capital appreciation through investing in certain private investment funds sponsored by, or may in the future be sponsored by the fund manager, Wellington Alternative Investments LLC or its affiliates. The fund is advised by Wellington Management Company, LLP. The fund's shares in the private investment funds are stated at fair value based on the fund's net contribution to the private investment funds and its allocated share of undistributed profits and losses, including realized and unrealized gains and losses of the private investment funds. The fund manager also uses a market approach valuation technique to value its shares in the private investment funds. The private investment funds are generally open-ended funds as they typically offer subscription and redemption options to the fund. The frequency of such subscriptions or redemption provided to the fund in a particular private investment fund is generally consistent with the liquidity and risk associated with the underlying portfolio. Liquidity of individual private investment funds vary based on various factors and may include "holdbacks" and "side pockets" imposed by the manager of the private investment funds. Adjustments to the reported capital balance may be made by the fund manager based on various factors, including, but not limited to, attributes of the interest held, including rights

# AECOM PENSION PLAN

## NOTES TO FINANCIAL STATEMENTS

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and obligations, and any restrictions or illiquidity on such interests, and the fair value of such private investment fund's investment portfolio or other assets and liabilities.

***Beach Point Total Return Offshore Fund II Ltd. Class D Series 2*** — This fund, together with Beach Point Total Return Offshore Fund III Ltd., Beach Point Total Return Offshore Fund IV Ltd., Beach Point Total Return Fund LP, and Beach Point Total Return Fund II LP, are feeder funds invested in a master fund, Beach Point Total Return Master Fund, LP. Beach Point Capital Management LP serves as the investment manager of the fund and the master fund. The fund's investment objective is to protect principal and achieve, through an investment in the master fund, superior total return through a portfolio of high yield securities, including bonds and bank debt, stressed and distressed securities, undervalued equities, and short selling of debt and equity securities. The fund's interest in the master fund is valued at an amount equal to the fund's capital account in the master fund, without discount or premium. The resulting income, expenses, realized and unrealized gains and losses on the fund's interest is allocated each month to the fund from the master fund based on the fund's pro rata ownership of the master fund's partners' capital at the end of the previous month. Other investments in common stocks, for which no market quotation is available, are valued by the investment manager using independent-valuation agents. The independent-valuation agent may use one or more methodologies such as discounted cash flows, market approach and/or asset approach. The investment manager reviews and approves the investment valuations in accordance with the valuation policies of the fund.

***Canyon Value Realization Fund (Cayman), Ltd.*** — The fund invests substantially all of its investable assets in The Canyon Value Realization Master Fund, L.P., an open-ended Cayman Islands Exempted Limited Partnership, which seeks capital appreciation and current income by investing in financial instruments that are perceived to be inefficiently priced as a result of business, financial, or legal uncertainties. The master fund may invest in publicly traded equity and debt securities, as well as derivatives thereof. In addition, the fund may pursue this value-oriented strategy through short selling and investments in private or financial instruments and other obligations for which no market or only a limited market may exist. The master fund may, upon occasion, also leverage its portfolio with borrowed funds. The master fund's investment advisor may determine the fair value of investments that are not actively traded on a recognized securities exchange. The methods and procedures used to value these investments by the master fund investment advisor may include, but are not limited to: (1) performing comparisons with prices of comparable or similar securities; (2) obtaining valuation-related information from the issuers; (3) calculating the present value of future cash flows; (4) evaluating financial information provided by the management of these investments; and (5) obtaining reviews by independent valuation firms.

***SEG Partners Offshore Fund, Ltd. Class A1 Series 1*** — The fund invests substantially all of its assets through a master feeder structure in SEG Partners Offshore Master Fund Ltd, the master fund. The objective of the master fund is to achieve maximum total return by investing primarily in equity securities. The master fund may also invest in other types of securities to achieve its investment objective. The feeder fund's investment in the master fund is stated at fair value, which is equal to its cost adjusted for its allocated share of the net increase or decrease in net assets resulting from operations, including unrealized appreciation or depreciation of the master fund's investments. The master fund's investments in equity securities that are freely transferable and are listed on major securities exchanges are valued at their last reported sales prices as of the valuation date by the master fund. For securities for which no sales was reported on the valuation date are generally valued at their last reported bid price if held long, and last reported ask price if sold short. Exchange-traded derivative instruments are valued at the midpoint of the National Best Bid and Offer. Over-the-counter derivative instruments are valued using market-based inputs to models,

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## NOTES TO FINANCIAL STATEMENTS

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broker or dealer quotes, counterparty quotes, or alternative pricing sources with reasonable levels of price transparency.

***Frontier Small Cap Value Fund LP (Frontier Small Value, L.P.)*** — The objective of this fund is to invest its capital in such a manner as to achieve favorable returns through investments, primarily in a diversified portfolio of equity securities of small capitalization companies. The manager and general partner of the fund is Frontier Capital Management Company, LLC. Securities which are traded on a national securities exchange are valued at fair value based on the last reported sales price on the last business day of the period. All other securities are appraised at their fair value as determined in good faith by the general partner.

***Shepherd Investment International, Ltd.*** — The objective of this fund is to achieve an attractive rate of return, relative to the level of risk assumed by employing a multi-strategy program. The fund invests substantially all of its assets through a master-feeder structure in Shepherd Performance Fund Ltd. and Subsidiaries, the master fund. The fund's interest in the master fund is valued at an amount equal to the fund's capital account in the master fund. Investments in equity securities that are listed on major securities exchanges are valued at their last reported sales prices as of the valuation date. For securities for which no sales was reported on the valuation date are generally valued at their last reported bid price if held long, and last reported ask price if sold short. Financial instruments for which market quotations are not readily available are valued in good faith under consistently applied procedures established by the master fund investment manager using, among other things, external dealer quotations or accepted industry pricing models, where applicable. The fund's investments in private investment companies are valued, as a practical expedient, utilizing the NAV provided by the underlying private investment companies consistently with the fund's entire position in a particular investment, unless it is probable that the fund will sell a portion of an investment at an amount different from the provided NAV. If it is probable that the fund will sell an investment at an amount different from the NAV or in other situations where the practical expedient is not available, the fund considers other factors in addition to the NAV, such as features of the investment, including subscription and redemption rights, expected discounted cash flows, transactions in the secondary market, bids received from potential buyers, and overall market conditions in its determination of fair value. This fund is in liquidation and has exercised its authority to suspend shareholders' redemption rights in order to execute its liquidation process to return shareholders' net assets.

***Shepherd Select Asset Holding, Ltd.*** — This fund is organized as a liquidation vehicle for the purpose of holding, managing, hedging, investing in and reducing to cash illiquid securities previously owned by Shepherd Investments International Ltd. and Subsidiaries. In addition, the fund holds a direct investment in Stark Select Asset Master Ltd. and Subsidiaries, the master fund. The fund's interest in the master fund is valued at an amount equal to the fund's capital account in the master fund. The fund's investments in private investment companies are valued, as a practical expedient, utilizing the NAV provided by the underlying private investment companies consistently with the fund's entire position in a particular investment, unless it is probable that the fund will sell a portion of an investment at an amount different from the provided NAV. If it is probable that the fund will sell an investment at an amount different from the NAV or in other situations where the practical expedient is not available, the fund considers other factors in addition to the NAV, such as features of the investment, including subscription and redemption rights, expected discounted cash flows, transactions in the secondary market, bids received from potential buyers, and overall market conditions in its determination of fair value.

This fund is currently in liquidation.

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**MidOcean Credit Opportunity Offshore Fund, Ltd.** — The investment objective of the fund is to invest in bank loans, debt and debt-related securities, whether publicly traded or privately placed, including indebtedness issued or otherwise incurred by MidOcean Portfolio Companies. The fund may also acquire equity interests, including preferred and common and may seek exposure to such investments synthetically through derivatives, such as swaps, options and other instruments. The fund may acquire some of the foregoing instruments directly, or indirectly through investments in special purpose vehicles, funds, securitizations, structured financings or other collective investment vehicles managed by third-parties or by MidOcean. The fund invests substantially all of its assets through a master feeder structure in MidOcean Credit Opportunity Master Fund, L.P. (“Master Fund”). The Master Fund establishes valuation processes and procedures to ensure that the valuation techniques for investments that are categorized within the fair value hierarchy are fair, consistent, and verifiable. The Master Fund determines the valuation of its investments using market data, third-party pricing sources, industry accepted pricing models, counterparty prices, or other methods it deems to be appropriate, including the use of internal proprietary pricing models.

### 6. ACCUMULATED PLAN BENEFITS

**Actuarial Present Value of Accumulated Plan Benefits** — Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Because benefits under the Plan are frozen, the accumulated plan benefits for active employees are based on their accrued benefits as of October 9, 2009 (the “Plan Freeze Date”). Future active employee compensation and credited service increases are no longer applicable after the Plan Freeze Date. Due to the plan freeze, benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included and are fully attributable to employee service rendered to the valuation date. Benefits to be provided via purchased annuity contracts are excluded from Plan assets and are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by Mercer (US) Inc. by applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Significant actuarial assumptions used for purposes of estimating the actuarial present value of accumulated plan benefits as of October 1, 2015 and 2014, were:

|                          |                                                                                                                                                                                                                                          |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Return on Investment     | 7.0%                                                                                                                                                                                                                                     |
| Average Retirement Age   | Ranging from 1% at age 55 to 100% at age 70                                                                                                                                                                                              |
| Average Withdrawal Rates | Ranging from 24% at age 20 to 0% at age 55                                                                                                                                                                                               |
| Mortality Rates          | 2015 - RP2014 mortality table, with post-2006 projection factors removed, with fully generational projections using MP-2016 projection factors<br>2014 - RP2014 mortality table, with fully generational projections using Scale MP-2015 |

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|                    |                                                              |
|--------------------|--------------------------------------------------------------|
| Percentage Married | Males 85%<br>Females 60%                                     |
| Age Difference     | Males are assumed to be three years older than their spouses |

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Actuarial assumptions used in the calculation of accumulated plan benefits were changed from the prior year. The employee contribution interest credit rate for future years was updated from 2.22% to 2.00% to better reflect expected future plan experience. The form of payment and withdrawal rates were updated to better reflect expected future plan experience.

Employer contributions and the actuarial present value of accumulated plan benefits are estimated by the Plan's independent actuary. Employer contributions have met the minimum required amounts under ERISA. Accumulated participant contributions and interest thereon totaled \$8.3 million and \$8.8 million as of October 1, 2016 and 2015, respectively. Employee contributions received interest credited at 2.00% and 2.22% for 2016 and 2015, respectively. The actuarial present value of accumulated plan benefits is shown below as of October 1, the beginning of the Plan years:

|                                                             | <u>2015</u>                     | <u>2014</u>       |
|-------------------------------------------------------------|---------------------------------|-------------------|
|                                                             | <i>(expressed in thousands)</i> |                   |
| Actuarial present value of accumulated plan benefits:       |                                 |                   |
| Vested benefits:                                            |                                 |                   |
| Participants and beneficiaries currently receiving benefits | \$ 63,180                       | \$ 63,342         |
| Other vested benefits                                       | <u>46,199</u>                   | <u>49,695</u>     |
| Total vested benefits                                       | 109,379                         | 113,037           |
| Nonvested benefits                                          | <u>119</u>                      | <u>92</u>         |
| Total actuarial present value of accumulated plan benefits  | <u>\$ 109,498</u>               | <u>\$ 113,129</u> |

Changes in the actuarial present value of accumulated plan benefits are shown below:

|                                                                            | <u>2015</u>                     |
|----------------------------------------------------------------------------|---------------------------------|
|                                                                            | <i>(expressed in thousands)</i> |
| Actuarial present value of accumulated plan benefits – October 1, 2014     | <u>\$ 113,129</u>               |
| Increase (decrease) attributable to:                                       |                                 |
| Additional benefits accumulated and the effect of noninvestment experience | (354)                           |
| Increase for interest due to decrease in discount period                   | 7,590                           |
| Benefits paid to participants                                              | (8,692)                         |
| Change in actuarial assumptions                                            | <u>(2,175)</u>                  |
| Net decrease                                                               | <u>(3,631)</u>                  |
| Actuarial present value of accumulated plan benefits – October 1, 2015     | <u><u>\$ 109,498</u></u>        |

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## NOTES TO FINANCIAL STATEMENTS

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### 7. TAX STATUS

The Plan obtained a favorable determination letter dated February 2, 2016 from the Internal Revenue Service (the “IRS”) which stated that the Plan complies with the applicable regulations of the Internal Revenue Code (“Code”), and therefore, the related trust is exempt from taxation. The Plan has been amended since applying for the determination letter. The Plan administrator and the Company’s tax counsel believe that the Plan is currently designed and operated in compliance with the applicable requirements of the Code and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of liability (or asset) or disclosure in the financial statements.

### 8. INFORMATION CERTIFIED OR PROVIDED BY THE TRUSTEE

The following is a summary of the investment information as of September 30, 2016 and 2015, and for the years then ended, included in Note 4, the Plan’s financial statements, and supplemental schedules that was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following investments is complete and accurate to the best of its knowledge. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan’s independent auditors not to perform any auditing procedures with respect to information below and supplemental schedules related to the following investments.

|                                                                                                                              | <u>2016</u>                     | <u>2015</u> |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------|
|                                                                                                                              | <i>(expressed in thousands)</i> |             |
| Statements of net assets available for benefits:                                                                             |                                 |             |
| Investments (excluding collective investment trust and privately-held securities and partnership interests)                  | \$ 84,292                       | \$ 83,336   |
| Statements of changes in net assets available for benefits:                                                                  |                                 |             |
| Net investment income (loss) (excluding collective investment trust and privately-held securities and partnership interests) | \$ 10,406                       | \$ (2,382)  |

Investment information included in the supplemental schedules (excluding collective investment trust and privately-held securities and partnerships interests) is certified by the trustee.

### 9. PLAN TERMINATION

Although it has not expressed any intent to do so, AECOM has the right under the Plan to discontinue its contributions at any time or to amend or terminate the Plan subject to provisions of the Plan agreement and provisions of ERISA. In the event the Plan is terminated, the net assets of the Plan will be allocated as specified by the Plan document in accordance with ERISA and its related regulations.

In the event of termination, benefits to be provided via contracts under which Metropolitan (see Note 3) is obligated to pay the benefits would be excluded for allocation purposes.

# **AECOM PENSION PLAN**

## **NOTES TO FINANCIAL STATEMENTS**

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Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination. However, there is a statutory ceiling on the amount of an individual’s monthly benefit that the PBGC guarantees. The ceiling is adjusted annually and varies depending on the form of benefit payment elected by the participant at the time of termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan’s net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan’s sponsor and the level of benefits guaranteed by the PBGC.

### **10. RISKS AND UNCERTAINTIES**

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

Plan contributions are made and the actual present value of accumulated plan benefits reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

The Pension Protection Act of 2006, as amended by the Worker, Retiree and Employer Recovery Act of 2008, imposes certain benefit restrictions for qualified defined-benefit plans that do not meet certain funding thresholds. The “At-Risk” status is referred to as the Adjusted Funding Target Attainment Percentage or AFTAP. A plan’s funded percentage is referred to as the AFTAP. The October 1, 2016 AFTAP for the Plan is 101.8% percent. The October 1, 2016 AFTAP is greater than 80 percent; therefore, the Plan does not have any benefit restrictions or any restriction to amend the Plan document.

### **11. RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS**

AECOM charges the Plan for certain administrative labor costs. The total cost of administrative labor charged to the Plan by AECOM during the years ended September 30, 2016 and 2015 was \$63,437 and \$55,876 respectively. AECOM is the Plan sponsor as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. In addition as described in Note 2, the Plan paid certain expenses related to Plan administration and investment activity to various service providers. These transactions also qualify as party-in-interest transactions. These party-in-interest transactions qualify for prohibited transaction exemptions.

**AECOM PENSION PLAN**
**EIN #: 61-1088522**
**PLAN #: 004**
**FORM 5500, SCHEDULE H, PART IV, LINE 4i  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
SEPTEMBER 30, 2016**

| (a)                                                        | (b) | (c)                                                                                                                 | (d)                  | (e)                   |
|------------------------------------------------------------|-----|---------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|
|                                                            |     | Description of<br>Investment, Including<br>Maturity Date, Rate of<br>Interest, Collateral, Par<br>or Maturity Value | Cost                 | Current Value         |
| Identity of Issuer, Borrower, Lessor or Similar Party      |     |                                                                                                                     |                      |                       |
| First American Government Obligation Fund Class Z          |     | 1,223,055.2 Shares                                                                                                  | \$ 1,223,055         | \$ 1,223,055          |
| Wellington Archipelago Holdings, Ltd Class A               |     | 92,438.1 Shares                                                                                                     | 2,000,000            | 2,588,801             |
| Beach Point Total Return Offshore Fund II Ltd              |     | 1,627.9 Shares                                                                                                      | 2,367,565            | 2,488,456             |
| Canyon Value Realization Fund (Cayman), Ltd Class A        |     | 429.8 Shares                                                                                                        | 1,905,271            | 3,505,370             |
| SEG Partners Offshore Fund, Ltd Class A1 Series 1          |     | 9,479.5 Shares                                                                                                      | 2,050,000            | 3,223,283             |
| Shepherd Investment International, Ltd Class-S SA03        |     | 3.6 Shares                                                                                                          | 3,062                | 1,304                 |
| Shepherd Investment International, Ltd Class-S SA06        |     | 0.5 Shares                                                                                                          | 479                  | 1,625                 |
| Shepherd Investment International, Ltd Class-S SA09        |     | 1.4 Shares                                                                                                          | 1,456                | 1,998                 |
| Shepherd Investment International, Ltd Class-S SA15        |     | 4.2 Shares                                                                                                          | 4,346                | 1,934                 |
| Shepherd Investment International, Ltd Class-S SA16        |     | 0.7 Shares                                                                                                          | 724                  | 467                   |
| Shepherd Investment International, Ltd Class-S SA21        |     | 6.5 Shares                                                                                                          | 7,279                | 796                   |
| Shepherd Investment International, Ltd Class-S SA29        |     | 2.3 Shares                                                                                                          | 2,260                | 745                   |
| Shepherd Investment International, Ltd Class-S SA30        |     | 19.4 Shares                                                                                                         | 17,180               | 580                   |
| Shepherd Investment International, Ltd Class-S SA31        |     | 1.0 Shares                                                                                                          | 1,061                | 706                   |
| Shepherd Investment International, Ltd Class-S SA35        |     | 3.5 Shares                                                                                                          | 2,624                | 5,198                 |
| Shepherd Investment International, Ltd Class-S SA37        |     | 5.4 Shares                                                                                                          | 3,197                | 842                   |
| Shepherd Investment International, Ltd Class-S SA38        |     | 0.2 Shares                                                                                                          | 184                  | 220                   |
| Shepherd Select Asset Holding, Ltd Class A                 |     | 15.9 Shares                                                                                                         | 19,124               | 21,155                |
| American Funds Capital World Growth & Income Fund Class R6 |     | 203,832.9 Shares                                                                                                    | 7,312,303            | 9,270,322             |
| Dodge & Cox International Stock Fund                       |     | 176,014.3 Shares                                                                                                    | 5,466,071            | 6,725,505             |
| Vanguard International Growth Fund Admiral Shares          |     | 102,456.7 Shares                                                                                                    | 6,201,956            | 7,499,832             |
| Vanguard Primecap Core Investor                            |     | 477,635.8 Shares                                                                                                    | 6,417,002            | 10,770,687            |
| Vanguard FTSE Emerging Market ETF                          |     | 53,064.0 Shares                                                                                                     | 2,484,963            | 1,996,799             |
| Vanguard 500 Index Admiral                                 |     | 38,113.5 Shares                                                                                                     | 3,961,433            | 7,630,702             |
| PIMCO Long-Term Credit Institutional Class                 |     | 1,754,744.1 Shares                                                                                                  | 21,057,127           | 21,600,900            |
| PIMCO Income Fund Institutional Class                      |     | 1,092,907.4 Shares                                                                                                  | 13,738,155           | 13,180,464            |
| Allianzgi Convertible Fund Institutional Class             |     | 142,777.6 Shares                                                                                                    | 4,052,195            | 4,393,266             |
| JPMorgan Chase Bank Extended Duration Commingled Fund      |     | 650,454.0 Shares                                                                                                    | 9,715,105            | 15,396,247            |
| Frontier Small Cap Value Fund LP                           |     | 6,270,656.9 Shares                                                                                                  | 6,270,657            | 6,270,657             |
| Midocean Credit Opportunistic Offshore Fund                |     | 2,200.0 Shares                                                                                                      | 2,200,000            | 2,247,926             |
|                                                            |     |                                                                                                                     | <u>\$ 98,485,834</u> | <u>\$ 120,049,842</u> |

AECOM PENSION PLAN  
 EIN #: 61-1088522  
 PLAN #: 004

FORM 5500, SCHEDULE H, PART IV, LINE 4j  
 SCHEDULE OF REPORTABLE TRANSACTIONS  
 YEAR ENDED SEPTEMBER 30, 2016

| (a)(b)                                                                 | (c)            | (d)(h)        | (g)           | (i)<br>Net Gain<br>(Loss) |
|------------------------------------------------------------------------|----------------|---------------|---------------|---------------------------|
| Identity of Party Involved/Description                                 | Purchase Price | Selling Price | Cost of Asset |                           |
| <b><u>SERIES OF TRANSACTIONS INVOLVING AMOUNTS IN EXCESS OF 5%</u></b> |                |               |               |                           |
| Fidelity Institutional Money Market                                    | \$ 13,476,546  | \$ -          | \$ 13,476,546 | \$ -                      |
| Fidelity Institutional Money Market                                    | -              | 15,450,786    | 15,450,786    | -                         |
| First American Government Obligation Fund Class Z                      | 6,860,799      | -             | 6,860,799     | -                         |
| First American Government Obligation Fund Class Z                      | -              | 6,860,803     | 6,860,803     | -                         |

**SINGLE TRANSACTIONS INVOLVING AMOUNTS IN EXCESS OF 5%**

None

**Schedule SB, line 26 — Schedule of Active Participant Data**

| Attained age | Years of credited service |     |       |       |       |       |       |       |       |
|--------------|---------------------------|-----|-------|-------|-------|-------|-------|-------|-------|
|              | Under 5                   | 5–9 | 10–14 | 15–19 | 20–24 | 25–29 | 30–34 | 35–39 | Total |
| Under 40     |                           |     |       |       |       |       |       |       |       |
| 40–44        |                           | 1   | 5     | 1     | 1     |       |       |       | 8     |
| 45–49        |                           | 2   | 16    | 7     |       |       |       |       | 25    |
| 50–54        |                           | 7   | 29    | 19    | 11    |       |       |       | 66    |
| 55–59        | 2                         | 10  | 27    | 23    | 12    | 3     |       |       | 77    |
| 60–64        | 3                         | 6   | 19    | 18    | 21    | 3     |       |       | 70    |
| 65–69        | 2                         | 1   | 13    | 19    | 9     | 1     | 2     |       | 47    |
| 70 & up      |                           |     | 3     |       |       |       |       |       | 3     |
| Total        | 7                         | 27  | 112   | 87    | 54    | 7     | 2     |       | 296   |

In each cell, the number shown is the count of active participants for each age/service combination. Average compensation is not shown because it is no longer applicable due to plan freeze.

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****Actuarial Assumptions for October 1, 2015 Funding Valuation****Discount rate sponsor elections**

|                                     |         |                                |                                   |
|-------------------------------------|---------|--------------------------------|-----------------------------------|
| • Segment rates or full yield curve | Segment |                                |                                   |
| • Look-back months                  | 0       |                                |                                   |
|                                     |         | <b><u>Stabilized rates</u></b> | <b><u>Nonstabilized rates</u></b> |
| • First 5 years                     |         | 4.72%                          | 1.35%                             |
| • Next 15 years                     |         | 6.11%                          | 4.01%                             |
| • Over 20 years                     |         | 6.81%                          | 5.04%                             |

**Mortality sponsor elections**

|                          |                                                               |
|--------------------------|---------------------------------------------------------------|
| • Healthy participants   | 2015 PPA separate annuitant and nonannuitant mortality tables |
| • Pre-1995 disabilities  | Same as healthy                                               |
| • Post-1994 disabilities | Same as healthy                                               |

**417(e) lump sums (W&H)**

|                                 |     |
|---------------------------------|-----|
| • Annuity substitution          | Yes |
| • Generational mortality option | No  |
| • Phase-in option               | No  |

**Non-417(e) lump sums (DMJM)**

|                   |                                                               |
|-------------------|---------------------------------------------------------------|
| • Mortality table | 2015 PPA separate annuitant and nonannuitant mortality tables |
| • Interest rate   | 4.00% per year                                                |

**Other economic assumptions**

|                                                                                                  |             |
|--------------------------------------------------------------------------------------------------|-------------|
| • Salary increases                                                                               | N/A         |
| • Flat-dollar benefit increases                                                                  | N/A         |
| • Social Security wage base                                                                      | N/A         |
| • Inflation                                                                                      | N/A         |
| • Administrative Expenses                                                                        | \$1,550,000 |
| • Expected return on assets for 2015 plan year (used to calculate the actuarial value of assets) | 6.00%       |
| • Interest on employee contributions                                                             | 2.00%       |

**Demographic assumptions**

|              |                                                    |
|--------------|----------------------------------------------------|
| • Withdrawal | 2003 SOA withdrawal table<br>Table of sample rates |
|--------------|----------------------------------------------------|

| <b>Attained age</b> | <b>Percentage</b> |
|---------------------|-------------------|
| 40                  | 9%                |
| 45                  | 7%                |
| 50                  | 6%                |

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**

- Retirement age

Table of sample rates

| <b>Attained age</b> | <b>Percentage</b> |
|---------------------|-------------------|
| Under 55            | 0%                |
| 55-57               | 1%                |
| 58-61               | 5%                |
| 62-64               | 10%               |
| 65                  | 20%               |
| 66                  | 30%               |
| 67                  | 25%               |
| 68                  | 30%               |
| 69                  | 15%               |
| 70 and above        | 100%              |

- Benefit commencement age for vested terminated participants 65

- Spouse assumptions

**Male participants****Female participants**

- Percentage married

85%

60%

- Spouse age difference

3 years younger

3 years older

**Form of payment assumptions****Non DMJM, Non W&H Participants****Single life annuity****50% Joint & Survivor****100% Joint & Survivor**

- Active retirements
- Future vested deferred
- Future deaths
- Current vested deferred

40%

40%

0%

40%

30%

30%

100%

30%

30%

30%

0%

30%

**DMJM Participants****Lump sum****Single life annuity****50% Joint & Survivor****100% Joint & Survivor**

- Active retirements
- Future vested deferred
- Future deaths
- Current vested deferred

40%

40%

0%

40%

30%

30%

0%

30%

15%

15%

100%

15%

15%

15%

0%

15%

**Former W&H Participants****Lump sum****Single life with 10 year certain****50% Joint & Survivor****75% Joint & Survivor**

- Active retirements
- Future vested deferred
- Future deaths
- Current vested deferred

0%

80%

0%

80%

30%

5%

0%

5%

0%

0%

100%

0%

70%

15%

0%

15%

## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

### ***Asset Methods***

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

### ***Participant Methods***

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** All current and former employees who are due a benefit as of the valuation date - including current employees with a nonvested accrued benefit - are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.

### ***Minimum Funding Methods***

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

AECOM PENSION PLAN  
 EIN #: 61-1088522  
 PLAN #: 004

FORM 5500, SCHEDULE H, PART IV, LINE 4j  
 SCHEDULE OF REPORTABLE TRANSACTIONS  
 YEAR ENDED SEPTEMBER 30, 2016

| (a)(b)                                                                 | (c)            | (d)(h)        | (g)           | (i)<br>Net Gain<br>(Loss) |
|------------------------------------------------------------------------|----------------|---------------|---------------|---------------------------|
| Identity of Party Involved/Description                                 | Purchase Price | Selling Price | Cost of Asset |                           |
| <b><u>SERIES OF TRANSACTIONS INVOLVING AMOUNTS IN EXCESS OF 5%</u></b> |                |               |               |                           |
| Fidelity Institutional Money Market                                    | \$ 13,476,546  | \$ -          | \$ 13,476,546 | \$ -                      |
| Fidelity Institutional Money Market                                    | -              | 15,450,786    | 15,450,786    | -                         |
| First American Government Obligation Fund Class Z                      | 6,860,799      | -             | 6,860,799     | -                         |
| First American Government Obligation Fund Class Z                      | -              | 6,860,803     | 6,860,803     | -                         |

**SINGLE TRANSACTIONS INVOLVING AMOUNTS IN EXCESS OF 5%**

None

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2015****This Form is Open to Public  
Inspection**For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                                                          |                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>AECOM PENSION PLAN                                                                                                                              | <b>B</b> Three-digit plan number (PN) ▶<br>004              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>AECOM                                                                                        | <b>D</b> Employer Identification Number (EIN)<br>61-1088522 |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> Other |                                                             |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500                  |                                                             |

**Part I Basic Information**

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2015</u>                                                                                                                               |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 116,463,767               |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 120,412,027               |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | 1,008                      | 64,922,182                | 64,922,182               |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | 927                        | 29,736,322                | 29,736,322               |
| <b>c</b> For active participants.....                                                                                                                                                                           | 296                        | 18,890,337                | 19,022,637               |
| <b>d</b> Total.....                                                                                                                                                                                             | 2,231                      | 113,548,841               | 113,681,141              |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate.....                                                                                                                                                                           | <b>5</b>                   | 6.16%                     |                          |
| <b>6</b> Target normal cost.....                                                                                                                                                                                | <b>6</b>                   | 1,550,000                 |                          |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN  
HERE**

Signature of actuary

MICHELE RAAD

Type or print name of actuary

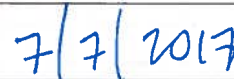
MERCER

Firm name

777 SOUTH FIGUEROA ST., SUITE 2400

LOS ANGELES CA 90017-5800

Address of the firm



Date

1706641

Most recent enrollment number

213-346-2200

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2015  
v. 150123

|                |                                                            |
|----------------|------------------------------------------------------------|
| <b>Part II</b> | <b>Beginning of Year Carryover and Prefunding Balances</b> |
|----------------|------------------------------------------------------------|

|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-1.30%</u> .....                                                                                | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.38%</u> ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                       |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   |                       |                        |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                        | 0                     | 0                      |

|                 |                            |
|-----------------|----------------------------|
| <b>Part III</b> | <b>Funding Percentages</b> |
|-----------------|----------------------------|

|           |                                                                                                                                                                        |           |          |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> | <b>Funding target attainment percentage .....</b>                                                                                                                      | <b>14</b> | 105.92 % |
| <b>15</b> | <b>Adjusted funding target attainment percentage .....</b>                                                                                                             | <b>15</b> | 105.92 % |
| <b>16</b> | <b>Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....</b> | <b>16</b> | 107.84 % |
| <b>17</b> | <b>If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....</b>                                       | <b>17</b> | %        |

|                |                                               |
|----------------|-----------------------------------------------|
| <b>Part IV</b> | <b>Contributions and Liquidity Shortfalls</b> |
|----------------|-----------------------------------------------|

**18** Contributions made to the plan for the plan year by employer(s) and employees:

[illegible]

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |   |
|-------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                     | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 0 |

## 20 Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ..... ☐ Yes ☒ No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... ☐ Yes ☐ No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---------|---------|---------|---------|
|         |         |         |         |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                                                                                                                                                              |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.72% | 2nd segment:<br>6.11% | 3rd segment:<br>6.81%                               |
|                                                                                                                                                                                              |                       |                       | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                       |                       | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |  |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   |  | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                   |                                      |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                   |                                      |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           |                   | <b>31a</b>                           | 1,550,000     |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                   | <b>31b</b>                           | 1,550,000     |
| <b>32</b> Amortization installments:                                                                                                                                                 |                   | Outstanding Balance      Installment |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                |                   | 0                                    | 0             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                   |                                      |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                   | <b>33</b>                            |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         |                   | <b>34</b>                            | 0             |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance                   | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               |                   |                                      | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>         |                                      | 0             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>         |                                      | 0             |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                   |                                      |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       |                   | <b>38a</b>                           | 0             |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                   | <b>38b</b>                           |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>         |                                      | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>         |                                      | 0             |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |           |                                                                                                                         |  |
|------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |           |                                                                                                                         |  |
| <b>a</b> Schedule elected .....                                                                |           | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               |           | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b> |                                                                                                                         |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b> |                                                                                                                         |  |



**Schedule SB, line 22 — Description of Weighted Average Retirement Age**

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 65.

| (A)<br><br>Retirement<br>age | (B)<br><br>Retirement<br>Percent | (C)<br><br>Lx | (D)<br><br>Number of<br>employees<br>expected to retire<br>(B) x (C) | (E)<br><br>(A) x (D) |
|------------------------------|----------------------------------|---------------|----------------------------------------------------------------------|----------------------|
| 55                           | 1.00%                            | 10,000.00     | 100.00                                                               | 5,500                |
| 56                           | 1.00%                            | 9,900.00      | 99.00                                                                | 5,544                |
| 57                           | 1.00%                            | 9,801.00      | 98.01                                                                | 5,587                |
| 58                           | 5.00%                            | 9,702.99      | 485.15                                                               | 28,139               |
| 59                           | 5.00%                            | 9,217.84      | 460.89                                                               | 27,193               |
| 60                           | 5.00%                            | 8,756.95      | 437.85                                                               | 26,271               |
| 61                           | 5.00%                            | 8,319.10      | 415.96                                                               | 25,374               |
| 62                           | 10.00%                           | 7,903.14      | 790.31                                                               | 48,999               |
| 63                           | 10.00%                           | 7,112.83      | 711.28                                                               | 44,811               |
| 64                           | 10.00%                           | 6,401.55      | 640.16                                                               | 40,970               |
| 65                           | 20.00%                           | 5,761.39      | 1,152.28                                                             | 74,898               |
| 66                           | 30.00%                           | 4,609.11      | 1,382.73                                                             | 91,260               |
| 67                           | 25.00%                           | 3,226.38      | 806.60                                                               | 54,042               |
| 68                           | 30.00%                           | 2,419.78      | 725.93                                                               | 49,363               |
| 69                           | 15.00%                           | 1,693.85      | 254.08                                                               | 17,532               |
| 70                           | 100.00%                          | 1,439.77      | 1,439.77                                                             | 100,784              |
|                              |                                  |               |                                                                      |                      |
| Total                        |                                  |               | 10,000.00                                                            | 646,266              |
| Average                      |                                  |               |                                                                      | 64.63                |

**Schedule SB, Part V — Summary of Plan Provisions*****Benefits Included or Excluded***

Unless noted below, all benefits provided by the plan are included in this valuation.

- **Most recent plan amendments included:** None.
- **Plan amendments excluded:** Amendment adopted after the valuation date or effective after the current plan year are excluded from the valuation
- **Late retirement increases:**
  - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement and participants who reach age 70 ½ are required to commence receiving their benefits and are valued as retirees. Therefore, there are no late retirement increases.
  - *Vested terminated participants:* Vested terminated participants will receive retro-active payments with interest from the later of age 65 and their termination date to their benefit commencement date. This valuation includes actuarial increases for vested terminated participants over age 65 to approximate the increase in the liability due to the retro-active payments with interest.
- **Shutdown Benefits:** We are not aware of any corporate actions that would create shutdown benefits; therefore, they are excluded.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value of benefits for all participants.) However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants.

**Plan Provisions Specific to Funding*****Additional Benefits Included or Excluded***

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
- **Scheduled benefit increases:** There are no scheduled benefit increases.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

**Schedule SB, Part V — Summary of Plan Provisions**

Following is a summary of the major plan provisions used to determine the benefits of participants of the AECOM Pension Plan (formerly AECOM Technology Corporation Pension Plan) who are not former participants of the Whitman & Howard Pension Plan (W&H Plan). The provisions of the W&H Plan follow. It should not be used in determining plan benefits.

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date        | October 1, 1989                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Plan year             | The 12-month period beginning October 1 and ending September 30.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Most recent amendment | Plan document amended and restated as of October 1, 2011 and last amended January 1, 2015. The plan name has been changed from the AECOM Technology Corporation Pension Plan to the AECOM Pension Plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Status of the plan    | The plan was closed to all employees hired or rehired after March 31, 1998. The plan was frozen October 9, 2009.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Definitions</b>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| • Covered employees   | Plan participation is frozen as of April 1, 1998. No new participants will be added to the plan after March 31, 1998.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| • Participation       | <p>All employees participating as of September 30, 1989 continued to be eligible to participate. For others:</p> <ol style="list-style-type: none"> <li>DMJM employees hired prior to May 1, 1990 were eligible to participate the first of the month following or coincident with their date of hire.</li> <li>Non-DMJM employees hired before May 1, 1990 were eligible May 1, 1990. Others hired before September 30, 1990 were eligible following a 12-month eligibility period in which they completed at least 1,000 hours of service.</li> <li>All other employees of participating AECOM companies will be eligible following one year of employment. Part-time employees, however, must have 1,000 hours of service in a 12-month eligibility period.</li> </ol> |

**Schedule SB, Part V — Summary of Plan Provisions**

- 
- Employee contributions Before May 1, 1990 (Non-DMJM Participants Only)  
2% of compensation for the calendar year, plus 2% of compensation in excess of \$13,000 for the year

After May 1, 1990

|                                  | Years of Credited Service | Percent of Annual Compensation |
|----------------------------------|---------------------------|--------------------------------|
| DMJM                             | Less than 20              | 1.5%                           |
| Participants                     | At least 20, less than 35 | 0.5%                           |
| Hired before May 1, 1990         | 35 or more                | 0.0%                           |
| Non-DMJM                         | Less than 25              | 1.5%                           |
| Participants                     | At least 25, less than 40 | 0.5%                           |
| Entered on or before May 1, 1990 | 40 or more                | 0.0%                           |
| All others                       | Less than 25              | 1.5%                           |
|                                  | 25 or more                | 0.0%                           |

Starting April 1, 1998, employee contributions were no longer allowed by the plan. Instead a hypothetical account was set up assuming employees would contribute the amounts shown above to an account. This account earned interest credits based on the investments returns of a benchmark account. The hypothetical account was converted to an Offset Amount at termination. The Offset Amount was frozen October 9, 2009.

- 
- Vesting service
    - a. Non-DMJM participants prior to January 1, 1990  
Calendar years with 1,000 hours of service.
    - b. All others - Total years and completed months of service, excluding periods of service after eligible to participate for which contributions are required but not made. Also, additional years of service may be excluded because of consecutive breaks in service.

- 
- Credited service
 

Credited service frozen as of October 9, 2009

Benefit service prior to October 1, 1989 as provided in the prior pension plans.

After September 30, 1989: Months of service for DMJM employees from October 1, 1989 to April 30, 1990. Otherwise, years and months of contributory service for all participants to 4/1/1998 and thereafter years and completed months of service assuming the participant contributes to the pension plan 401(k) account.
-

**Schedule SB, Part V — Summary of Plan Provisions**

|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Final average monthly compensation (FAMC) | Highest average monthly compensation for 60 consecutive months during the last 120 calendar months prior to retirement or termination of employment. FAMC was frozen as of October 9, 2009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| • Compensation                              | <p>Compensation actually paid for personal service, including bonuses, overtime pay, severance pay and certain other supplemental income. As of April 1, 2004, compensation cannot exceed the lesser of</p> <p>a. \$200,000 or</p> <p>b. the member's highest annual compensation for any calendar year during the period beginning January 1, 1994 and ending December 31, 2003.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Normal retirement</b>                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| • Eligibility                               | First day of month coincident with or next following 65th birthday.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| • Benefit                                   | <p>Accruals suspended as of October 9, 2009.</p> <p>Greater of a., b. or c. less d.</p> <p>a. Target Benefit times the ratio of Accrued Credited Service to Potential Credited Service at Normal Retirement Date.</p> <p>b. Target Benefit times the ratio of Accrued Credited Service after September 30, 1989 to Potential Credited Service at Normal Retirement Date, plus the Accrued Benefit at September 30, 1989 under the prior pension plans.</p> <p>c. Accrued Benefit at September 28, 1990 under the prior pension plans (non-Highly Compensated Employees only).</p> <p>d. The Offset Amount.</p> <p>Benefit for highly compensated participants (with annual earnings before October 1, 1994 greater than \$150,000) after September 30, 1994 will be no less than the Accrued Benefit as of September 30, 1994 plus a future service benefit for credited service after September 30, 1994 calculated as under b. above.</p> <p><b>Target Benefit</b></p> <p>Base Percentage times the lesser of Final Average Monthly Compensation and Covered Compensation, plus Excess Percentage times the excess of Final Average Monthly Compensation over Covered Compensation.</p> <p><b>Potential Credited Service</b></p> <p>Years and months of participation to Normal Retirement Date if employee joined the plan at earliest possible date. For participants over age 65, use Accrued Credited Service, if greater.</p> |

**Schedule SB, Part V — Summary of Plan Provisions**

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Early retirement</b>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| • Eligibility               | <p>a. <u>Before May 1, 1990 (Non-DMJM Participants Only)</u> - After age 55 with completion of 10 years of Vesting Service</p> <p>b. <u>Before May 1, 1990 (DMJM Participants Only)</u> - After age 60 with completion of 5 years of Vesting Service</p> <p>c. <u>After May 1, 1990</u> - After age 55 with completion of 5 years of Vesting Service</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| • Benefit                   | The Accrued Benefit reduced by 1/12 for each of the first three years that retirement precedes the normal retirement date, reduced by 1/24 for each additional year greater than three.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Late retirement</b>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| • Eligibility               | Continued employment beyond age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| • Benefit                   | Benefit accrued to Late Retirement Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Deferred vested</b>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| • Eligibility               | 100% vesting after 5 years of Vesting Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| • Benefit                   | <p>If vested, return of accumulated contributions with interest, plus payment of employer provided monthly benefit at retirement, or payment of total monthly benefit at retirement.</p> <p>If not vested, return of accumulated contributions with interest.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Disability</b>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| • Eligibility               | Disabled while employed, after completing ten or more years of Vesting Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| • Benefit                   | Normal retirement benefit, determined using FAMC at date of termination due to disability, and credited service projected to Normal Retirement Date. Benefit is payable commencing at Normal Retirement Date. FAMC and credited service are frozen as of October 9, 2009.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Pre-retirement death</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| • Benefit                   | <p>If the participant was vested, married and died before the earliest retirement date, a lifetime annuity to the spouse equal to the monthly benefit he or she would have received if the participant had separated from service, retired at his or her earliest retirement date, chosen the qualified joint and survivor annuity, and died prior to commencement of benefits. If the participant was vested, married and dies after the earliest retirement date, a lifetime annuity to the spouse equal to the monthly benefit he or she would have received if the participant had retired on the day before death.</p> <p>If the value of spouse annuity payments is less than accumulated Participant contributions with interest, the spouse has the option of taking the excess value as a lump sum payment or as an actuarial equivalent monthly benefit.</p> |

**Schedule SB, Part V — Summary of Plan Provisions**

If the participant was not vested or not married, payment of accumulated participant contributions with interest is paid to the beneficiary.

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Post-retirement death</b>        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| • Benefit                           | If the participant dies after retiring, survivor benefits are based on the form of benefit chosen at retirement.                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Form of benefits</b>             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| • Optional forms                    | <p>Single Life Annuity<br/> 10 Year Certain and Life Annuity<br/> 15 Year Certain and Life Annuity<br/> 20 Year Certain and Life Annuity<br/> 50% Joint &amp; Survivor Annuity<br/> 66 2/3% Joint &amp; Survivor Annuity<br/> 75% Joint &amp; Survivor Annuity<br/> 100% Joint &amp; Survivor Annuity<br/> Unlimited Lump Sum (DMJM Participants Only)<br/> Automatic cash out if the lump sum value of benefits is less than or equal to \$1,000 prior to the withdrawal of employee contributions with interest</p> |
| <b>Miscellaneous</b>                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| • Maximum compensation              | Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins.                                                                                                                                                                                                                                                                                                                                |
| • Maximum benefits                  | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2015, the limit is \$210,000.                                                                                                                                                                                                                                                                                                                                                                                       |
| • Buy back of the Offset Amount     | At termination, Participants have the opportunity to buy back the Offset Amount using Participant's funds from the AECOM 401(k) Plan. Prior to the plan freeze, the amount required to buy back the Offset Amount was equal to the hypothetical account balance. After the plan freeze, the amount required to buy back the Offset Amount is the actuarial equivalent value of the Offset Amount at termination.                                                                                                      |
| • Changes since the prior valuation | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

**Schedule SB, Part V — Summary of Plan Provisions**

Following is a summary of the major plan provisions used to determine the plan's financial position for former participants of the Whitman & Howard Pension Plan, which merged with the AECOM Pension Plan. It should not be used in determining plan benefits.

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Former Plan Name               | Whitman & Howard Pension Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Most recent amendment          | Effective January 1, 2009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Definitions</b>             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| • Participating employees      | All participants as of April 30, 1996, participation was frozen as of May 1, 1996.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Eligibility                  | Salaried and hourly employees of Whitman & Howard, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| • Participant contributions    | The plan required participant contributions before January 1, 1989. There were no participant contributions after January 1, 1989. Upon cessation of pension payments, any excess of the participant's accumulated contributions determined at the earlier of the participant's annuity starting date or date of death, over total benefits paid shall be paid out in a lump sum.                                                                                                                                                                                                  |
| • Service considered           | Continuous service (for eligibility and vesting):<br>• 500 hours in a plan year<br>Credited service (frozen as of April 30, 1996):<br>• One year equals 500 hours in a plan year<br>• For short plan year July 1, 1987 to December 31, 1987: one year if participant earned 500 hours between January 1, 1987 and December 31, 1987<br>• For frozen plan year: One year if participant earned 500 hours between January 1, 1996 and April 30, 1996                                                                                                                                 |
| • Compensation considered      | W-2 earnings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| • Average annual compensation  | Career average compensation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Normal retirement</b>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| • Eligibility                  | Age 65 with 5 years of continuous service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| • Benefit                      | Accruals suspended April 30, 1996.<br>Annual pension equal to the sum of: <ol style="list-style-type: none"> <li>December 31, 1988 accrued benefit</li> <li>1% times (December 31, 1988 accrued benefit) times (whole years of elapsed time less breaks through December 31, 1988)</li> <li>1.25% times average compensation times credited service after December 31, 1988</li> <li>0.5% times (average compensation minus Covered Compensation) times (credited service after December 31, 1988 limited to 35 years)</li> </ol> Benefits are offset by benefits from prior plan. |
| <b>Late retirement benefit</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| • Eligibility                  | First of any month after eligibility for Normal Retirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

**Schedule SB, Part V — Summary of Plan Provisions**

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Benefit                       | Better of:<br>• Continued accruals, or<br>• Actuarially increased normal retirement benefit (this applies only if suspension notice was not provided)<br><br>No minimum distribution for employees working 40+ hours per month.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Early retirement benefit</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Eligibility                   | Age 55 with 10 years of continuous service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| • Benefit                       | Accrued benefit, reduced 5/12 of 1% per month before age 65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Deferred vested benefit</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Eligibility                   | 5 years of continuous service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| • Benefit                       | Accrued benefit at termination<br><br>Benefits can commence at normal retirement date or at early retirement date, if participant had completed 10 years of service, subject to same reduction factors as early retirement<br><br>Lump sum option is payable immediately if participant is under age 55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Death benefit</b>            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Eligibility                   | Spouse or, on or after January 1, 2000, domestic partner of vested participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Benefit                       | Actuarial equivalent 50% J&S (REA) annuity based on accrued benefit at date of death payable at the participants normal retirement date, or early retirement date if participant was eligible for early retirement (reduced benefits in accordance with early retirement benefits) or payable immediately with actuarial reduction; participant can waive REA and receive special pre-retirement death benefit<br><br>Special pre-retirement death benefit, if participant dies before annuity starting date, spouse or domestic partner (after January 1, 2000) receive immediately the greater of:<br>• a) For death before normal retirement date:<br>100 x monthly accrued benefit<br>b) For death after Normal Retirement date:<br>120 x monthly accrued benefit<br>• Accumulated contributions at date of death<br><br>Special pre-retirement death benefit is payable as 60-month certain annuity (or alternatively a lump sum or an actuarial equivalent life annuity). |
| <b>Disability benefit</b>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Eligibility                   | Disabled under the Company's Long-Term Disability Plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| • Benefit                       | Continue to accrue continuous service under the plan with no benefit accrual after April 30, 1996. Will be eligible to receive a retirement benefit upon attaining normal retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

**Schedule SB, Part V — Summary of Plan Provisions**

| <b>Form of benefits</b>                 |                                                                                  |
|-----------------------------------------|----------------------------------------------------------------------------------|
| • Optional forms of retirement benefits | Life Annuity with 10 year certain (normal form for single participants)          |
|                                         | Actuarial equivalent 50% Joint & Survivor (normal form for married participants) |
|                                         | 75% Joint & Survivor                                                             |
|                                         | 100% Joint & Survivor                                                            |
|                                         | Unlimited lump sum for participants under age 55                                 |
|                                         | Automatic cash out if the lump sum value of benefits is less or equal to \$1,000 |
|                                         |                                                                                  |

**Plan Provision Changes Since Prior Valuation**

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2014 to 2015.

**AECOM PENSION PLAN**
**EIN #: 61-1088522**
**PLAN #: 004**
**FORM 5500, SCHEDULE H, PART IV, LINE 4i  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
SEPTEMBER 30, 2016**

| (a)                                                        | (b) | (c)                                                                                                                 | (d)                  | (e)                   |
|------------------------------------------------------------|-----|---------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|
|                                                            |     | Description of<br>Investment, Including<br>Maturity Date, Rate of<br>Interest, Collateral, Par<br>or Maturity Value | Cost                 | Current Value         |
| Identity of Issuer, Borrower, Lessor or Similar Party      |     |                                                                                                                     |                      |                       |
| First American Government Obligation Fund Class Z          |     | 1,223,055.2 Shares                                                                                                  | \$ 1,223,055         | \$ 1,223,055          |
| Wellington Archipelago Holdings, Ltd Class A               |     | 92,438.1 Shares                                                                                                     | 2,000,000            | 2,588,801             |
| Beach Point Total Return Offshore Fund II Ltd              |     | 1,627.9 Shares                                                                                                      | 2,367,565            | 2,488,456             |
| Canyon Value Realization Fund (Cayman), Ltd Class A        |     | 429.8 Shares                                                                                                        | 1,905,271            | 3,505,370             |
| SEG Partners Offshore Fund, Ltd Class A1 Series 1          |     | 9,479.5 Shares                                                                                                      | 2,050,000            | 3,223,283             |
| Shepherd Investment International, Ltd Class-S SA03        |     | 3.6 Shares                                                                                                          | 3,062                | 1,304                 |
| Shepherd Investment International, Ltd Class-S SA06        |     | 0.5 Shares                                                                                                          | 479                  | 1,625                 |
| Shepherd Investment International, Ltd Class-S SA09        |     | 1.4 Shares                                                                                                          | 1,456                | 1,998                 |
| Shepherd Investment International, Ltd Class-S SA15        |     | 4.2 Shares                                                                                                          | 4,346                | 1,934                 |
| Shepherd Investment International, Ltd Class-S SA16        |     | 0.7 Shares                                                                                                          | 724                  | 467                   |
| Shepherd Investment International, Ltd Class-S SA21        |     | 6.5 Shares                                                                                                          | 7,279                | 796                   |
| Shepherd Investment International, Ltd Class-S SA29        |     | 2.3 Shares                                                                                                          | 2,260                | 745                   |
| Shepherd Investment International, Ltd Class-S SA30        |     | 19.4 Shares                                                                                                         | 17,180               | 580                   |
| Shepherd Investment International, Ltd Class-S SA31        |     | 1.0 Shares                                                                                                          | 1,061                | 706                   |
| Shepherd Investment International, Ltd Class-S SA35        |     | 3.5 Shares                                                                                                          | 2,624                | 5,198                 |
| Shepherd Investment International, Ltd Class-S SA37        |     | 5.4 Shares                                                                                                          | 3,197                | 842                   |
| Shepherd Investment International, Ltd Class-S SA38        |     | 0.2 Shares                                                                                                          | 184                  | 220                   |
| Shepherd Select Asset Holding, Ltd Class A                 |     | 15.9 Shares                                                                                                         | 19,124               | 21,155                |
| American Funds Capital World Growth & Income Fund Class R6 |     | 203,832.9 Shares                                                                                                    | 7,312,303            | 9,270,322             |
| Dodge & Cox International Stock Fund                       |     | 176,014.3 Shares                                                                                                    | 5,466,071            | 6,725,505             |
| Vanguard International Growth Fund Admiral Shares          |     | 102,456.7 Shares                                                                                                    | 6,201,956            | 7,499,832             |
| Vanguard Primecap Core Investor                            |     | 477,635.8 Shares                                                                                                    | 6,417,002            | 10,770,687            |
| Vanguard FTSE Emerging Market ETF                          |     | 53,064.0 Shares                                                                                                     | 2,484,963            | 1,996,799             |
| Vanguard 500 Index Admiral                                 |     | 38,113.5 Shares                                                                                                     | 3,961,433            | 7,630,702             |
| PIMCO Long-Term Credit Institutional Class                 |     | 1,754,744.1 Shares                                                                                                  | 21,057,127           | 21,600,900            |
| PIMCO Income Fund Institutional Class                      |     | 1,092,907.4 Shares                                                                                                  | 13,738,155           | 13,180,464            |
| Allianzgi Convertible Fund Institutional Class             |     | 142,777.6 Shares                                                                                                    | 4,052,195            | 4,393,266             |
| JPMorgan Chase Bank Extended Duration Commingled Fund      |     | 650,454.0 Shares                                                                                                    | 9,715,105            | 15,396,247            |
| Frontier Small Cap Value Fund LP                           |     | 6,270,656.9 Shares                                                                                                  | 6,270,657            | 6,270,657             |
| Midocean Credit Opportunistic Offshore Fund                |     | 2,200.0 Shares                                                                                                      | 2,200,000            | 2,247,926             |
|                                                            |     |                                                                                                                     | <u>\$ 98,485,834</u> | <u>\$ 120,049,842</u> |

**Schedule SB, line 24 — Change in Non-Prescribed Actuarial Assumptions**

- The employee contribution interest credit rate was updated for future years from 2.22% to 2.00% to better reflect the current economic environment and as a best estimate expected future plan experience.
- The expected return on assets for calculating the actuarial value of assets was updated to better reflect the current economic environment.