

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	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 <u>01/01/2018</u> and ending <u>12/31/2018</u>
A This return/report is for: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ a single-employer plan </div> <div> ☐ a DFE (specify) ____ </div> </div>	
B This return/report is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ the first return/report </div> <div> ☐ the final return/report </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ an amended return/report </div> <div> ☐ a short plan year return/report (less than 12 months) </div> </div>	
C If the plan is a collectively-bargained plan, check here. ▶ ☐	
D Check box if filing under: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ Form 5558 </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ special extension (enter description) </div> </div>	

Part II	Basic Plan Information—enter all requested information		
1a Name of plan <u>URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN</u>		1b Three-digit plan number (PN) ▶	<u>002</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AECOM E&C HOLDINGS, INC.</u> <u>300 S. GRAND AVE.</u> <u>10TH FLOOR</u> <u>LOS ANGELES, CA 90071</u>		1c Effective date of plan <u>08/20/1999</u>	
		2b Employer Identification Number (EIN) <u>26-1320627</u>	
		2c Plan Sponsor's telephone number <u>301-944-3100</u>	
		2d Business code (see instructions) <u>541990</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2019	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor 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 AECOM GLOBAL II, INC. c Plan Name	4b EIN 47-1336341 4d PN 002
5 Total number of participants at the beginning of the plan year	5 3804
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 601 6a(2) 542 6b 1826 6c 1117 6d 3485 6e 287 6f 3772 6g 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: 1A 1E 3H 1I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4A	
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 _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan <u>URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AECOM E&C HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>26-1320627</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>	
2 Assets:	
a Market value.....	2a <u>275163577</u>
b Actuarial value	2b <u>258077439</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>2024</u> (2) Vested Funding Target <u>131015077</u> (3) Total Funding Target <u>131015077</u>
b For terminated vested participants	<u>1190</u> <u>44417517</u> <u>44417517</u>
c For active participants	<u>601</u> <u>59640789</u> <u>60245375</u>
d Total	<u>3815</u> <u>235073383</u> <u>235677969</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.67 %</u>
6 Target normal cost	6 <u>3175000</u>

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

SIGN HERE	
<u>ROBERT LIPSET</u>	<u>09/25/2019</u>
Signature of actuary	Date
<u>MERCER</u>	<u>17-06136</u>
Type or print name of actuary	Most recent enrollment number
<u>ONE UNIVERSITY SQUARE DR, SUITE 100</u> <u>PRINCETON, NJ 08540</u>	<u>609-520-2484</u>
Firm name	Telephone number (including area code)
<u></u>	
Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	25456786
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4145945
9 Amount remaining (line 7 minus line 8)	0	21310841
10 Interest on line 9 using prior year's actual return of <u>16.70</u> %	0	3558910
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.88</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	24869751

Part III Funding Percentages

14 Funding target attainment percentage	14	98.95%
15 Adjusted funding target attainment percentage	15	109.50%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.34%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	3175000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	2470281	542801	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	3717801	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	3717801	3717801
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		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 URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 AECOM E&C HOLDINGS, INC.	D Employer Identification Number (EIN) 26-1320627	

Part I	Service Provider Information (see instructions)
--------	---

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

MERCER INVESTMENT

30-0282430

(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?
28 51 52	PARTY-IN-INTEREST	1200828	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☐

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

MERCER

13-2834414

(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?
11 50	NONE	430719	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER

20-1932099

(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?
13 50	NONE	254286	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)

AECOM

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	53951	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US BANK

41-6271370

(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?
21 50	TRUSTEE	43627	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☐

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

GRANT THORNTON

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	27427	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)

WINSTON & STRAWN, LLP

36-1975990

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	5173	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:	RYAN G COX	b EIN:	13-2834414
c Position:			
d Address:	1225 17TH STREET, SUITE 1300 DENVER, CO 80202-5534	e Telephone:	303-376-5982

Explanation: RYAN COX OF MERCER HAS TRANSFERRED RESPONSIBILITY AS SIGNING ACTUARY FOR THE URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN TO ROBERT LIPSET, ALSO OF MERCER, AS A RESULT OF MR. COX TAKING ANOTHER POSITION WITHIN MERCER.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2018 <hr/> 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 <u>URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AECOM E&C HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>26-1320627</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER NON-US CORE EQUITY PORTFOLIO</u>		
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS, INC.</u>		
c EIN-PN <u>03-0566617-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19502390</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER US LARGE CAP CORE PASSIVE EQ</u>		
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS, INC.</u>		
c EIN-PN <u>03-0566613-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13916852</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER ACTIVE GOVT/CREDIT FIXED INC</u>		
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS, INC.</u>		
c EIN-PN <u>04-7014330-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17896530</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER LONG DURATION INVEST GRADE</u>		
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS, INC.</u>		
c EIN-PN <u>26-6700496-016</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>32936513</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER LONG DURATION PASSIVE FIXED</u>		
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS, INC.</u>		
c EIN-PN <u>51-0560117-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7858443</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER US LARGE CAP EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS, INC.</u>		
c EIN-PN <u>03-0566610-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21259810</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER US SM/MID CAP EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS, INC.</u>		
c EIN-PN <u>03-0566611-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5712482</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER LONG STRIPS INV PORTFOLIO**

b Name of sponsor of entity listed in (a): **MERCER GLOBAL INVESTMENTS, INC.**

c EIN-PN 80-6243236-019	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23198022
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER OPPORTUNISTIC FIXED INCOME**

b Name of sponsor of entity listed in (a): **MERCER GLOBAL INVESTMENTS, INC.**

c EIN-PN 36-7630030-020	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1311275
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER LOW VOLATILITY EQUITY CT**

b Name of sponsor of entity listed in (a): **MERCER GLOBAL INVESTMENTS, INC.**

c EIN-PN 35-7004395-018	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12027448
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER EMERGING MARKETS CT**

b Name of sponsor of entity listed in (a): **MERCER GLOBAL INVESTMENTS, INC.**

c EIN-PN 32-6219484-017	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4900733
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER ERISA HEDGE FUND INV PORTFOL**

b Name of sponsor of entity listed in (a): **MERCER GLOBAL INVESTMENTS, INC.**

c EIN-PN 47-2199849-021	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26783539
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER ACTIVE LONG CORP FIXED INC**

b Name of sponsor of entity listed in (a): **MERCER GLOBAL INVESTMENTS, INC.**

c EIN-PN 45-6178743-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57621059
---------------------------------------	-------------------------------	---

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>		
A Name of plan <u>URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AECOM E&C HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>26-1320627</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1462	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1253132	1356019
(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)		
(9) Value of interest in common/collective trusts	1c(9)	278144167	244925096
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	279398761	246281115

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	543281	380995
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	543281	380995

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	278855480	245900120
---	-----------	-----------	-----------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6347	
(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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6347

(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(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)		-16147531
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-16141184

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13777710	
(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)		13777710
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	1164450	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	1236626	
(4) Other	2i(4)	635390	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3036466
j Total expenses. Add all expense amounts in column (b) and enter total	2j		16814176

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-32955360
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: GRANT THORNTON LLP

(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:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	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		967000
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ 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 4160660. (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 <u>URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AECOM E&C HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>26-1320627</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>20-1932099</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2018
v. 171027

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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: 31 % Investment-Grade Debt: 57 % High-Yield Debt: 1 % Real Estate: 0 % Other: 11 %

- 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):

**URS FEDERAL SERVICES, INC.
EMPLOYEES RETIREMENT PLAN**

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

**URS FEDERAL SERVICES, INC.
EMPLOYEES RETIREMENT PLAN**

TABLE OF CONTENTS

	<u>Page</u>
Report of Independent Certified Public Accountants	2
Statements of Net Assets Available for Benefits as of December 31, 2018 and 2017	4
Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2018 and 2017	5
Notes to the Financial Statements	6
Supplemental Schedules	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2018	16
Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2018	17

GRANT THORNTON LLP

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

D +216.771.1400

F +216.771.1409

www.GrantThornton.com

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

The Plan Administrator and Participants
URS Federal Services, Inc. Employees Retirement Plan

Report on the financial statements

We were engaged to audit the accompanying financial statements of the URS Federal Services, Inc. Employees Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, 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 5, 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 years then ended, 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.

Supplementary information

The supplemental schedules of assets (held at end of year) as of December 31, 2018 and reportable transactions for the year ended December 31, 2018 are presented for purposes of additional analysis and are not a required part of the financial statements, but are 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 schedules.

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 schedules, other than that derived from the certified information described in Note 5, 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.



Cleveland, Ohio
October 11, 2019

URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2018 AND 2017

	2018	2017
Assets		
Investments, at fair value	\$ 242,350,911	\$ 275,162,115
Cash	-	1,462
Net assets held in 401(h) account	3,930,204	4,235,184
Total Assets	246,281,115	279,398,761
Liabilities		
Accrued administrative fees	380,995	543,281
Amounts related to obligation of 401(h) account	3,930,204	4,235,184
Total Liabilities	4,311,199	4,778,465
Net Assets Available for Benefits	\$ 241,969,916	\$ 274,620,296

The accompanying notes are an integral part of these financial statements.

URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017

	2018	2017
Income (loss) from Net Assets Attributable to:		
Net appreciation (depreciation) in fair value of investments	\$ (15,877,240)	\$ 41,247,516
Total income (loss), net	(15,877,240)	41,247,516
Deductions from Net Assets Attributable to:		
Benefits paid to participants (Note 1)	(13,777,709)	(13,265,121)
Administrative expenses	(2,995,431)	(3,774,687)
Total deductions	(16,773,140)	(17,039,808)
Net Increase (Decrease)	(32,650,380)	24,207,708
Net Assets Available for Benefits, beginning of year	274,620,296	250,412,588
Net Assets Available for Benefits, end of year	\$ 241,969,916	\$ 274,620,296

The accompanying notes are an integral part of these financial statements.

URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of the URS Federal Services, Inc. Employees Retirement Plan (the "Plan") is provided for general information purposes only. Selected Plan provisions are described below. Participants should refer to the Plan document and the *Summary Plan Description* for more complete information regarding the terms of the Plan.

General - The Plan, established on August 20, 1999, is a frozen, noncontributory defined benefit pension plan that provides benefits to all eligible employees of URS Federal Services, Inc., as defined. URS Federal Services, Inc. (the "Company") is a wholly-owned subsidiary of AECOM. The Plan is a successor to the EG&G, Inc. Employees' Retirement Plan (the "Prior Plan").

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

Eligibility - All employees of the Company in one of the specified pay groups, hired before July 1, 2003, and with at least one year of service are eligible to participate in the Plan. Participants who: 1) are members of certain collective bargaining units or 2) are a Covered Contract Employee, as defined in the Plan document, are not eligible.

Effective June 30, 2003, Plan participation was frozen. Each employee who was a participant in the Plan as of June 30, 2003, will continue to participate in the Plan in accordance with the terms of the Plan. New employees of the Company or employees rehired after June 30, 2003, will not be allowed to participate in the Plan.

Pension Benefits - Participants are entitled to monthly pension benefits, upon normal retirement age (based on Social Security statutes and ranges from 65 to 67 depending on the participant's date of birth), equal to the greater of either 1) \$70.83 or 2) one-twelfth of the sum of:

- a) Determined as of December 31, 2003, 0.85 percent of an eligible Participant's Average Earnings, as defined by the Plan, multiplied by the participant's total Credited Service, plus an additional 0.75 percent of the Participant's Average Earnings in excess of the Social Security tax base multiplied by the participant's total Credited Service (up to a maximum of 35 years), as defined by the Plan, and
- b) Beginning January 1, 2004, 0.65 percent of the Participant's Earnings, as defined by the Plan, plus an additional 0.65 percent of the Participant's Earnings in excess of 50 percent of the Social Security wage base for the applicable year (up to a maximum of 35 years).

The Plan permits early retirement at age 55 and upon completing 10 years of service for participants who were in the Prior Plan before 1989. For participants who joined the Plan in 1989 and after, the Plan permits early retirement within 10 years prior to a participant's normal retirement age and upon completing 10 years of service.

URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

Participants become 100 percent vested in their normal monthly benefit upon attainment of age 45 while in the employ of the Company or upon completion of five years of vesting service. At the time of retirement, if the actuarial present value of an employee's total pension is \$5,000 or less, the actuarial value of the employee's pension will be paid to the employee in a single lump sum. Otherwise, participants may elect to receive their pension benefits in the form of a qualified joint and survivor annuity, a life annuity payable monthly, or another acceptable method of payment, as defined in the Plan document.

Effective January 31, 2016, participants in the Plan ceased accruing future pension benefits. They will continue to receive vesting credit while employed with the Company or AECOM.

Death Benefits - If an active employee dies after completing five years of service, or is over the age of 45, a death benefit is paid to the employee's beneficiary based on terms included in the Plan document.

Disability Retirement Benefits - Active employees who have completed ten years of service and become permanently disabled receive disability benefit payments starting on the employee's normal retirement date. Disabled employees continued to accrue benefits (until benefits were frozen on January 31, 2016) and are treated as if active participants for benefit determination purposes. Disability retirement benefit payments are payable at normal retirement date and are computed as though the employee had been employed to normal retirement age and as if their annual compensation remained the same as at the time they became disabled.

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, except for certain administrative services provided by AECOM. See Note 7. Expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. Fees for administration, investment advice, actuarial, and other services are generally charged to the Plan based on customary or contracted rates for such services. The Plan's assets are managed by independent investment managers who charge a management fee based on assets under management.

Funding Policy - The Company's contributions to the Plan are designed to fund annual current service costs and are sufficient to satisfy the minimum requirement under ERISA for the years ended December 31, 2018 and 2017, including any discretionary contributions deemed necessary by the Company. Voluntary employee contributions are not permitted.

NOTE 2 - SUMMARY OF 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.

Recent Accounting Pronouncements - In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("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

URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

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.

Valuation of Investments – The Plan's investments are reported at fair value. Fair value is 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 between market participants, at the measurement date. See Note 4 for a description of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The Plan presents, in the Statements of Changes in Net Assets Available for Benefits, the net appreciation (depreciation) in the fair value of investments which consists of the realized gains and losses and the unrealized appreciation (depreciation) on those investments.

Payment of Benefits - Benefit payments are recorded upon distribution.

Use of Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosures of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

NOTE 3 – RISKS AND UNCERTAINTIES

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

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

NOTE 4 – FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical

URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

The standard describes the 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: <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets;• Quoted prices for identical or similar assets or liabilities in inactive markets;• Inputs other than quoted prices that are observable for the asset or liability;• Inputs that are derived principally from or corroborated by observable market data by correlation or other means. <p>If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.</p>
Level 3	Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

Money market fund: These investments are public investment vehicles valued using the price of \$1 as the fair value per unit in active markets. The money market funds are classified within Level 1 of the valuation hierarchy.

Collective trust funds: A collective trust fund is a fund for the collective investment and reinvestment of assets contributed from employee benefit plans maintained by more than one plan. These investments are available only to certain qualified retirement plans and are not offered to the general public. The collective investment trust is valued using the net asset value ("NAV") provided by the administrator of the collective investment 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 trust funds are not classified within the fair value hierarchy; however, the amounts measured using NAV are 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 the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of

URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

certain financial instruments could result in a different fair value measurement at the reporting date.

There are no unfunded commitments related to the Plan's investments. All investments may be redeemed within 30 days, upon notification of the investment custodian and would be redeemed at the NAV, less transaction fees.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017:

	Quoted Prices in Active Markets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
<u>As of December 31, 2018</u>				
Money market fund	\$1,355,920	\$ -	\$ -	\$ 1,355,920
Total investments in the fair value hierarchy	\$1,355,920	\$ -	\$ -	1,355,920
Investments measured at NAV				240,994,991
Total investments at fair value				\$242,350,911
	Quoted Prices in Active Markets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
<u>As of December 31, 2017</u>				
Money market fund	\$1,252,563	\$ -	\$ -	\$ 1,252,563
Total investments in the fair value hierarchy	\$1,252,563	\$ -	\$ -	1,252,563
Investments measured at NAV				273,909,552
Total investments at fair value				\$275,162,115

NOTE 5 – INFORMATION CERTIFIED BY THE TRUSTEE

The Plan's investments are held by a trust-administered custodial fund and are administered by U.S. Bank, National Association ("Trustee"). As permitted by Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the investment and cash asset values including net assets held in the 401(h) account and the related investment transactions, and net appreciation (depreciation) in fair value of investments as shown in the accompanying financial statements and supplemental schedules were certified by the Trustee to be complete and accurate as of and for the years ended December 31, 2018 and 2017, respectively. No audit procedures were performed on the information provided by the Trustee except to compare such information to the related information included in the accompanying financial statements and supplemental schedules.

URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 6 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' average earnings during their years of service. The accumulated plan benefits for active employees are based on their average compensation during the term of their service ending on the date as of which the benefit information is presented (i.e., the valuation date). Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included in accumulated plan benefits to the extent they are deemed attributable to employee service rendered as of the valuation date. The actuarial present value of the accumulated plan benefits is determined by the Plan's actuary, Mercer (US) Inc. This is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2017 and 2016 are as follows:

Mortality basis as of December 31, 2017:	Based on Mercer-modified RP-2014 mortality table with white collar adjustment, adjusted back to 2006 (MRP-2006) and with generational projection from 2006 on using the Mercer projection scale MMP-2018
Discount rate as of December 31, 2017:	6.50%
Mortality basis as of December 31, 2016:	Based on Mercer-modified RP 2014 mortality table with white collar adjustment, adjusted back to 2006 (MRP-2006) and with generational projection from 2006 on using the Mercer MMP 2016 Scale
Discount rate as of December 31, 2016:	7.00%
Retirement Age:	Probabilities based upon age and service, ranging from 2% at age 55 to 100% at age 70

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

URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

The actuarial present value of accumulated plan benefits as of December 31, 2017, as determined by the actuary, is as follows:

<hr/> Actuarial Present Value of Accumulated Vested Plan Benefits	
Participants currently receiving payments	\$ 129,147,071
Other participants	100,608,539
Total vested benefits	229,755,610
Actuarial Present Value of Accumulated Nonvested Plan Benefits	711,009
Total Actuarial Present Value of Accumulated Plan Benefits	<hr/> \$ 230,466,619

The change in the actuarial present value of accumulated plan benefits for the year ended December 31, 2017, is as follows:

<hr/> Actuarial Present Value of Accumulated Plan benefits at December 31, 2016		\$ 222,035,424
Increase /(decrease) during the year attributable to:		
Benefits accumulated and (gains) losses	(1,583,753)	
Increase for interest due to decrease in discount period	15,039,511	
Benefits paid	(13,265,121)	
Change in actuarial assumptions	8,240,558	
Actuarial Present Value of Accumulated Plan Benefits at December 31, 2017		<hr/> \$ 230,466,619

At December 31, 2017, the actuarial present value of accumulated plan benefits increased by \$8,240,558 as a result of the following changes made to the actuarial assumptions:

Interest rates	\$11,173,003
Assumed retirement rate	(2,521,848)
Mortality rate	(650,100)
Payment assumption	278,261
Various population factors	(38,758)
Total change in actuarial assumptions	<u>\$ 8,240,558</u>

NOTE 7 - RELATED PARTY TRANSACTIONS

AECOM, the Company's parent company, charges the Plan for certain administrative labor costs. The total cost of administrative labor charged to the Plan by AECOM was \$87,259 and \$25,990 for the years ended December 31, 2018 and 2017, respectively. These transactions qualify as party-in-interest transactions.

The Plan invests in units of collective funds managed by an affiliate of Mercer Investment Management, Inc. ("Mercer"). Mercer acts as a trustee for those investments. Transactions in such investments qualify as party-in-interest transactions. Fees paid by the Plan for investment

URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

management services amounted to \$1,476,070 and \$1,500,364 for the years ended December 31, 2018 and 2017, respectively.

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

NOTE 8 - PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time or to amend or terminate the Plan subject to the provisions of the Plan document and in accordance with ERISA and its related regulations.

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

Whether all participants will receive vested benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC. Any balance remaining after satisfaction of all liabilities of the Plan shall be returned to the Company.

NOTE 9 - TAX STATUS

The Plan obtained a favorable determination letter dated July 3, 2014 from the Internal Revenue Service (the "IRS") which stated that the Plan, as amended through May 2014, complies with the applicable regulations of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. The Plan has been 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 for any tax periods in progress.

NOTE 10 - 401(H) ACCOUNT

The Plan includes a medical-benefit component in addition to the normal retirement benefits to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the Code. A separate account, known as the Retiree Health Plan Account, has been established and maintained in the Plan for the net assets related to the medical-benefit component ("401(h) account"). In accordance with Code Section 401(h), the

URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

401(h) account may not be used for, or diverted to any purpose other than providing for the payment of certain medical expenses for retirees and their beneficiaries. Any assets transferred to the 401(h) account from the Plan in a qualified transfer of excess Plan assets (and any income allocable thereto) that are not used during the plan year must be transferred out of the account to the Plan. The related obligations for health benefits are not included in this Plan's accumulated plan benefit obligations but are reflected as obligations in the financial statements of the health and welfare benefit plan. Plan participants do not contribute to the 401(h) account. Employer contributions or qualified transfers to the 401(h) account are determined annually and are at the discretion of the Plan sponsor. Certain of the Plan's net assets are restricted to fund a portion of postretirement health benefits for retirees and their beneficiaries in accordance with IRC Section 401(h).

The following tables present the net assets held in the 401(h) account as of December 31:

	Quoted Prices in Active Markets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
<u>As of December 31, 2018</u>				
Money market fund	\$ 99	\$ -	\$ -	\$ 99
Total investments in the fair value hierarchy	\$ 99	\$ -	\$ -	99
Collective trust funds				3,930,105
Total assets at fair value				\$3,930,204

	Quoted Prices in Active Markets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
<u>As of December 31, 2017</u>				
Money market fund	\$ 569	\$ -	\$ -	\$ 569
Total investments in the fair value hierarchy	\$ 569	\$ -	\$ -	569
Collective trust funds				4,234,615
Total assets at fair value				\$4,235,184

URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 11 - RECONCILIATION TO THE FORM 5500

The following is a reconciliation of net assets available for pension benefits per the financial statements to the Form 5500 at December 31, 2018 and 2017:

	2018	2017
Net assets available for benefits per the financial statements	\$241,969,916	\$274,620,296
Net assets held in 401(h) account included as assets in Form 5500	3,930,204	4,235,184
Net assets available for benefits per the Form 5500	\$245,900,120	\$278,855,480

The following is a reconciliation of the net depreciation in fair value of investments, benefits paid to participants, and administrative expenses per the financial statements to the Form 5500 for the year ended December 31, 2018:

	Amounts per Financial Statements	401(h) Account	Amounts per Form 5500
Net depreciation in fair value of investments	\$ (15,877,240)	\$ (263,944)	\$ (16,141,184)
Administrative expenses	(2,995,431)	(41,035)	(3,036,466)

NOTE 12 – SUBSEQUENT EVENT

The Plan evaluated subsequent events through October 11, 2019, the date the financial statements were available to be issued.

URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN #26-1320627 Plan #002

December 31, 2018

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
*	Mercer Active Long Corp Fixed Income	Collective trust fund	\$ 57,621,059
*	Mercer Non US Core Equity Portfolio	Collective trust fund	19,502,390
*	Mercer Long Duration Investment Grade Credit	Collective trust fund	32,936,513
*	Mercer US Large Cap Core Passive Equity Portfolio	Collective trust fund	13,916,852
*	Mercer Long Strips Investment Portfolio	Collective trust fund	23,198,022
*	Mercer Long Duration Passive Fixed Income	Collective trust fund	7,858,443
*	MGI Active Government/Credit Fixed Income	Collective trust fund	17,896,530
*	Mercer Global Low Volatility Equity Portfolio	Collective trust fund	12,027,448
*	MGI US Large Cap Growth Equity Portfolio	Collective trust fund	21,259,810
*	Mercer Emerging Markets Equity Portfolio	Collective trust fund	4,900,733
*	MGI US Small/Mid Cap Growth Equity Portfolio	Collective trust fund	5,712,482
*	Mercer Opportunistic Fixed Income	Collective trust fund	1,311,275
*	MGI ERISA Hedge Fund Investment	Collective trust fund	26,783,539
	First American Institutional Prime Obligation Fund	Money market fund	1,356,019
Total Assets			\$ 246,281,115

* Represents a party-in-interest, as defined by ERISA

URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

EIN 26-1320627 Plan #002

Schedule H, Line 4j

Schedule of Reportable Transactions – Single Transactions
For the year ended December 31, 2018

Share / Par Value	Security Description	Cost of Purchases	Proceeds from Sales	Costs of Assets Disposed	Current Value of Assets	Gain
None						

Schedule of Reportable Transactions – Series of Transactions
For the year ended December 31, 2018

Tran Count	Share / Par Value	Security Description	Cost of Purchases	Proceeds from Sales	Costs of Assets Disposed	Current Value of Assets	Loss
61	15,178,476	First American Institutional Prime Obligation Fund	\$ 15,178,476	\$ --	\$ --	\$ 15,178,476	\$ --
27	15,067,080	First American Institutional Prime Obligation Fund	--	15,067,080	15,067,200	15,067,080	(120)

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 64.

Less Than 30 Years of Service at Retirement			More Than 30 Years of Service at Retirement		
(A) Retirement age	(B) Number of employees expected to retire	(C) (A) x (B)	(D) Retirement age	(E) Number of employees expected to retire	(F) (D) x (E)
55	50	2,750	55	20	1,100
56	48	2,688	56	20	1,120
57	45	2,565	57	19	1,083
58	43	2,494	58	19	1,102
59	61	3,599	59	46	2,714
60	56	3,360	60	88	5,280
61	52	3,172	61	79	4,819
62	81	5,022	62	71	4,402
63	71	4,473	63	96	6,048
64	62	3,968	64	81	5,184
65	97	6,305	65	69	4,485
66	75	4,950	66	118	7,788
67	78	5,226	67	82	5,494
68	45	3,060	68	58	3,944
69	34	2,346	69	40	2,760
70	102	7,140	70	94	6,580
Total	1,000	63,118	Total	1,000	63,903

Sum of (C) and (F) Divided By	127,021/
Age 55 Exposure	2,000
(Rounded to the Nearest Whole Year)	64

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expense assumption was updated from \$3,800,000 for January 1, 2017 funding purposes and the expense for the year ending September 30, 2018, to \$3,175,000 for January 1, 2018 funding purposes and the expense for the year ending September 30, 2019.
- Withdrawal, retirement, form of payment, percentage married and spouse age difference assumptions were updated based on an experience study undertaken in 2017, to be first reflected in the funding valuation as of January 1, 2018.
- The interest rates were updated from those published by the IRS for January 1, 2017 valuations to those published for January 1, 2018 valuations. For the January 1, 2018 valuation, AECOM has elected to defer updating to the 2018 PPA mortality table until 2019.

Schedule SB, line 26 — Schedule of Active Participant Data

ATTAINED AGE	YEARS OF CREDITED SERVICE										
	UNDER 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & UP	TOTAL
Under 25											
25–29											
30–34											
35–39				7	3						10
40–44				9	16	1					26
45–49			2	13	31	8	3				57
50–54			1	15	19	28	15	3	1		82
55–59		1		22	48	33	34	33	8		179
60–64		3	4	17	44	24	17	38	16		163
65–69	1			11	9	13	9	10	11	1	65
70 & up		2	1		5		6	1	3	1	19
Total	1	6	8	94	175	107	84	85	39	2	601

In each cell, the number is the count of active participants for each age/service combination.
Average pay is not shown for plans with fewer than 1,000 active participants.

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installment for each plan year covered under PPA. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

SHORTFALL BASES					
YEAR ESTABLISHED		OUTSTANDING BALANCE	YEARS REMAINING		2018 INSTALLMENT
2016	\$	3,664,210	5	\$	790,254
2017		(2,399,784)	6		(444,309)
2018		1,205,855	7		196,856
Total	\$	2,470,281		\$	542,801

Schedule SB, Part V — Summary of Plan Provisions
SUMMARY OF MAJOR PLAN PROVISIONS

Effective date and plan year	Original plan: August 20, 1999 Restated plan: January 4, 2014, as amended through the Second Amendment Plan year: January 1 to December 31
Status of the plan	The plan froze benefit accruals effective January 31, 2016. The plan was closed to new entrants as of July 1, 2003.
Significant events that occurred during the year	None
Definitions	
• Covered employees	All employees who are not members of a collective bargaining unit represented by a union, or who are members of a collective bargaining unit which specifically provides for benefits under this plan. Additionally, individuals who were participants in the Plan who transferred from URS Federal Services to JT3, LLC are included in the Plan as long as they have remained employed by JT3, LLC since transferring to JT3, LLC. Employees covered by a service contract are excluded. The plan was closed to new entrants as of July 1, 2003.
• Participation	1,000 hours of service during an anniversary year.
• Employee contributions	Not applicable.
• Vesting service	One year for each 1,000-hour calendar year of employment.

Schedule SB, Part V — Summary of Plan Provisions

- Credited Service

The period of service (excluding layoffs, employment with affiliate or subsidiary which is not an employer and leaves of absence except for military or medical leaves) from the date of employment. 1/12 year of credit accrues for each calendar month of employment, or, in the case of a part-time employee, for each 173-1/3 hours worked. In no case shall a participant accrue more than 1 year of service during a calendar year.

The following subsidiaries have varying dates for accruing service credit:

Subsidiary	Date credited service begins
FETC SOPSS Contract	01/01/1981
Dynatrend	06/01/1989
Dynatrend Unisys	06/01/1989
MSI	07/01/1989
Dynatrend Customs	08/27/1990
MSI – Ratscat	10/01/1990
MSI – Armte Nonunion	10/01/1990
MSI – Armte	10/01/1990
Langley	01/01/1994
Fort McClelland	01/01/1994
Tech Support Services	01/01/1994
MSI Albuquerque Operations	01/01/1994
EPA Emissions Testing Contract	08/01/1997
Ft. Leonard Wood Contract	11/25/1998
HQ Staff Manassas	01/16/1999
FETC CHIPS Contract	06/17/1999
P3EA Contract and G&A Staff	06/17/1999
Gaithersburg Technical Services HQ Employees	08/20/1999
Norfolk ServMart Contract	11/15/1999
National Radar Testing Facility	01/01/2001

- Pensionable Pay / Earnings

Salary plus deferrals, severance pay, and commissions, but excluding bonus, overtime, and incentive pay.

- Average Earnings

The average of the highest five consecutive years of Pensionable Pay during the ten-year period ending on the earlier of the participant's termination date, retirement date or December 31, 2003 (used to calculate the Pre-2004 benefit).

- Social Security wage base

The maximum amount of wages subject to Social Security taxes.

Schedule SB, Part V — Summary of Plan Provisions

<ul style="list-style-type: none">Monthly pension benefit	The greater of a. or b.: a. \$70.83 b. One-twelfth the sum of i., ii., and iii. i. 0.65 percent of Earnings for each year after 2003, plus ii. 0.65 percent of Earnings in excess of ½ of the Social Security Wage Base, for each year after 2003, maximum 35 years; and iii. Pre-2004 benefit.													
<ul style="list-style-type: none">Pre-2004 monthly pension benefit	One-twelfth the sum of i. and ii. i. 0.85 percent of Average Earnings multiplied by Credited Service; and ii. 0.75 percent of Average Earnings in excess of the Social Security Tax Base, multiplied by Credited Service up to 35 years. Frozen as of December 31, 2003 with (i) referred to as the Base Benefit and (ii) referred to as the Excess Benefit.													
<ul style="list-style-type: none">Social Security Normal Retirement Age (SSNRA)	<div>Based on year of birth:</div> <table><thead><tr><th></th><th>Age</th></tr></thead><tbody><tr><td>1937 and earlier</td><td>65</td></tr><tr><td>1938 through 1942</td><td>65 plus 2 months per year</td></tr><tr><td>1943 through 1954</td><td>66</td></tr><tr><td>1955 through 1959</td><td>66 plus 2 months per year</td></tr><tr><td>1960 and later</td><td>67</td></tr></tbody></table>			Age	1937 and earlier	65	1938 through 1942	65 plus 2 months per year	1943 through 1954	66	1955 through 1959	66 plus 2 months per year	1960 and later	67
	Age													
1937 and earlier	65													
1938 through 1942	65 plus 2 months per year													
1943 through 1954	66													
1955 through 1959	66 plus 2 months per year													
1960 and later	67													
Normal retirement														
<ul style="list-style-type: none">Eligibility	First of the month coinciding with or next following the attainment of Social Security Retirement Age.													
<ul style="list-style-type: none">Benefit	Monthly pension benefit payable as of NRD.													
Early retirement														
<ul style="list-style-type: none">Eligibility	For employees who became participants prior to 1989, age 55 with ten years of Vesting Service. Otherwise, not more than ten years prior to the employee’s NRD, providing the employee has ten years of Vesting Service at such date.													

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	Monthly pension benefit determined as of early retirement date, reduced as shown below for each year that commencement of payment precedes NRD.			
	Years prior to normal retirement date¹	Career average accruals and pre-2004 (less than 30 years of service)	Pre-2004 benefit (more than 30 years of service)	
			Base	Excess
	1	6.7%	0.0%	6.7%
	2	13.3%	0.0%	13.3%
	3	20.0%	0.0%	20.0%
	4	26.7%	8.4%	26.7%
	5	33.3%	16.8%	33.3%
	6	36.7%	21.0%	36.7%
	7	40.0%	25.2%	40.0%
	8	43.3%	29.4%	43.3%
	9	46.7%	33.6%	46.7%
	10	50.0%	37.8%	50.0%
	11	55.0%	42.0%	55.0%
	12	60.0%	46.2%	60.0%
Late retirement				
• Eligibility	Retirement after NRD.			
• Benefit	Monthly pension benefit determined as of actual retirement date.			
Deferred vested				
• Eligibility	Termination for reasons other than death or retirement after completing five years of Vesting Service or after attaining age 45 while an active Participant.			
• Benefit	Monthly pension benefit determined as of termination date, payable at of the participant's NRD.			
Disability				
• Eligibility	Become a disabled participant after completing ten years of Vesting Service. A disabled participant is a participant who is eligible to receive benefits under Title II of the Federal Social Security Act.			
• Benefit	The benefit accrued to NRD payable at NRD. Credited service continues during the disability period; earnings are assumed to continue at rate in effect prior to disability.			
Pre-retirement death				
• Eligibility	Death while eligible for Deferred Vested, Early, Normal or Postponed Retirement, with a surviving spouse.			
• Benefit prior to early retirement	Spouse's benefit is payable on the date the participant would have reached normal retirement age and is equal to 50% of the accrued benefit reduced for the election of the 50% joint and survivor option.			

¹ Reductions are based on years prior to age 65 for those employees who became participants prior to 1989.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit after early but before normal retirement	Spouse's benefit is equal to the spouse's portion of the 50% joint and survivor benefit payable to the employee as if he or she had elected early retirement on the day of death.
• Benefit after normal retirement	Spouse's benefit is equal to the spouse's portion of the 50% joint and survivor benefit payable to the employee as if he or she had retired on the day of death.
Form of benefits	
• Automatic form for unmarried participants	Life annuity
• Automatic form for married participants	50% joint and survivor annuity
• Optional forms	<ul style="list-style-type: none"> • 50%, 75% and 100% joint and survivor (survivor need not be the spouse) • 10 year certain and life annuity • Social Security level income annuity • Life annuity
• Optional form conversion factors	Actuarial Equivalence based on an interest rate of 7% and the 1971 Group Annuity Mortality Table with no loading and projected by Scale E, with a one-year age setback for the Participant and a five-year age setback for any Beneficiary. Social Security level income option (SSLIO) actuarial equivalence is based on the better of the above basis or the Applicable Mortality Table and the Applicable Interest Rate under Internal Revenue Code Section 417(e).
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2018 the limit is \$275,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2018, the limit is \$220,000.
• Administration	Administered by AECOM
• Funding medium	Trust

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan, as restated and amended through Amendment #2, are included in this valuation.

- **Most recent plan amendments included:** Amendment #2
- **Plan amendments excluded:** None

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AECOM Global II, LLC	D Employer Identification Number (EIN) 47-1336341	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>			
2 Assets:			
a Market value.....	2a	275,163,577	
b Actuarial value.....	2b	258,077,439	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2,024	131,015,077	131,015,077
b For terminated vested participants	1,190	44,417,517	44,417,517
c For active participants	601	59,640,789	60,245,375
d Total	3,815	235,073,383	235,677,969
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	5.67%	
6 Target normal cost	6	3,175,000	

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary ROBERT LIPSET Type or print name of actuary MERCER Firm name ONE UNIVERSITY SQUARE DR, SUITE 100 PRINCETON NJ 08540 Address of the firm	<u>September 25, 2019</u> Date 1706136 Most recent enrollment number 609-520-2484 Telephone number (including area code)
------------------	---	---

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2018
v. 171027

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	25,456,786
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4,145,945
9 Amount remaining (line 7 minus line 8).....	0	21,310,841
10 Interest on line 9 using prior year's actual return of <u>16.70%</u>	0	3,558,910
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.88%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	24,869,751

Part III Funding Percentages

14 Funding target attainment percentage	14	98.95%
15 Adjusted funding target attainment percentage.....	15	109.50%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.34%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 0
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	3,175,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	2,470,281		542,801
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	3,717,801	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	3,717,801	3,717,801
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***ACTUARIAL ASSUMPTIONS FOR JANUARY 1, 2018 FUNDING VALUATION****DISCOUNT RATE SPONSOR ELECTIONS****Discount rate sponsor elections**

- Segment rates or full yield curve Segment
- Look-back months 0

	<u>Stabilized rates</u>	<u>Nonstabilized rates</u>
• First 5 years	3.92%	1.81%
• Next 15 years	5.52%	3.68%
• Over 20 years	6.29%	4.53%

Mortality sponsor elections

- Healthy participants Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA. AECOM has elected to defer updating to the 2018 PPA table until 2019.
- Pre-1995 disabilities Not applicable
- Post-1994 disabilities Same as described above for healthy participants.

Other economic assumptions

- Salary increases N/A
- Social Security wage base N/A
- Inflation N/A
- Expected investment return 7.07% for 2018
- Expenses \$3,175,000 added to current year normal cost

Demographic assumptions

- Withdrawal 120% of SOA's 2003 table.
See table of sample rates.

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

• Disability incidence

Incidence of disability is based on the 1985 Pension Disability (Class 2) Table adjusted by 82% for Social Security disability. Separate rates are used for males and females. Sample rates are as follows:

Age	Percentage Disabled Male	Percentage Disabled Female
20	.052%	.045%
30	.110%	.135%
40	.257%	.293%
50	.681%	.700%
60	1.858%	1.470%

• Retirement age

Attained age	Service	
	< 30 years	> 30 years
Under 55	0.0%	0.0%
55	5.0%	2.0%
56	5.0%	2.0%
57	5.0%	2.0%
58	5.0%	2.0%
59	7.5%	5.0%
60	7.5%	10.0%
61	7.5%	10.0%
62	12.5%	10.0%
63	12.5%	15.0%
64	12.5%	15.0%
65	22.5%	15.0%
66	22.5%	30.0%
67	30.0%	30.0%
68	25.0%	30.0%
69	25.0%	30.0%
70 and above	100.0%	100.0%

• Benefit commencement age for

- Future vested deferred Social Security Normal Retirement Age
- Current vested deferred Social Security Normal Retirement Age

• Spouse assumptions

Male participantsFemale participants

- Percentage married 80% 60%
- Spouse age difference 2 years younger 2 years older

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

Form of payment	<u>Single Life Annuity</u>	<u>50% J&S</u>	<u>100% J&S</u>
• Active retirements	50%	25%	25%
• Future vested deferred	45%	30%	25%
• Future disabilities	100%	0%	0%
• Future deaths	0%	100%	0%
• Current vested deferred	45%	30%	25%
Unpredictable contingent event assumptions	Not applicable		

Table of Sample Rates

ATTAINED AGE	WITHDRAWAL PERCENTAGE
20	20.95%
25	22.21%
30	14.63%
35	10.54%
40	8.40%
45	7.45%
50	6.76%
55	3.50%
60	2.64%
65	3.38%

RATIONALE FOR ECONOMIC ASSUMPTIONS**Discount rate**

- The discount rate for funding purposes is prescribed by the plan sponsor through an election from allowable alternatives under IRS regulations.

Expected Return on Assets

- The expected rate of return on plan assets for funding purposes is based on the median simulated 20-year investment return for the plan's target asset mix using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook. Median results are increased to reflect future alpha for active investment management.

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

- This assumption is chosen by Mercer for funding purposes and is based on an average of the expenses paid over the prior 3 years as reported on the Schedule H, adjusted for estimated PBGC premiums to be paid during the year.

RATIONALE FOR DEMOGRAPHIC ASSUMPTIONS**Mortality**

- Annuitant and non-annuitant mortality tables are prescribed by the IRS. AECOM chose to defer the use of newly published mortality tables until the 2019 plan year, as allowed under IRS regulations, as the company determined the new tables would have a non-diminis business impact.

Withdrawal

- Termination rates were developed based on experience studies undertaken in 2017 using data from multiple years. AECOM believes that the period chosen for these studies will be representative of anticipated future experience.

Retirement

- The retirement rates are based on experience studies undertaken in 2017 using data from multiple years and the expectation that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied.

Disability

- The disability incidence assumption follows the Conference of Consulting Actuaries' 1985 Pension Disability Study Class 2 rates adjusted 82% for Social Security disability.

ACTUARIAL METHODS FOR FUNDING**Asset Methods – Effective January 1, 2009**

The asset valuation method is an average of the adjusted market value for each year during the last 24 months preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

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

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Participant Methods – Effective January 1, 2008**

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

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date who have completed the plan's eligibility requirements.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum Funding Methods – Effective January 1, 2010

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

A detailed description of the calculation follows:

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

URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN #26-1320627 Plan #002

December 31, 2018

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
*	Mercer Active Long Corp Fixed Income	Collective trust fund	\$ 57,621,059
*	Mercer Non US Core Equity Portfolio	Collective trust fund	19,502,390
*	Mercer Long Duration Investment Grade Credit	Collective trust fund	32,936,513
*	Mercer US Large Cap Core Passive Equity Portfolio	Collective trust fund	13,916,852
*	Mercer Long Strips Investment Portfolio	Collective trust fund	23,198,022
*	Mercer Long Duration Passive Fixed Income	Collective trust fund	7,858,443
*	MGI Active Government/Credit Fixed Income	Collective trust fund	17,896,530
*	Mercer Global Low Volatility Equity Portfolio	Collective trust fund	12,027,448
*	MGI US Large Cap Growth Equity Portfolio	Collective trust fund	21,259,810
*	Mercer Emerging Markets Equity Portfolio	Collective trust fund	4,900,733
*	MGI US Small/Mid Cap Growth Equity Portfolio	Collective trust fund	5,712,482
*	Mercer Opportunistic Fixed Income	Collective trust fund	1,311,275
*	MGI ERISA Hedge Fund Investment	Collective trust fund	26,783,539
	First American Institutional Prime Obligation Fund	Money market fund	1,356,019
Total Assets			\$ 246,281,115

* Represents a party-in-interest, as defined by ERISA

URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

EIN 26-1320627 Plan #002

Schedule H, Line 4j

Schedule of Reportable Transactions – Single Transactions
For the year ended December 31, 2018

Share / Par Value	Security Description	Cost of Purchases	Proceeds from Sales	Costs of Assets Disposed	Current Value of Assets	Gain
None						

Schedule of Reportable Transactions – Series of Transactions
For the year ended December 31, 2018

Tran Count	Share / Par Value	Security Description	Cost of Purchases	Proceeds from Sales	Costs of Assets Disposed	Current Value of Assets	Loss
61	15,178,476	First American Institutional Prime Obligation Fund	\$ 15,178,476	\$ --	\$ --	\$ 15,178,476	\$ --
27	15,067,080	First American Institutional Prime Obligation Fund	--	15,067,080	15,067,200	15,067,080	(120)