# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

**2018**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**A** This return/report is for:
- [ ] a multiemployer plan
- [X] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
AECOM CONTRACT EMPLOYEE 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 334

**1c** Effective date of plan 11/01/1995

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
AECOM

300 SOUTH GRAND AVE.
10TH FLOOR
LOS ANGELES, CA 90071

**2b** Employer Identification Number (EIN)
61-1088522

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

**2d** Business code (see instructions)
541330

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 09/23/2019 | BERNIE KNOBBE |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address [X] Same as Plan Sponsor

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
**a** Sponsor's name
**c** Plan Name

**4b** EIN

**4d** PN

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 1734 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 1207 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 820 |
| **b** Retired or separated participants receiving benefits | **6b** | 13 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 326 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 1159 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 9 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 1168 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 750 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 16 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2R 2T 3H

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

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | [ ] | Insurance |
| **(2)** | [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** | [X] | Trust |
| **(4)** | [ ] | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | [ ] | Insurance |
| **(2)** | [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** | [X] | Trust |
| **(4)** | [ ] | General assets of the sponsor |

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2018**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**A** Name of plan
AECOM CONTRACT EMPLOYEE 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 334

**C** Plan sponsor's name as shown on line 2a of Form 5500
AECOM

**D** Employer Identification Number (EIN)
61-1088522

## Part I Service Provider Information (see instructions)

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

**(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)

AECOM USA INC.

61-1088522

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 14 50 | EMPLOYER | 17516 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 52 59 60 62 71 72 | RECORDKEEPER | 4193 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [ ] |

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**A** Name of plan
AECOM CONTRACT EMPLOYEE 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 334

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
AECOM

**D** Employer Identification Number (EIN)
61-1088522

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL DIVERSIFIED REAL ASSET FD

**b** Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

| **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) |
|---|---|---|
| 46-0743367-001 | C | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EMERGING MARKETS EQUI

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

| **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) |
|---|---|---|
| 52-1309931-006 | C | 160862 |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 81-6281769-108 | M | 9239823 |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 47-5394478-110 | M | 2913298 |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 81-6275547-109 | M | 2032642 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**A** Name of plan
AECOM CONTRACT EMPLOYEE 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 334

**C** Plan sponsor's name as shown on line 2a of Form 5500
AECOM

**D** Employer Identification Number (EIN)
61-1088522

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 285949 | 217988 |
| **(2)** Participant contributions | 1b(2) | 32958 | 0 |
| **(3)** Other | 1b(3) | 175 | 200 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 354831 | 435545 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 82647 | 160862 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 15010953 | 14185763 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 7166616 | 5426647 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 1221584 | 1386445 |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 24155713 | 21813450 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | 0 | 1858 |
| **h** | Operating payables | 1h | 39752 | 4154 |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | 54252 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 39752 | 60264 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 24115961 | 21753186 |

## Part II Income and Expense Statement

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

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 1524008 | |
| | **(B)** Participants | 2a(1)(B) | 934619 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 151306 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 2609933 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 50 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 18860 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 18910 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 400386 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 400386 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | -31687 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | -558357 |
| (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) | | -1494658 |
| c Other income | 2c | | 0 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 944527 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 3284219 | |
| (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) | | 3284219 |
| f Corrective distributions (see instructions) | 2f | | 3283 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 37249 |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | -17449 | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | -17449 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 3307302 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | -2362775 |
| 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)** [X] Disclaimer **(4)** [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

**(1)** Name: GRANT THORNTON **(2)** EIN: 36-6055558

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

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

## Part IV Compliance Questions

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

During the plan year:

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

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**A** Name of plan
AECOM CONTRACT EMPLOYEE 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 334

**C** Plan sponsor's name as shown on line 2a of Form 5500
AECOM

**D** Employer Identification Number (EIN)
61-1088522

## Part I Distributions

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

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

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

EIN(s): 94-1687665

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

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

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# AECOM CONTRACT EMPLOYEE 401(K) PLAN

**FINANCIAL STATEMENTS**
**DECEMBER 31, 2018 AND 2017**
**AND**
**REPORT OF INDEPENDENT**
**CERTIFIED PUBLIC ACCOUNTANTS**

# AECOM CONTRACT EMPLOYEE 401(K) PLAN

## TABLE OF CONTENTS


Page

Report of Independent Certified Public Accountants ..... 1

Financial Statements:

Statements of Net Assets Available for Benefits
as of December 31, 2018 and 2017 ..... 3

Statement of Changes in Net Assets Available for Benefits
for the Year Ended December 31, 2018 ..... 4

Notes to Financial Statements ..... 5

Supplemental Schedule:
Schedule H, Line 4i: Schedule of Assets (Held at End of Year)
as of December 31, 2018 ..... 21

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**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS**

The Plan Administrator and Participants
AECOM Contract Employee 401(k) Plan

## Report on the financial statements

We were engaged to audit the accompanying financial statements of AECOM Contract Employee 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

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

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

**Basis for disclaimer of opinion**
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note I, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from this entity as of December 31, 2018 and 2017, and for the year ended December 31, 2018, stating that the certified information provided to the Plan administrator is complete and accurate.

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



Grant Thornton LLP is the U.S. member firm of Grant Thornton International Ltd (GTIL). GTIL and each of its member firms are separate legal entities and are not a worldwide partnership.

**Supplementary information**
The supplemental schedule of assets (held at end of year) as of December 31, 2018 is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

Grant Thornton LLP

Cleveland, Ohio
September 17, 2019

# AECOM CONTRACT EMPLOYEE 401(K) PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
## DECEMBER 31, 2018 AND 2017

| | 2018 | 2017 |
|---|---|---|
| | *(expressed in thousands)* | |
| ASSETS: | | |
| Investments at fair value (Notes B and C) | $ 6,974 | $ 8,471 |
| Plan interest in AECOM DC Retirement Plans (Note B): | | |
| Vanguard Master Trust (Note D) | 9,240 | 9,251 |
| SMA Master Trust (Note E) | 2,913 | 3,796 |
| Stable Value Master Trust (Note F) | 2,033 | 1,964 |
| Total investments | 21,160 | 23,482 |
| Receivables: | | |
| Notes receivable from participants (Note A and B) | 435 | 355 |
| Company contributions | 218 | 286 |
| Participants contributions | - | 33 |
| Total receivables | 653 | 674 |
| Total assets | 21,813 | 24,156 |
| LIABILITIES: | | |
| Payable to participants | 54 | - |
| Accrued expenses | 4 | 40 |
| Total liabilities | 58 | 40 |
| Net Assets Available for Benefits | $ 21,755 | $ 24,116 |

See notes to financial statements.

# AECOM CONTRACT EMPLOYEE 401(K) PLAN

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
## YEAR ENDED DECEMBER 31, 2018

| | 2018 *(expressed in thousands)* |
|---|---|
| INVESTMENT INCOME (LOSS) (Note B): | |
| Net depreciation in fair value of investments | $ (794) |
| Interest and dividends | (331) |
| Plan interest in the investment income (loss) of the AECOM DC Retirement Plans: | |
| Vanguard Master Trust (Note D) | (566) |
| SMA Master Trust (Note E) | (38) |
| Stable Value Master Trust (Note F) | 45 |
| Net investment loss | (1,684) |
| INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS | 19 |
| CONTRIBUTIONS: | |
| Company | 1,524 |
| Participants | 935 |
| Rollovers | 151 |
| Total contributions | 2,610 |
| DEDUCTIONS: | |
| Benefits paid to participants | (3,323) |
| Administrative expenses | 17 |
| Total deductions | (3,306) |
| NET DECREASE | (2,361) |
| NET ASSETS AVAILABLE FOR BENEFITS: | |
| Beginning of year | 24,116 |
| End of year | $ 21,755 |

See notes to financial statements.

## A. DESCRIPTION OF THE PLAN

The following brief description of the AECOM Contract Employee 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document and the Summary Plan Description for more complete information.

***General*** — The Plan is a defined contribution plan which became effective as of November 1, 1995. Certain collectively-bargained employees of AECOM and its subsidiaries (the "Company") and affiliates are eligible to participate in the Plan, as well as employees working pursuant to certain contracts governed by the Service Contract Act of 1965 ("SCA").

The Plan is administered by the Americas Benefits Administration Committee as authorized by AECOM. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Assets of the Plan are held by Bank of America, N.A., the trustee and record keeper (the "Trustee"), except for certain investments. Assets in the separately managed accounts are held by Northern Trust Corporation; the Vanguard investment funds are held by The Vanguard Group; and the stable value fund is held at Fidelity Management Trust Company ("Fidelity") on behalf of the Trustee.

***Eligibility*** — An employee who is otherwise eligible to participate in the Plan is immediately eligible to enroll in the Plan. If the eligible employee decides not to participate when they are first eligible, they may begin participating at any time, provided they are an eligible employee of the Company at that time.

***Participant Contributions*** — Participants may voluntarily make pre-tax, Roth 401(k) and/or after-tax contributions in any combination. Contributions can be made in whole percentage increments up to 75 percent of eligible compensation, as defined in the Plan document, limited to $18,500 for calendar year 2018. Participants who are 50 years of age and over may voluntarily make additional contributions up to $6,000 in 2018, which are counted as part of the 75 percent limitation. Participants also may contribute amounts representing rollovers from other qualified plans. If participants are highly-compensated employees, the maximum contribution percentage may be subject to further limitation.

***Company Contributions*** — Certain participants may be eligible to receive Company matching contributions, based on the provisions specified in the Plan document. In addition, certain participants receive Company contributions, regardless of whether the participant made a contribution to the Plan. These Company contributions are based on contract or collective bargaining agreement provisions, as specified in the Plan document. Also, participants governed by the SCA receive Company contributions on a per-pay or quarterly basis ("SCA contributions"). SCA contributions are calculated using formulas based on health and welfare insurance premiums held externally to this Plan.

All Company contributions are subject to limitations imposed by applicable provisions of the Internal Revenue Code of 1986 as amended ("the Code").

***Participant Accounts*** — Each participant's account is credited with the participant's contributions and rollovers, Company contributions, if any, which are made directly to a participant's account, and allocations of Plan investment earnings or losses. Allocations are based on participant earnings or account balances, as defined by the Plan document. Certain administration fees may be paid from the participant's account. The benefit to which a participant is entitled is the benefit that may be provided from the participant's vested account.

***Vesting*** — Participants are 100% vested in their own contributions and rollovers at all times. Participants are also 100% vested in their Company contributions at all times, unless the terms of the collective bargaining agreement or

contract includes a different vesting schedule for Company contributions, as contained in the Plan document. Employees that are eligible to receive SCA contributions are 100% vested at all times.

***Forfeited Accounts*** — Forfeitures may be used to pay Plan expenses or reduce subsequent Company contributions. The balance in the forfeiture account was approximately $6,200 and $1,000 at December 31, 2018 and 2017, respectively. Forfeitures of approximately $19,000 were used to reduce Plan expenses, and no forfeitures were used to offset the Company match for 2018.

***Investment Options*** — Upon enrollment in the Plan, a participant is allowed to direct the investment of his or her account into a variety of diversified investment funds allowed by the Plan. Participants may change their selection of investments at any time.

***Notes Receivable from Participants*** — Active participants may obtain loans from their vested account balances provided they meet the Plan's eligibility requirements. The minimum loan amount permitted is $1,000; the maximum is the lesser of $50,000 or 50% of the participant's vested account balance. The interest rates are no less than 1% over the prime rate as published in *The Wall Street Journal*, in effect on the first business day of the month in which the loan application is made. Notes receivable from participants bear a fixed interest rate of 4.25% to 6.25% at December 31, 2018 and 4.25% to 5.25% at December 31, 2017. The repayment period of such loans cannot exceed five years unless the proceeds are used to buy the participant's principal residence, in which case longer terms, up to twenty years, are allowed. Participants can have only one outstanding loan at any time. These loans are collateralized by a promissory note from the participant and his or her vested interest in the Plan.

***Distributions*** — Generally, distributions may be made upon a participant's termination of employment, disability, death, or age 59-1/2 (in the event of death, payment shall be made to his or her beneficiary or, if none, to his or her legal representatives). A participant may elect to receive his or her distribution in the form of a lump sum or periodic installments. Certified hardship withdrawals are permitted on vested amounts for certain substantiated financial reasons. If the participant takes a hardship withdrawal, the participant will be suspended from making further contributions to the Plan for a six-month period.

## B. 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 conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

***Investment Valuation and Income Recognition*** — Investments held by the Plan are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. (See Note C for discussion of fair value measurements.) The Plan's interest in investment income (loss) and realized and unrealized gains or losses are reported as a single amount of the Plan's interest in investment income of the AECOM DC Retirement Plans Master Trusts (see Notes D-F).

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

## NOTES TO FINANCIAL STATEMENTS

***Notes Receivable from Participants*** — Notes receivable from participants are measured at their unpaid principal balance plus any accrued interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2018 or 2017. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

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

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

***Fair Value Measurements*** — The Plan's investments, which are stated at fair value, are disclosed in accordance with the established framework and disclosure requirements described in the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") No. 820-10, "*Fair Value Measurements and Disclosures*" ("ASC 820-10"), which defines fair value, establishes a framework for measuring fair value under current accounting pronouncements that require or permit fair value measurement and enhances disclosures about fair value measurements. ASC 820-10 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly 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 | Inputs to the valuation methodology include:<br>• quoted prices for similar assets or liabilities in active markets;<br>• quoted prices for identical or similar assets or liabilities in inactive markets;<br>• inputs other than quoted prices that are observable for the asset or liability;<br>• inputs that are derived principally from or corroborated by observable market data by correlation or other means.<br><br>If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. |
| Level 3 | Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk. |

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

The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy. There were no changes in the methodologies used at December 31, 2018 and 2017.

Mutual funds – A mutual fund is an investment company registered under the Investment Company Act of 1940 that pools the capital of many investors and invests it in stocks, bonds, short-term money market instruments and/or other securities. These investments are public investment vehicles valued at the closing price reported in the active market in which the investments are traded. These investments are classified within Level 1 of the valuation hierarchy.

Self-directed brokerage accounts – Self-directed brokerage accounts are comprised of investments which are valued at the closing price reported in the active market in which the investments are traded. These investments are classified within Level 1 of the valuation hierarchy.

Stocks – The fair of these instruments is based on the closing price per the principal stock exchange on which they are traded and are classified within Level 1 of the valuation hierarchy.

Fixed income instruments – Fixed income instruments are valued based on prices received from the fund custodian. The custodian uses multiple valuation techniques to determine the valuation of fixed income instruments. In instances where there is sufficient market activity, the custodian may utilize a market-based approach through which trades or quotes from similar instruments with comparable durations, yields, and credit ratings are used to determine the valuation of these instruments. In instances where there is insufficient market activity, the custodian may utilize proprietary valuation models that maximize observable inputs. The valuation models may consider market transactions in comparable securities, the various relationships between securities, and/or market characteristics in order to estimate the relevant cash flows, which are then discounted to calculate the fair values. Fixed income securities, which are valued based on significant observable inputs, are classified within Level 2 of the valuation hierarchy because quoted prices of identical instruments are not readily available in active markets.

Collective investment trusts – A collective investment trust is a trust for the collective investment and reinvestment of assets contributed from employee benefit plans maintained by more than one plan. These investments are valued using the net asset value ("NAV") provided by the administrator of the collective trust. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is used as a practical expedient to estimate fair value. The collective investment trusts are not classified within the fair value hierarchy; however, the amounts measured using NAV is disclosed to permit reconciliation of the fair value of investments to the Statements of Net Assets Available for Benefits.

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

***Transfers Between Levels*** — The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions of model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. We evaluate the significance of transfers between levels based on the nature of the financial instrument's size or the transfer relative to total net assets available for benefits. For the years ended December 31, 2018 and 2017, there were no transfers between levels.

***Recent Accounting Pronouncements*** — In February 2017, the FASB issued Accounting Standards Update ("ASU") No. 2017-06, *Employee Benefit Plan Master Trust Reporting* ("ASU 2017-06"). ASU 2017-06 clarifies and updates presentation and disclosure requirements for a plan's interest in a master trust, and eliminates a redundancy relating to disclosures for plans with 401(h) accounts. ASU 2017-06 is effective for annual reporting periods beginning after

December 15, 2018, with early adoption permitted. Upon adoption, ASU 2017-06 is to be applied retrospectively to all periods presented. The Plan's management is currently in the process of evaluating the impact of the adoption of ASU 2017-06 on its Plan financial statements.

In August 2018, the FASB issued ASU No. 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to Disclosure Requirements for Fair Value Measurement* ("ASU 2018-13"), which modifies the disclosure requirements for fair value measurements by removing, modifying, or adding certain disclosures. ASU 2018-13 is effective for all entities for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. An entity is permitted to early adopt any removed or modified disclosures and delay adoption of the additional disclosures until their effective date. The Plan's management is currently in the process of evaluating the impact of the adoption of ASU 2018-13 on its Plan financial statements.

## C. FAIR VALUE MEASUREMENTS

The following tables set forth by level, within the fair value hierarchy as described in Note B, the Plan's assets at fair value as of December 31, 2018 and 2017, respectively. The following tables do not include the Plan's interest in the AECOM DC Retirement Plans Master Trusts because that information is presented in separate tables (see Notes D-F).

| | As of December 31, 2018 | | | |
|---|---|---|---|---|
| | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Total Fair Value |
| | *(expressed in thousands)* | | | |
| Mutual funds | $ 5,427 | $ — | $ — | $ 5,427 |
| Self-directed brokerage accounts | 1,386 | — | — | 1,386 |
| Total investments in the fair value hierarchy | $ 6,813 | $ — | $ — | 6,813 |
| Investments measured at NAV | | | | 161 |
| Total investments at fair value | | | | $ 6,974 |

| | As of December 31, 2017 | | | |
|---|---|---|---|---|
| | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Total Fair Value |
| | *(expressed in thousands)* | | | |
| Mutual funds | $ 7,166 | $ — | $ — | $ 7,166 |
| Self-directed brokerage accounts | 1,222 | — | — | 1,222 |
| Total investments in the fair value hierarchy | $ 8,388 | $ — | $ — | 8,388 |
| Investments measured at NAV | | | | 83 |
| Total investments at fair value | | | | $ 8,471 |

***Net Asset Value per Share --*** The following tables summarize investments measured at NAV per share as of December 31, 2018 and 2017, respectively:

| December 31, 2018 | Fair Value *(in $000)* | Unfunded Commitment | Redemption Frequency (if Currently Eligible) | Redemption Notice Period |
|---|---|---|---|---|
| T. Rowe Price Emerging Markets | $ 161 | — | Daily | None |

| December 31, 2017 | Fair Value *(in $000)* | Unfunded Commitment | Redemption Frequency (if Currently Eligible) | Redemption Notice Period |
|---|---|---|---|---|
| T. Rowe Price Emerging Markets | $ 80 | — | Daily | None |
| Principal Diversified Real Asset Fund | 3 | — | Daily | None |

## D. INTEREST IN AECOM DC RETIREMENT PLANS VANGUARD MASTER TRUST

Certain investment assets of the Plan are held in a custody account at The Vanguard Group and consist of an interest in an investment account of the AECOM DC Retirement Plans Vanguard Master Trust ("Vanguard Master Trust"), a master trust established by AECOM and is administered by the Trustee. The Vanguard Master Trust combines the Plan's assets with the assets of two other retirement savings plans sponsored by AECOM for investment and administrative purposes. Although the assets of the three retirement plans are combined in the Vanguard Master Trust, the Trustee maintains supporting records for the purpose of allocating the net gain or loss of the investment funds to the participating plans. The net investment gain or loss of the Vanguard Master Trust investment funds is allocated by the Trustee to each participating plan based on that plan's interest in each investment fund, as compared with the total interest of all the participating plans in each investment fund. Investment gains or losses are recognized as earned based on the terms of the investments and the period during which the investments are held by the Vanguard Master Trust. The Plan's interest in the Vanguard Master Trust represents approximately 0.3% of the net assets of the Vanguard Master Trust at December 31, 2018 and 2017.

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

| | 2018 | 2017 |
|---|---|---|
| | *(expressed in $000)* | |
| Investments at fair value | | |
| Collective investment trusts | $1,907,623 | $1,870,930 |
| Mutual funds | 938,807 | 1,060,424 |
| Net assets of Vanguard Master Trust | $2,846,430 | $2,931,354 |
| Plan investment in Vanguard Master Trust | $9,240 | $9,251 |

## NOTES TO FINANCIAL STATEMENTS

The following table shows the changes in net assets for the Vanguard Master Trust for the year ended December 31:

| | 2018 (*expressed in $000*) |
|---|---|
| Changes in net assets: | |
| Net depreciation in fair value of investments | $ (212,961) |
| Interest and dividend income | 59,765 |
| Net investment loss | (153,196) |
| Net purchases (redemptions) | (107,741) |
| Administrative expenses | (143) |
| Decrease in net assets | (261,080) |
| Net assets transferred in from affiliated plan | 176,156 |
| Net assets: | |
| Beginning of year | 2,931,354 |
| End of year | $2,846,430 |

The following tables sets forth by level, within the fair value hierarchy, the Vanguard Master Trust assets at fair value:

| | As of December 31, 2018 | | | |
|---|---|---|---|---|
| | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Total Fair Value |
| | *(expressed in thousands)* | | | |
| Mutual funds | $938,807 | $ — | $ — | $ 938,807 |
| Total investments in the fair value hierarchy | $938,807 | $ — | $ — | 938,807 |
| Investments measured at NAV | | | | 1,907,623 |
| Total investments at fair value | | | | $2,846,430 |

| | As of December 31, 2017 | | | |
|---|---|---|---|---|
| | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Total Fair Value |
| | *(expressed in thousands)* | | | |
| Mutual funds | $1,060,424 | $ — | $ — | $1,060,424 |
| Total investments in the fair value hierarchy | $1,060,424 | $ — | $ — | 1,060,424 |
| Investments measured at NAV | | | | 1,870,930 |
| Total investments at fair value | | | | $2,931,354 |

**Net Asset Value per Share —** The following tables summarize investments measured at NAV per share as of December 31, 2018 and 2017, respectively:

| December 31, 2018 | Fair Value *(in $000)* | Unfunded Commitment | Redemption Frequency (if Currently Eligible) | Other Redemption Restrictions | Redemption Notice Period |
|---|---|---|---|---|---|
| Retirement date funds | $ 1,484,433 | — | Daily | None | None |
| S&P 500 index fund | 423,190 | — | Daily | None | None |

| December 31, 2017 | Fair Value *(in $000)* | Unfunded Commitment | Redemption Frequency (if Currently Eligible) | Other Redemption Restrictions | Redemption Notice Period |
|---|---|---|---|---|---|
| Retirement date funds | $ 1,424,552 | — | Daily | None | None |
| S&P 500 index fund | 446,378 | — | Daily | None | None |

## E. INTEREST IN AECOM DC RETIREMENT PLANS SMA MASTER TRUST

Certain investment assets of the Plan are held in separately managed accounts ("SMA") in a custody account at Northern Trust Corporation and consist of an interest in an investment account of the AECOM DC Retirement Plans SMA Master Trust ("SMA Master Trust"), a master trust established by AECOM and administered by the Trustee. The SMA Master Trust combines the Plan's assets with the assets of two other retirement savings plans sponsored by AECOM for investment and administrative purposes. Although the assets of the three retirement plans are combined in the SMA Master Trust, the Trustee maintains supporting records for the purpose of allocating the net gain or loss of the investment funds to the participating plans. The net investment gain or loss of the SMA Master Trust investment funds are allocated by the Trustee to each participating plan based on that plan's interest in each investment fund, as compared with the total interest of all the participating plans in each investment fund. Investment gains or losses are recognized as earned based on the terms of the investments and the period during which the investments were held by the SMA Master Trust. The Plan's interest in the SMA Master Trust represents approximately 0.5% and 0.6% of the net assets of the SMA Master Trust at December 31, 2018 and 2017, respectively.

## NOTES TO FINANCIAL STATEMENTS

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

| | 2018 | 2017 |
|---|---|---|
| | *(expressed in $000)* | |
| Investments at fair value | | |
| Stocks | $397,044 | $472,291 |
| Government bonds | 62,245 | 78,877 |
| Corporate bonds | 59,596 | 47,249 |
| Mortgage-backed securities | 86,311 | 85,019 |
| Asset-backed securities | 18,281 | 15,818 |
| Mutual funds | 9,726 | 8,392 |
| Cash and cash equivalents | 20,833 | 29,211 |
| | 654,036 | 736,857 |
| Accounts receivable | | |
| Receivable for securities sold | 1,357 | 2,582 |
| Accrued income | 1,840 | 1,532 |
| Other | 1,290 | 1,000 |
| | 4,487 | 5,114 |
| Accounts payable | | |
| Due to broker for securities purchased | (15,489) | (33,335) |
| Operating payables | (924) | (1,000) |
| | (16,413) | (34,335) |
| Net assets of SMA Master Trust | $642,110 | $707,636 |
| Plan investment in SMA Master Trust | $2,913 | $3,796 |

The following table shows the changes in net assets for the SMA Master Trust for the year ended December 31:

| | 2018 |
|---|---|
| | *(expressed in $000)* |
| Changes in net assets: | |
| Net depreciation in fair value of investments and income | $ (32,276) |
| Net purchases (redemptions) | (33,236) |
| Administrative expenses | (14) |
| Decrease in net assets | (65,526) |
| Net assets: | |
| Beginning of year | 707,636 |
| End of year | $ 642,110 |

The following tables set forth by level, within the fair value hierarchy, the SMA Master Trust assets at fair value as of December 31, 2018 and 2017, respectively:

| | As of December 31, 2018 | | | |
|---|---|---|---|---|
| | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Total Fair Value |
| | *(expressed in thousands)* | | | |
| Mutual funds | $ 9,726 | $ — | $ — | $ 9,726 |
| Fixed income instruments: | | | | |
| Asset-backed securities | — | 18,281 | — | 18,281 |
| Mortgage-backed securities | — | 86,311 | — | 86,311 |
| Corporate bonds | — | 59,596 | — | 59,596 |
| Government bonds | — | 62,245 | — | 62,245 |
| Stocks | 397,044 | — | — | 397,044 |
| Cash and cash equivalents | 20,833 | — | — | 20,833 |
| Total assets at fair value | $ 427,603 | $ 226,433 | $ — | $ 654,036 |

| | As of December 31, 2017 | | | |
|---|---|---|---|---|
| | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Total Fair Value |
| | *(expressed in thousands)* | | | |
| Mutual funds | $ 8,392 | $ — | $ — | $ 8,392 |
| Fixed income instruments: | | | | |
| Asset-backed securities | — | 15,818 | — | 15,818 |
| Mortgage-backed securities | — | 85,019 | — | 85,019 |
| Corporate bonds | — | 47,249 | — | 47,249 |
| Government bonds | — | 78,877 | — | 78,877 |
| Stocks | 472,291 | — | — | 472,291 |
| Cash and cash equivalents | 29,211 | — | — | 29,211 |
| Total assets at fair value | $509,894 | $ 226,963 | $ — | $ 736,857 |

## F. INTERST IN AECOM DC RETIREMENT PLANS STABLE VALUE MASTER TRUST

Certain investment assets of the Plan are held in a custody account at Fidelity and consist of an interest in an investment account of the AECOM DC Retirement Plans Stable Value Master Trust ("Stable Value Master Trust"), a master trust established by AECOM and administered by the Trustee. The Stable Value Master Trust combines the Plan's assets with the assets of two other retirement savings plans sponsored by AECOM for investment and administrative purposes. Although the assets of the three retirement plans are combined in the Stable Value Master Trust, the Trustee maintains supporting records for the purpose of allocating the net gain or loss of the investment funds to the participating plans. The net investment gain or loss of the Stable Value Master Trust investment funds is allocated by the Trustee to each participating plan based on that plan's interest in each investment fund, as compared with the total interest of all the participating plans in each investment fund. Investment gains or losses are recognized as earned based on the terms of the investments and the period during which the investments are held by the Stable Value Master Trust. The Plan's interest in the Stable Value Master Trust represents approximately 0.5% of the net assets of the Stable Value Master Trust at December 31, 2018 and 2017.

## NOTES TO FINANCIAL STATEMENTS

The Stable Value Master Trust in which the Plan's investment assets are held consists of two components: the Fidelity Managed Income Portfolio II ("MIP II") and the URS Income Fund. The MIP II is a collective investment trust which has fully benefit-responsiveness features offered under the Fidelity Group Trust for employee benefit plans. The Stable Value Master Trust holds an indirect investment in the fully benefit-responsive investment contracts within the MIP II, therefore, the investment in MIP II is reported at fair value using the NAV as a practical expedient. The URS Income Fund is a fully-benefit responsive investment contract separately-managed by Fidelity for AECOM Global II, LLC, an affiliate company of AECOM. Contract value is the relevant measure for fully benefit-responsive contracts because this is the amount received by participants if they were to initiate permitted transactions under the Plan. The investments in the URS Income Fund are presented at contract value in the net assets of Stable Value Master Trust. At December 31, 2018 and 2017, respectively, the MIP II fund was 94.3% and 91.6% of the Stable Value Master Trust and the URS Income Fund was 5.7% and 8.4% of the Stable Value Master Trust.

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

| | 2018 | 2017 |
|---|---|---|
| | *(expressed in $000)* | |
| Investments measured at NAV | | |
| Collective investment trust | $420,533 | $406,719 |
| Investments at contract value | | |
| Synthetic investment contracts | 25,224 | 37,297 |
| Net assets of Stable Value Master Trust | $445,757 | $444,016 |
| Plan investment in Stable Value Master Trust | $2,033 | $1,964 |

The following table shows the changes in net assets for the Stable Value Master Trust for the year ended December 31:

| | 2018 |
|---|---|
| | *(expressed in $000)* |
| Changes in net assets: | |
| Interest and dividend income | $ 10,027 |
| Net purchases (redemptions) | (6,813) |
| Administrative expenses | (1,490) |
| Increase in net assets | 1,724 |
| Net assets transferred in from affiliated plan | 17 |
| Net assets: | |
| Beginning of year | 444,016 |
| End of year | $ 445,757 |

**Net Asset Value per Share —** The following tables summarize investments measured at NAV per share as of December 31, 2018 and 2017, respectively:

| December 31, 2018 | Fair Value *(in $000)* | Unfunded Commitment | Redemption Frequency (if Currently Eligible) | Other Redemption Restrictions | Redemption Notice Period |
|---|---|---|---|---|---|
| Stable value fund | $ 420,533 | — | Daily | None | None |

| December 31, 2017 | Fair Value *(in $000)* | Unfunded Commitment | Redemption Frequency (if Currently Eligible) | Other Redemption Restrictions | Redemption Notice Period |
|---|---|---|---|---|---|
| Stable value fund | $ 406,719 | — | Daily | None | None |

## G. SYNTHETIC INVESTMENT CONTRACTS

The following information describes the URS Income Fund component of the Stable Value Master Trust. The URS Income Fund consists of synthetic investment contracts ("SICs"). A liquidity agreement ("wrapper") is entered into for a fee with a financially responsible third party that guarantees a minimum rate of return and provides benefit responsiveness. These contracts meet the fully benefit-responsive investment contract criteria and, therefore, are reported at contract value.

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

The SICs generally impose conditions on both the Stable Value Master Trust and the issuer. If an event of default occurs and is not cured, the non-defaulting party may terminate the contract. The following may cause the Stable Value Master Trust to be in default: a breach of material obligation under the contract; a material misrepresentation; or a material amendment to the Stable Value Master Trust agreement. The issuer may be in default if it breaches a material obligation under the investment contract; makes a material misrepresentation; has a decline in its long-term credit rating below a threshold set forth in the contract; is acquired or reorganized and the successor issuer does not satisfy the investment or credit guidelines applicable to issuers. If the Stable Value Master Trust is unable to obtain a replacement investment contract, in the event of a default of an issuer, withdrawing plans may experience losses if the value of the Stable Value Master Trust's assets is below contract value.

The terms of an investment contract generally provide for settlement of payments only upon termination of the contract or total liquidation of the covered investments. Generally, payments will be made pro-rata, based on the

percentage of investments covered by each issuer. Contract termination occurs whenever the contract value or market value of the covered investments reaches zero or upon certain events of default. If the contract terminates due to issuer default (other than a default occurring because of a decline in its rating), the issuer will generally be required to pay to the Stable Value Master Trust the excess, if any, of contract value over market value on the date of termination.

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

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

## H. BENEFITS PAYABLE

Net assets available for benefits at December 31, 2018 includes $1,858 for participants who have withdrawn from the Plan and have requested distribution of benefits, but have not yet been paid. Participants who have withdrawn from the Plan during the year ended December 31, 2017, and requested distribution of benefits were paid out as of December 31, 2017.

## I. INFORMATION CERTIFIED BY THE TRUSTEE OF THE PLAN

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, no audit procedures were performed with respect to the information certified by the Trustee as of December 31, 2018 and 2017, and for the year ended December 31, 2018, except to compare such information to the information included in the accompanying financial statements and supplemental schedule.

Information certified by the Trustee includes the value of the Plan's investments and the Plan's interest in the investments held in the Vanguard Master Trust, the SMA Master Trust, the Stable Value Master Trust, and notes receivable from participants included at December 31, 2018 and 2017, in the accompanying Statements of Net Assets Available for Benefits; net appreciation (depreciation) in fair value of investments, interest and dividends, interest in investment income (loss) for the Vanguard Master Trust, the SMA Master Trust, the Stable Value Master Trust and interest income on notes receivable from participants included for the year ended December 31, 2018, in the accompanying Statement of Changes in Net Assets Available for Benefits; and investments and notes receivable from participants included in Schedule H, Line 4i: Schedule of Assets (Held at End of Year).

## J. RELATED PARTY TRANSACTIONS

AECOM charges the Plan for certain administrative labor costs. The total cost of administrative labor charged to the Plan by AECOM during the year ended December 31, 2018, was approximately $17,500. AECOM is the Plan sponsor as defined by the Plan, and therefore; these transactions qualify as party-in-interest transactions.

The Plan holds self-directed brokerage accounts and investments managed by Bank of America, N.A. and their affiliates, and these transactions qualify as party-in-interest transactions. The Plan holds investments managed by Northern Trust Corporation, Fidelity and The Vanguard Group, and these transactions qualify as party-in-interest transactions.

These party-in-interest transactions qualify for prohibited transaction exemptions.

## K. PLAN TERMINATION

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

## L. TAX STATUS

The Internal Revenue Service (the "IRS") has determined and informed the Company by a letter dated December 16, 2013, that the Plan and related trust are designed in accordance with applicable sections of the Code. The Plan was amended since receiving the determination letter. The Plan Administrator believes that the Plan continues to be 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 is subject to routine audits by the IRS, however, there are currently no audits in progress for open tax periods.

## M. RISKS AND UNCERTAINTIES

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

## N. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the financial statements to the Form 5500 as of and for the year ended December 31:

| | 2018 | 2017 |
|---|---|---|
| | *(expressed in thousands)* | |
| Net assets available for benefits per the financial statements | $ 21,755 | $ 24,116 |
| Amounts allocated to withdrawing participants | (2) | — |
| Net assets available for benefits per Form 5500 | $ 21,753 | $ 24,116 |

| | |
|---|---|
| Net decrease per the financial statements | $ (2,361) |
| Net change in amounts allocated to withdrawing participants | (2) |
| Total net decrease per Form 5500 | $ (2,363) |

## O. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 17, 2019, the date the financial statements were available to be issue.

For those participants eligible for a Company match, effective January 1, 2019, the Company ceased to match the participants after-tax contributions to the Plan. The Company will continue to match 50% up to 6% of eligible compensation on eligible participants' pre-tax and Roth 401(k) contributions to the Plan.

Also effective January 1, 2019, a participant will not be suspended from making further contributions to the Plan for a six- month period after the participant takes a hardship withdrawal.

On June 30, 2019, the SSI Services, Inc. Custodial Retirement Plan, another retirement savings plan sponsored by the Company, merged into the Plan. Approximately $2.1 million of Plan assets were transferred into the Plan in conjunction with the merger.

SUPPLEMENTAL SCHEDULE

**AECOM CONTRACT EMPLOYEE 401(K) PLAN**

**EIN#:61-1088522 PLAN #:334**
**SCHEDULE H, LINE 4i**
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2018**

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | ***Mutual Funds:*** | | | |
| | American EuroPacific Growth Fund Class R6 | 5,291 shares | ** | $ 238,047 |
| | BlackRock Advisors BIF Money Fund | 1,859 shares | ** | 1,859 |
| | DFA Gobal Real Estate Sec Institutional | 25,060 shares | ** | 250,601 |
| | Dodge & Cox International Stock | 4,762 shares | ** | 175,760 |
| * | Fidelity Investments Balanced Fund | 75,978 shares | ** | 1,568,943 |
| * | Fidelity Investments Growth Company Fund | 129,537 shares | ** | 2,075,181 |
| | Oakmark Fund Class I | 16,346 shares | ** | 1,116,256 |
| | | | | 5,426,647 |
| | ***Collective Investment Trust Fund:*** | | | |
| | T. Rowe Price Emerging Markets | 349 shares | ** | 160,862 |
| * | Assets in Bank of America, N.A. Self-Directed Brokerage Accounts | Various investments, including mutual funds, common stocks, ETFs and money market funds | ** | 1,386,445 |
| * | Notes receivable from participants | Loans to participants with maturities ranging from 2019 to 2038 and with interests of 4.25% - 6.25% | — | 435,545 |
| | Total investments | | | $7,409,499 |

* Party-in-interest
** Cost information not required for participant directed investments

# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

**2018**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning and ending

**A** This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan
- ☐ a DFE (specify) ____

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

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan

**1b** Three-digit plan number (PN) ▶

**1c** Effective date of plan

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

**2b** Employer Identification Number (EIN)

**2c** Plan Sponsor's telephone number

**2d** Business code (see instructions)

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | | | |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
**a** Sponsor's name
**c** Plan Name

**4b** EIN

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | |
| **b** | Retired or separated participants receiving benefits | **6b** | |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

**9a** Plan funding arrangement (check all that apply)
- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☐ Trust
- **(4)** ☐ General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)
- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☐ Trust
- **(4)** ☐ General assets of the sponsor

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

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

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 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_____

**Attachment to 2018 Form 5500**
**Form 5500 Multiple Employer Plan Participating Employer Information**

**Plan Name** AECOM CONTRACT EMPLOYEE 401(K) PLAN **EIN:** 61-1088522
**Plan Sponsor's Name** AECOM **PN:** 334

| Name of participating employer | EIN | Percent of Total Contributions |
|---|---|---|
| AECOM | 61-1088522 | 99.00 |
| ROCK ISLAND | 36-4186163 | 1.00 |

**AECOM CONTRACT EMPLOYEE 401(K) PLAN**

**EIN#:61-1088522 PLAN #:334**
**SCHEDULE H, LINE 4i**
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2018**

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | ***Mutual Funds:*** | | | |
| | American EuroPacific Growth Fund Class R6 | 5,291 shares | ** | $ 238,047 |
| | BlackRock Advisors BIF Money Fund | 1,859 shares | ** | 1,859 |
| | DFA Gobal Real Estate Sec Institutional | 25,060 shares | ** | 250,601 |
| | Dodge & Cox International Stock | 4,762 shares | ** | 175,760 |
| * | Fidelity Investments Balanced Fund | 75,978 shares | ** | 1,568,943 |
| * | Fidelity Investments Growth Company Fund | 129,537 shares | ** | 2,075,181 |
| | Oakmark Fund Class I | 16,346 shares | ** | 1,116,256 |
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| | T. Rowe Price Emerging Markets | 349 shares | ** | 160,862 |
| * | Assets in Bank of America, N.A. Self-Directed Brokerage Accounts | Various investments, including mutual funds, common stocks, ETFs and money market funds | ** | 1,386,445 |
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