

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 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</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="margin-top: 5px;"> ☒ a single-employer plan <div style="margin-left: 100px;">☐ 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 ☐ an amended return/report </div> <div> ☐ the final return/report ☐ 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 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information									
1a	Name of plan <u>AECOM RETIREMENT & SAVINGS PLAN</u>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶</td> <td><u>055</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan</td> <td><u>01/01/1990</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶	<u>055</u>	1c	Effective date of plan	<u>01/01/1990</u>			
1b	Three-digit plan number (PN) ▶	<u>055</u>								
1c	Effective date of plan	<u>01/01/1990</u>								
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AECOM</u> <u>300 S. GRAND AVE.</u> <u>10TH FLOOR</u> <u>LOS ANGELES, CA 90071</u>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN)</td> <td><u>61-1088522</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number</td> <td><u>208-386-5000</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions)</td> <td><u>541330</u></td> </tr> </table>	2b	Employer Identification Number (EIN)	<u>61-1088522</u>	2c	Plan Sponsor's telephone number	<u>208-386-5000</u>	2d	Business code (see instructions)	<u>541330</u>
2b	Employer Identification Number (EIN)	<u>61-1088522</u>								
2c	Plan Sponsor's telephone number	<u>208-386-5000</u>								
2d	Business code (see instructions)	<u>541330</u>								

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2020	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 (2019)
v. 190130

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 c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 45016
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) 28577 6a(2) 30162 6b 1429 6c 15139 6d 46730 6e 240 6f 46970 6g 44534 6h 1758
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan AECOM RETIREMENT & SAVINGS PLAN	B Three-digit plan number (PN) ▶	055
C Plan sponsor's name as shown on line 2a of Form 5500 AECOM	D Employer Identification Number (EIN) 61-1088522	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 25 50 51 52 59 60 62 63 71 72	TRUSTEE & RECORDKEEPER	1944789	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

(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 70	NONE	500624	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AECOM USA INC.

61-1088522

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 14 50	EMPLOYER	330173	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)

ANGELES INVESTMENT ADVISORS, LLC

95-4839031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 70	INVESTMENT CONSULTANT	287417	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?
16 50 70	CONSULTANT	216431	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VAZQUEZ & COMPANY LLP

33-0700332

(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	ACCOUNTANT	80850	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)

FIDELITY INVESTMENTS

04-2647786

(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 70	CONSULTANT	13012	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>AECOM RETIREMENT & SAVINGS PLAN</u>	B Three-digit plan number (PN) <u>055</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AECOM</u>	D Employer Identification Number (EIN) <u>61-1088522</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AECOM DC PLANS VANGUARD MASTER TRUS</u>		
b Name of sponsor of entity listed in (a): <u>AECOM</u>		
c EIN-PN <u>81-6281769-108</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3248487137</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AECOM DC PLANS STABLE VALUE MASTER</u>		
b Name of sponsor of entity listed in (a): <u>AECOM</u>		
c EIN-PN <u>81-6275547-109</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>426425009</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AECOM DC PLANS SMA MASTER TRUST</u>		
b Name of sponsor of entity listed in (a): <u>AECOM</u>		
c EIN-PN <u>47-5394478-110</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>741576087</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE EMERGING MARKETS EQUI</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>52-1309931-006</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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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
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

<div>SCHEDULE G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>Financial Transaction Schedules</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan AECOM RETIREMENT & SAVINGS PLAN	B Three-digit plan number (PN) ► 055
C Plan sponsor's name as shown on line 2a of Form 5500 AECOM	D Employer Identification Number (EIN) 61-1088522

Part I	Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.
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(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
AECOM	PLAN SPONSOR	INADVERTENT PYMT OF INELIGIBLE FEES FROM PLAN ASSETS RELATED TO A DIFF PENSION PLAN; SEE ATTACHMENT.	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
(i) Current value of asset	(j) Net gain (or loss) on each transaction		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
AECOM	PLAN SPONSOR	INADVERTENT PYMT OF INELIGIBLE FEES FROM PLAN ASSETS RELATED TO A DIFF PENSION PLAN; SEE ATTACHMENT.	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
(i) Current value of asset	(j) Net gain (or loss) on each transaction		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
(i) Current value of asset	(j) Net gain (or loss) on each transaction		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
(i) Current value of asset	(j) Net gain (or loss) on each transaction		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
(i) Current value of asset	(j) Net gain (or loss) on each transaction		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
(i) Current value of asset	(j) Net gain (or loss) on each transaction		

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.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan AECOM RETIREMENT & SAVINGS PLAN	B Three-digit plan number (PN) ►	055
C Plan sponsor's name as shown on line 2a of Form 5500 AECOM	D Employer Identification Number (EIN) 61-1088522	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	975031	579
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	64176402	66198085
	(2) Participant contributions.....	1b(2)	4071884	10846
	(3) Other.....	1b(3)	571123	457450
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	36214614	40832315
	(2) U.S. Government securities	1c(2)	649971	410918
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)	2253464	7564443
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	23484	379069
	(B) Common.....	1c(4)(B)	195945299	237968620
	(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)	44619051	42704734
	(9) Value of interest in common/collective trusts	1c(9)	45890156	0
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)	3669796777	4416488233
	(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)	852038129	916491615
	(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)	158121223	240683809
(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	5075346608	5970190716

Liabilities

g Benefit claims payable	1g	3497404	3864969
h Operating payables	1h	575143	501611
i Acquisition indebtedness	1i		
j Other liabilities	1j	164090	185279
k Total liabilities (add all amounts in lines 1g through 1j)	1k	4236637	4551859

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5071109971	5965638857
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	67318987	
(B) Participants	2a(1)(B)	230928059	
(C) Others (including rollovers)	2a(1)(C)	25585271	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		323832317
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	105474	
(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)	2284711	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2390185
(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)	47345801	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		47345801
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	127242975	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	114014911	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		13228064
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	143048240	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		143048240

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5558125
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		772491307
(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)		182767693
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1490661732

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	598166423	
(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)		598166423
f Corrective distributions (see instructions)	2f		408703
g Certain deemed distributions of participant loans (see instructions)	2g		1194625
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	1324997	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	287417	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1612414
j Total expenses. Add all expense amounts in column (b) and enter total	2j		601382165

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		889279567
l Transfers of assets:			
(1) To this plan	2l(1)		11719579
(2) From this plan	2l(2)		6470260

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) ☒ Unmodified (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: **VASQUEZ & COMPANY LLP**

(2) EIN: **33-0700332**

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		4905401
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.)		X	
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.).....	X		5788
4d	X		5788
e Was this plan covered by a fidelity bond?	X		25000000
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?		X	
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?.....		X	
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?.....		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
AECOM 401(K) RETIREMENT PLAN FOR SPECIFIED CONTRACT EMPLOYEES	47-1336341	103

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>AECOM RETIREMENT & SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>055</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AECOM</u>	D Employer Identification Number (EIN) <u>61-1088522</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>94-1687665</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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) 2019
v. 190130

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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

AECOM RETIREMENT & SAVINGS PLAN

**FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018
AND
REPORT OF INDEPENDENT PUBLIC ACCOUNTANTS**

AECOM RETIREMENT & SAVINGS PLAN

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Independent Auditors' Report

To the Americas Benefits Administration Committee AECOM Retirement & Savings Plan

Report on the Financial Statements

We have audited the accompanying financial statements of AECOM Retirement & Savings Plan (the Plan) which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018 and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2019 and 2018, and the changes in net assets available for benefits for the year ended December 31, 2019, in accordance with accounting principles generally accepted in the United States of America.

Other Matter - Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of delinquent participant contributions for the year ended December 31, 2019 and schedule of assets (held at end of year) as of December 31, 2019 are presented for the purpose of additional analysis and are not required parts 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. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in black ink that reads "Vaguez & Company LLP".

**Glendale, California
June 29, 2020**

AECOM RETIREMENT & SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
	(expressed in thousands)	
ASSETS:		
Investments—at fair value (Notes B and C)	\$ 1,444,331	\$ 1,292,111
Plan investments in AECOM DC Retirement Plans (Note B):		
Vanguard Master Trust (Note D)	3,248,487	2,621,406
SMA Master Trust (Note E)	741,576	622,165
Stable Value Master Trust (Note F)	<u>426,425</u>	<u>426,226</u>
Total investments	<u>5,860,819</u>	<u>4,961,908</u>
Receivables		
Notes receivable from participants (Notes A and B)	42,705	44,619
Participant contributions	11	4,072
Employer contributions	66,198	64,176
Other	<u>457</u>	<u>571</u>
Total receivables	<u>109,371</u>	<u>113,438</u>
Total assets	<u>5,970,190</u>	<u>5,075,346</u>
LIABILITIES:		
Accrued expenses	501	575
Payable to participants	<u>185</u>	<u>164</u>
Total liabilities	<u>686</u>	<u>739</u>
Net Assets Available for Benefits	<u>\$ 5,969,504</u>	<u>\$ 5,074,607</u>

See notes to financial statements.

AECOM RETIREMENT & SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED DECEMBER 31, 2019

	<u>2019</u>
	(expressed in thousands)
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
INVESTMENT INCOME:	
Net appreciation in fair value of investments	\$ 290,330
Interest and dividends	101,723
Plan interest in the investment income of the AECOM DC Retirement Plans:	
Vanguard Master Trust (Note D)	625,321
SMA Master Trust (Note E)	136,873
Stable Value Master Trust (Note F)	<u>10,298</u>
Net investment income	<u>1,164,545</u>
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	<u>2,285</u>
CONTRIBUTIONS:	
Participants	256,513
Employer	<u>67,319</u>
Total contributions	<u>323,832</u>
Total additions	<u>1,490,662</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants (Note H)	(599,402)
Administrative expenses (Note I)	<u>(1,612)</u>
Total deductions	<u>(601,014)</u>
NET INCREASE	889,648
Net assets transferred in from affiliated plans (Note A)	5,249
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	<u>5,074,607</u>
End of year	<u>\$ 5,969,504</u>

See notes to financial statements.

AECOM RETIREMENT & SAVINGS PLAN NOTES TO FINANCIAL STATEMENTS

A. DESCRIPTION OF THE PLAN

The following brief description of the AECOM Retirement & Savings Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document and the Summary Plan Description for more complete information.

General — The Plan is a defined contribution plan that was established to provide benefits to eligible employees of AECOM (“AECOM” or the “Company”) and various subsidiaries meeting certain employment requirements. The Plan is administered by the Americas Benefits Administration Committee as authorized by AECOM. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

The Plan is intended to qualify as a defined contribution plan (and an eligible individual account plan, as defined in Section 407(d)(3) of ERISA) which is qualified and exempt from taxation under Section 401(a) and 501(a) of the Internal Revenue Code and is intended to qualify as a profit sharing plan which may invest in shares of stock of the Company which meet the requirements for “qualifying employer securities” under Section 407(d)(5) of ERISA. Assets of the Plan are held by Bank of America, N.A., the trustee and record keeper (the “Trustee”), except for certain investments. Assets in the separately managed accounts are held by Northern Trust Corporation; the Vanguard investment funds are held by The Vanguard Group; and the stable value fund is held at Fidelity Management Trust Company on behalf of the Trustee.

Each participant is entitled to exercise voting rights attributable to the Company shares allocated to his or her account and is notified by the Trustee prior to the time that such rights are to be exercised. The Trustee votes for shares for which instructions have not been given by a participant in accordance with the Trust agreement.

Eligibility — Employees become eligible to participate in the Plan on their date of hire, or as soon as administratively feasible thereafter (“eligible employees,” as defined in the Plan document). If the employee decides not to participate when they are first eligible, they may begin participating anytime, provided they are an eligible employee of the Company on that date.

Participant Contributions — Participants may voluntarily make pre-tax, Roth 401(k) and/or after-tax contributions in any combination. Contributions can be made in whole percentage increments up to 75 percent of eligible compensation, as defined in the Plan document, limited to \$19,000 for calendar year 2019. Participants who are 50 years of age and over may voluntarily make additional contributions up to \$6,000 for calendar year 2019, which are counted as part of the 75 percent limitation. Participants also may contribute amounts representing rollovers from other qualified plans. If participants are highly-compensated employees, the maximum contribution percentage may be subject to further limitation.

The Plan provides for an automatic enrollment feature for employees. A participant’s contribution under the automatic enrollment feature will be one percent pre-tax until either a participant elects to discontinue or change his or her election.

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

Employer Contributions — The participants’ pre-tax and Roth 401(k) contributions made to the Plan are matched 50% by the Company up to 6% of eligible compensation. Prior to 2019, the participants’ after-tax contributions were included as eligible for the Company match. The Company’s annual match is allocated 50% to the participant’s selected investment allocations and 50% to AECOM common stock. Participants can transfer their account balance in AECOM common stock to other investment options and make withdrawals, subject to certain Plan and legal restrictions. In order to receive the annual match, participants must generally be employed on the last day of the Plan year.

Vesting — Participants’ contributions and rollovers, and the earnings thereon, are at all times vested in such participants’ accounts. Vesting in the Company contributions is based on years of service. Beginning January 1, 2016, a participant vests in the Company contributions over a three year period (33 percent after one year of service and 67 percent after two

years of service). Amounts contributed for years prior to 2016 vest in accordance with a prior vesting schedule. Participants become fully vested upon attaining age 65, becoming disabled or deceased while employed at the Company, or upon termination of the Plan. Vesting of Company contributions and earnings thereon are based on years of continuous service. The portion of a participant's account balance that is not vested upon termination of employment is forfeited at the time the participant receives a distribution or as of the end of the Plan year in which the participant incurs five consecutive one-year breaks in service, as defined in the Plan document, whichever occurs first. These unvested forfeited Company contributions are accumulated in the forfeiture account and are available to reduce subsequent Company contributions or pay Plan expenses. The balance in the forfeiture account was approximately \$0.8 million and \$0.6 million at December 31, 2019 and 2018, respectively. Forfeitures of approximately \$0.4 million was used to reduce Plan expenses for the year ended December 31, 2019 and \$1.2 million was used to offset the Company match for 2019.

Investment Options — Upon enrollment in the Plan, a participant is allowed to direct the investment of his or her account into a variety of diversified investment funds allowed by the Plan. If a participant is automatically enrolled in the Plan and has not selected an investment to invest his or her contributions to the Plan, those contributions are invested in a target date fund, as determined by the Company. Participants may change their selection of investments at any time.

One of the investment options offered under the Plan consists of common shares of AECOM, which is an employee stock ownership plan as defined in Section 4975(e)(7) of the Code within the Plan.

Notes Receivable from Participants — Active participants may obtain loans from their vested account balances provided they meet the Plan's eligibility requirements. The minimum loan amount permitted is \$1,000; the maximum is the lesser of \$50,000 or 50% of the participant's vested account balance. The interest rates are no less than 1% over the prime rate as published in *The Wall Street Journal*, in effect on the first business day of each month in which the loan application is made. Notes receivable from participants bear interest at rates that range from 4.25% to 9.25% at December 31, 2019 and 2018. The repayment period of such loans cannot exceed five years, unless the proceeds are used to buy the participant's principal residence, in which case longer terms, up to 20 years, are allowed. These loans are secured by a promissory note from the participant and his or her vested interest in the Plan.

Distributions — Generally, distributions are made upon a participant's election after a participant terminates employment, becomes disabled, dies, or turns age 59-1/2 (in the event of death, payment shall be made to his or her beneficiary or, if none, to his or her legal representatives). A partial or complete distribution may be made in a single lump-sum in the form of cash or in-kind distribution (in case of Company shares). Distributions may also be made in monthly, quarterly, semi-annual, or annual installments, or in a direct rollover distribution. Distribution options for members of certain acquired companies, provided in previously merged plans, were grandfathered in as a protected benefit. Certified hardship withdrawals are permitted on vested amounts for certain substantiated financial reasons. Prior to January 1, 2019, if the participant took a hardship withdrawal, the participant was suspended from making further contributions to the Plan for a six-month period.

Net Transfers in from Affiliated Plans — During the year ended December 31, 2019, net assets of approximately \$11.7 million, which consisted of approximately \$10.7 million in investments and \$1.0 million in notes receivable from participants, were transferred into the Plan from affiliated plans of the Company. Also during the year ended December 31, 2019, net assets of approximately \$6.5 million, which consisted of approximately \$6.4 million of investments and \$0.1 million of notes receivable from participants, were transferred out of the Plan to an affiliated plan of the Company.

B. SIGNIFICANT ACCOUNTING POLICIES

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

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

Investment Valuation and Income Recognition — Investments held by the Plan are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The cost of investments sold or distributed is determined on the basis of the average cost for each participant. Purchases and sales of securities are reflected on the trade date. Transactions pending clearing with brokers not settled at year-end are recorded as other receivables or payables on the Statements of Net Assets

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

Net investment income (loss) of the AECOM DC Retirement Plans Vanguard Master Trust, the AECOM DC Retirement Plans SMA Master Trust, and the AECOM DC Retirement Plans Stable Value Master Trust (collectively, the "Master Trusts") is allocated daily to the Plan based on the ratio of the Plan's investment in the Master Trusts to the total value of the related investments held by each master trust as of the beginning of the day.

Notes Receivable from Participants — Notes receivable from participants are measured at their principal balance plus any accrued interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 or 2018. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

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

Administrative Expenses — The Plan incurs monthly recordkeeping and administrative expenses. Specific participant transaction expenses are deducted from participant accounts directly. Plan expenses that cannot be directly charged to a specific participant transaction may be paid, in whole or in part, from revenue sharing payments that the Plan receives from certain participating funds. For the year ended December 31, 2019, the Plan incurred \$1.6 million of recordkeeping and administrative expenses.

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

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

Level 1 — Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date.

Level 2 — Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 — Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

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

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

Common Stock and Other Exchange-Traded Equity Securities Including AECOM Stock

The fair value of these instruments is based on the closing price per the principal stock exchange on which they are traded and are classified within Level 1 of the valuation hierarchy. AECOM common stock is valued at the closing price reported on the New York Stock Exchange (“NYSE”) Composite Listing and is classified within Level 1 of the valuation hierarchy.

Mutual Funds

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

Self-Directed Brokerage Accounts

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

Fixed Income Instruments

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

Collective Investment Trusts

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

Transfers Between Levels — The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions of model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. We evaluate the significance of transfers between levels based on the nature of the financial instruments’ size or the transfer relative to total net assets available for benefits. For the years ended December 31, 2019 and 2018, there were no transfers between levels.

Recent Accounting Pronouncements — In February 2017, the FASB issued Accounting Standards Update (“ASU”) No. 2017-06, *Employee Benefit Plan Master Trust Reporting* (“ASU 2017-06”). ASU 2017-06 clarifies and updates presentation and disclosure requirements for a plan’s interest in a master trust, and eliminates a redundancy relating to disclosures for plans with 401(h) accounts. ASU 2017-06 is effective for annual reporting periods beginning after December 15, 2018, with early adoption permitted. The Plan adopted ASU 2017-06 for the Plan year ended December 31, 2019, and applied it retrospectively for all periods presented, as required. As a result, the prior year’s disclosure of the Plan’s interest in the three Master Trusts have been revised as reflected in Notes D, E, and F.

In August 2018, the FASB issued ASU No. 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to Disclosure Requirements for Fair Value Measurement* (“ASU 2018-13”), which modifies the disclosure

requirements for fair value measurements by removing, modifying, or adding certain disclosures. ASU 2018-13 is effective for all entities for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. An entity is permitted to early adopt any removed or modified disclosures and delay adoption of the additional disclosures until their effective date. The Plan's management is currently in the process of evaluating the impact of the adoption of ASU 2018-13 on its Plan's financial statements.

C. FAIR VALUE MEASUREMENTS

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

	As of December 31, 2019			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
		(expressed in thousands)		
Mutual funds	\$ 896,875	\$ —	\$ —	\$ 896,875
AECOM common stock	240,684	—	—	240,684
Self-directed brokerage accounts	306,772	—	—	306,772
Total investments in the fair value hierarchy	<u>\$ 1,444,331</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 1,444,331</u>

	As of December 31, 2018			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
		(expressed in thousands)		
Mutual funds	\$ 830,628	\$ —	\$ —	\$ 830,628
AECOM common stock	158,121	—	—	158,121
Self-directed brokerage accounts	257,472	—	—	257,472
Total investments in the fair value hierarchy	<u>\$ 1,246,221</u>	<u>\$ —</u>	<u>\$ —</u>	<u>1,246,221</u>

Investments measured at NAV				45,890
Total investments at fair value				<u>\$ 1,292,111</u>

Net Asset Value per Share — The following table summarizes investments measured at NAV per share as of December 31, 2018:

December 31, 2018	Fair Value (in \$000)	Unfunded Commitment	Redemption Frequency (if Currently Eligible)	Other Redemption Restrictions	Redemption Notice Period
T. Rowe Price Emerging Markets	\$ 45,890	n/a	Daily	None	None

D. INVESTMENT IN AECOM DC RETIREMENT PLANS VANGUARD MASTER TRUST

Certain investment assets of the Plan are held in a custody account at The Vanguard Group and consist of an interest in an investment account of the AECOM DC Retirement Plans Vanguard Master Trust ("Vanguard Master Trust"), a master trust established by AECOM and is administered by the Trustee. The Vanguard Master Trust combines the Plan's assets with the assets of two other retirement savings plans sponsored by AECOM for investment and administrative purposes. Although the assets of the three retirement plans are combined in the Vanguard Master Trust, the Trustee maintains supporting records for the purpose of allocating the net gain or loss of the investment funds to the participating plans. The net investment gain or loss of the Vanguard Master Trust investment funds is allocated by the Trustee to each participating plan based on that plan's interest in each investment fund, as compared with the total interest of all the participating plans in each investment fund. Investment gains or losses are recognized as earned based on the terms of the investments and the period during which the investments are held by the Vanguard Master Trust. The Plan's interest in the Vanguard Master Trust represents approximately 92.4% and 92.1% of the net assets of the Vanguard Master Trust at December 31, 2019 and 2018, respectively.

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

	Vanguard Master Trust		Plan's Interest in Vanguard Master Trust	
	2019	2018	2019	2018
	(expressed in \$000)			
Investments at fair value				
Collective investment trusts	\$ 2,331,486	\$ 1,907,623	\$ 2,105,861	\$ 1,717,304
Mutual funds	<u>1,183,504</u>	<u>938,807</u>	<u>1,142,626</u>	<u>904,102</u>
Net assets of Vanguard Master Trust	<u>\$ 3,514,990</u>	<u>\$ 2,846,430</u>	<u>\$ 3,248,487</u>	<u>\$ 2,621,406</u>

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

	2019 (expressed in \$000)
Changes in net assets:	
Net appreciation in fair value of investments	\$ 623,311
Interest and dividend income	<u>50,668</u>
Total investment income	673,979
Net purchases (redemptions)	(8,114)
Administrative expenses	<u>(137)</u>
Increase in net assets	665,728
Net assets transferred in from affiliated plans	2,832
Net assets:	
Beginning of year	<u>2,846,430</u>
End of year	<u>\$ 3,514,990</u>

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

	As of December 31, 2019			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
	(expressed in thousands)			
Mutual funds	\$ 1,183,504	\$ —	\$ —	\$ 1,183,504
Total investments in the fair value hierarchy	<u>\$ 1,183,504</u>	<u>\$ —</u>	<u>\$ —</u>	<u>1,183,504</u>
Investments measured at NAV				<u>2,331,486</u>
Total investments at fair value				<u>\$ 3,514,990</u>

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

Net Asset Value per Share — The following tables summarize investments measured at NAV per share as of December 31, 2019 and 2018, respectively:

<u>December 31, 2019</u>	<u>Fair Value (in \$000)</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency (if Currently Eligible)</u>	<u>Other Redemption Restrictions</u>	<u>Redemption Notice Period</u>
Retirement date funds	\$ 1,842,679	—	Daily	None	None
S&P 500 index fund	488,807	—	Daily	None	None

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

E. INVESTMENT IN AECOM DC RETIREMENT PLANS SMA MASTER TRUST

Certain investment assets of the Plan are held in separately managed accounts (“SMA”) in a custody account at Northern Trust Corporation and consist of an interest in an investment account of the AECOM DC Retirement Plans SMA Master Trust (“SMA Master Trust”), a master trust established by AECOM and is administered by the Trustee. The SMA Master Trust combines the Plan’s assets with the assets of two other retirement savings plans sponsored by AECOM for investment and administrative purposes. Although the assets of the three retirement plans are combined in the SMA Master Trust, the Trustee maintains supporting records for the purpose of allocating the net gain or loss of the investment funds to the participating plans. The net investment gain or loss of the SMA Master Trust investment funds is allocated by the Trustee to each participating plan based on that plan’s interest in each investment fund, as compared with the total interest of all the participating plans in each investment fund. Investment gains or losses are recognized as earned based on the terms of the investments and the period during which the investments were held by the SMA Master Trust. The Plan’s interest in the SMA Master Trust represents approximately 97.2% and 96.9% of the net assets of the SMA Master Trust at December 31, 2019 and 2018, respectively.

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

	<u>SMA Master Trust</u>		<u>Plan's Interest in SMA Master Trust</u>	
	<u>2019</u>	<u>2018</u>	<u>2019</u>	<u>2018</u>
	(expressed in \$000)			
Investments at fair value				
Stocks	\$ 249,846	\$ 397,044	\$ 242,840	\$ 384,711
Government bonds	74,873	62,245	72,773	60,312
Corporate bonds	49,970	59,596	48,568	57,745
Mortgage-backed securities	95,315	86,311	92,642	83,630
Asset-backed securities	19,987	18,281	19,426	17,713
Mutual funds	9,116	9,726	8,860	9,424
Collective investment trusts	250,215	—	243,198	—
Cash and cash equivalents	15,195	20,833	14,769	20,186
	<u>764,517</u>	<u>654,036</u>	<u>743,076</u>	<u>633,721</u>
Accounts receivable				
Receivable for securities sold	4,674	1,357	4,543	1,314
Accrued income	1,523	1,840	1,480	1,783
Other	1,597	1,290	1,552	1,250
	<u>7,794</u>	<u>4,487</u>	<u>7,575</u>	<u>4,347</u>
Accounts payable				
Due to broker for securities purchased	(8,541)	(15,489)	(8,301)	(15,007)
Operating payables	(796)	(924)	(774)	(896)
	<u>(9,337)</u>	<u>(16,413)</u>	<u>(9,075)</u>	<u>(15,903)</u>
Net assets of SMA Master Trust	<u>\$ 762,974</u>	<u>\$ 642,110</u>	<u>\$ 741,576</u>	<u>\$ 622,165</u>

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

	2019 (expressed in \$000)
Changes in net assets:	
Net appreciation in fair value of investments and income	\$ 141,030
Net purchases (redemptions)	(20,149)
Administrative expenses	(17)
Increase in net assets	120,864
Net assets:	
Beginning of year	642,110
End of year	<u>\$ 762,974</u>

The following tables set forth by level, within the fair value hierarchy, the SMA Master Trust assets at fair value as of December 31, 2019 and 2018:

	As of December 31, 2019			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
	(expressed in thousands)			
Mutual funds	\$ 9,116	\$ —	\$ —	\$ 9,116
Fixed income instruments:				
Asset-backed securities	—	19,987	—	19,987
Mortgage-backed securities	—	95,315	—	95,315
Corporate bonds	—	49,970	—	49,970
Government bonds	—	74,873	—	74,873
Stocks	249,846	—	—	249,846
Cash and cash equivalents	15,195	—	—	15,195
Total investments in the fair value hierarchy	<u>\$ 274,157</u>	<u>\$ 240,145</u>	<u>\$ —</u>	514,302
Investments measured at NAV				250,215
Total investments at fair value				<u>\$ 764,517</u>

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

Net Asset Value per Share — The following table summarizes investments measured at NAV per share as of December 31, 2019:

December 31, 2019	Fair Value (in \$000)	Unfunded Commitment	Redemption Frequency (if Currently Eligible)	Other Redemption Restrictions	Redemption Notice Period
Arrowstreet International Equity Fund	\$ 245,252	n/a	Daily	None	None
Northern Trust All Country World ex- U.S. Index Fund	4,963	n/a	Daily	None	None

F. INVESTMENT IN AECOM DC RETIREMENT PLANS STABLE VALUE MASTER TRUST

Certain investment assets of the Plan are held in a custody account at Fidelity Management Trust Company and consist of an interest in an investment account of the AECOM DC Retirement Plans Stable Value Master Trust (“Stable Value Master Trust”), a master trust established by AECOM and is administered by the Trustee. The Stable Value Master Trust combines the Plan’s assets with the assets of two other retirement savings plans sponsored by AECOM for investment and administrative purposes. Although the assets of the three retirement plans are combined in the Stable Value Master Trust, the Trustee maintains supporting records for the purpose of allocating the net gain or loss of the investment funds to the participating plans. The net investment gain or loss of the Stable Value Master Trust investment funds is allocated by the Trustee to each participating plan based on that plan’s interest in each investment fund, as compared with the total interest of all the participating plans in each investment fund. Investment gains or losses are recognized as earned based on the terms of the investments and the period during which the investments are held by the Stable Value Master Trust. The Plan’s interest in the Stable Value Master Trust represents approximately 95.7% and 95.6% of the net assets of the Stable Value Master Trust at December 31, 2019 and 2018, respectively.

The Stable Value Master Trust in which the Plan’s investment assets are held consists of two components: the Fidelity Managed Income Portfolio II (“MIP II”) and the URS Income Fund, which was liquidated in 2019. The MIP II is a collective investment trust which has fully benefit-responsiveness features offered under the Fidelity Group Trust for employee benefit plans. The Stable Value Master Trust holds an indirect investment in the fully benefit-responsive investment contracts within the MIP II; therefore, the investment in MIP II is reported at fair value using the NAV as a practical expedient. The URS Income Fund is a fully-benefit responsive investment contract separately-managed by Fidelity for AECOM Global II, LLC, an affiliate company of AECOM. Contract value is the relevant measure for fully benefit-responsive contracts because this is the amount received by participants if they were to initiate permitted transactions under the Plan. The investments in the URS Income Fund are presented at contract value in the net assets of Stable Value Master Trust. At December 31, 2019 and 2018, respectively, the MIP II fund was 100.0% and 94.3% of the Stable Value Master Trust. The URS Income Fund was 5.7% of the Stable Value Master Trust at December 31, 2018.

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

	Stable Value Master Trust		Plan's Interest in Stable Value Master Trust	
	2019	2018	2019	2018
	(expressed in \$000)			
Investments measured at NAV				
Collective investment trust	\$ 445,496	\$ 420,533	\$ 426,425	\$ 402,107
Investments at contract value				
Synthetic investment contracts	—	25,224	—	24,119
Net assets of Stable Value Master Trust	<u>\$ 445,496</u>	<u>\$ 445,757</u>	<u>\$ 426,425</u>	<u>\$ 426,226</u>

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

	2019 (expressed in \$000)
Changes in net assets:	
Interest and dividend income	\$ 10,791
Net purchases (redemptions)	(9,284)
Administrative expenses	<u>(1,768)</u>
Decrease in net assets	(261)
Net assets:	
Beginning of year	445,757
End of year	<u>\$ 445,496</u>

Net Asset Value per Share — The following tables summarize investments measured at NAV per share as of December 31, 2019 and 2018:

<u>December 31, 2019</u>	<u>Fair Value (in \$000)</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency (if Currently Eligible)</u>	<u>Other Redemption Restrictions</u>	<u>Redemption Notice Period</u>
Stable value fund	\$ 445,496	—	Daily	None	None

<u>December 31, 2018</u>	<u>Fair Value (in \$000)</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency (if Currently Eligible)</u>	<u>Other Redemption Restrictions</u>	<u>Redemption Notice Period</u>
Stable value fund	\$ 420,533	—	Daily	None	None

G. SYNTHETIC INVESTMENT CONTRACTS

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

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

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

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

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

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

The URS Income Fund was liquidated in 2019.

H. BENEFITS PAYABLE

Net assets available for benefits at December 31, 2019 and 2018 include \$3.9 million and \$3.5 million, respectively, for participants who have withdrawn from the Plan and have requested distribution of benefits, but have not yet been paid.

I. RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of common stock of AECOM. At December 31, 2019 and 2018, the Plan held approximately 5.6 million and 6.0 million shares of AECOM common stock with a fair value of approximately \$240.7 million and \$158.1 million, respectively. During 2019, the Plan acquired approximately \$44.1 million of AECOM common stock, of which \$32.3 million of AECOM common stock was issued by the Company to the Plan. Additionally, the Plan sold approximately \$57.7 million of AECOM common stock, and recorded a net appreciation of approximately \$100.8 million, which included gains and losses on shares bought and sold, as well as held during the year.

AECOM charges the Plan for certain administrative labor costs. The total cost of administrative labor charged to the Plan by AECOM during the year ended December 31, 2019 was approximately \$0.3 million. AECOM is the Plan sponsor as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

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

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

J. PLAN TERMINATION

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

K. TAX STATUS

The Plan received its latest determination letter on February 2, 2016, in which the Internal Revenue Service ("IRS") indicated that the form of the Plan complies with the applicable requirements of the Internal Revenue Code. The Plan was amended since receiving the determination letter. The Plan administrator believes that the Plan continues to be qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by the IRS; however, there are currently no audits in progress for open tax periods.

L. RISKS AND UNCERTAINTIES

The Plan and the Master Trusts invest in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term, and that such change could materially affect participant's account balances and the amounts reported in the financial statements. The Plan's exposure to a concentration of risk is limited by the diversification of investments across various participant-directed investment options. Additionally, the investments within each participant-directed investment option are further diversified into varied financial instruments, with the exception of AECOM common stock, which is a single security.

M. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2019 and 2018 to Form 5500:

	<u>2019</u> (expressed in thousands)	<u>2018</u> (expressed in thousands)
Net assets available for benefits per the financial statements	\$ 5,969,504	\$ 5,074,607
Amounts allocated to withdrawing participants	<u>(3,865)</u>	<u>(3,497)</u>
Net assets available for benefits per Form 5500	<u>\$ 5,965,639</u>	<u>\$ 5,071,110</u>

The following is a reconciliation of the net increase in net assets available for benefits per the financial statement for the year ended December 31, 2019 to Form 5500:

	<u>2019</u> (expressed in thousands)
Net increase per financial statements	\$ 889,648
Net change in amounts allocated to withdrawing participants	<u>(368)</u>
Net increase per Form 5500	<u>\$ 889,280</u>

N. SUBSEQUENT EVENTS

The Plan evaluated subsequent events through June xx, 2020, the date the financial statements were available to be issued.

The 2019 novel coronavirus (or “COVID-19”) pandemic has affected and may continue to affect economic activity globally. As a result of this pandemic, the values of investment securities have been subject to significant volatility. Economic and market conditions and other effects of the COVID-19 pandemic may continue to affect the Plan. The extent of the impact of the pandemic on the Plan’s investments and the amounts reported in the 2019 Statement of Net Assets cannot be predicted at this time.

In response to the Coronavirus Aid, Relief, and Economic Security Act (the “CARES ACT”) which was signed into law on March 27, 2020, the Plan implemented changes to its loan policy. The maximum loan limit was temporarily increased to the lesser of \$100,000 or 100% of the eligible participant’s vested balance for a period of 180 days from March 27, 2020. During the period between March 27, 2020 and December 31, 2020, an eligible participant can elect to delay loan payments for one year. Repayments will be adjusted to reflect interest accrued during the delay.

On January 31, 2020, AECOM closed on the sale of one of its businesses. The Plan experienced a partial plan termination event. Under the terms of the Plan as required by IRS regulations, any employee whose employment is voluntarily or involuntarily terminated during 2020 will be 100% vested in the Company contributions even if they do not meet the years of service vesting requirement. In February 2020, during a special election period, approximately \$237.2 million was transferred out of the Plan as rollovers to the plan of the sold business. Also, as a result of the sale, AECOM transferred the sponsorship of two other retirement savings plans to the sold business. These two retirement savings plans participated in the three Master Trusts (Notes D, E, and F), and due to the transfer of sponsorship, they are no longer a participating plan in those Master Trusts.

AECOM RETIREMENT & SAVINGS PLAN

EIN#: 61-1088522

PLAN#: 055

FORM 5500, SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

DECEMBER 31, 2019

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Yes	\$ —	\$ 4,753,328	\$ 152,074	\$ —

See report of independent registered public accounting firm.

AECOM RETIREMENT & SAVINGS PLAN

EIN#: 61-1088522

PLAN#: 055

FORM 5500, SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2019

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	AECOM Common Stock	5,580,427 shares	**	\$ 240,683,809
Registered Investment Companies:				
	BlackRock Advisors BIF Money Fund	3,868,756 shares	**	3,868,756
	Fidelity Investments Balanced Fund	7,002,124 shares	**	172,252,255
	Fidelity Investments Growth Company Fund	17,553,515 shares	**	374,943,081
	DFA Global Real Estate Securities Institutional	4,862,365 shares	**	57,327,286
	Oakmark Fund Class I	3,607,855 shares	**	288,484,117
				<u>896,875,495</u>
Assets in Bank of America, N.A. Self-Directed Brokerage Accounts		Various investments, including registered investment companies, common stocks, ETFs and money market funds	**	<u>306,772,063</u>
*	Notes receivable from participants	Interest rates ranging from 4.25% to 9.25%; Maturities ranging from 2020 to 2039	**	<u>42,704,734</u>
Total investments				<u><u>\$ 1,487,036,101</u></u>

* Party-in-interest

** Cost information not required for participant directed investments

See report of independent registered public accounting firm.

AECOM RETIREMENT & SAVINGS PLAN

EIN#: 61-1088522

PLAN#: 055

FORM 5500, SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2019

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	AECOM Common Stock	5,580,427 shares	**	\$ 240,683,809
Registered Investment Companies:				
	BlackRock Advisors BIF Money Fund	3,868,756 shares	**	3,868,756
	Fidelity Investments Balanced Fund	7,002,124 shares	**	172,252,255
	Fidelity Investments Growth Company Fund	17,553,515 shares	**	374,943,081
	DFA Global Real Estate Securities Institutional	4,862,365 shares	**	57,327,286
	Oakmark Fund Class I	3,607,855 shares	**	288,484,117
				<u>896,875,495</u>
	Assets in Bank of America, N.A. Self-Directed Brokerage Accounts	Various investments, including registered investment companies, common stocks, ETFs and money market funds	**	<u>306,772,063</u>
*				
	Notes receivable from participants	Interest rates ranging from 4.25% to 9.25%; Maturities ranging from 2020 to 2039	**	<u>42,704,734</u>
	Total investments			<u><u>\$ 1,487,036,101</u></u>

* Party-in-interest

** Cost information not required for participant directed investments

See report of independent registered public accounting firm.

AECOM RETIREMENT & SAVINGS PLAN**EIN#: 61-1088522****PLAN#: 055****FORM 5500, SCHEDULE H, LINE 4a****SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS****DECEMBER 31, 2019**

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Yes	\$ —	\$ 4,753,328	\$ 152,074	\$ —

See report of independent registered public accounting firm.

AECOM RETIREMENT & SAVINGS PLAN

EIN#: 61-1088522

PLAN#: 055

FORM 5500, SCHEDULE G, PART III

NONEXEMPT TRANSACTIONS (EXPANDED DESCRIPTION FOR ITEM (C))

DECEMBER 31, 2019

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) – (j)
AECOM	Plan Sponsor	In 2015, while still new to AECOM, an AECOM benefits staff member inadvertently approved the payment from AECOM Retirement & Savings Plan (Plan) assets of an invoice in the amount of \$45,140.41 related to investment management services that the investment manager had provided to a different pension plan sponsored by AECOM. This inadvertent payment was made on August 19, 2015. A restorative payment to the Plan, which included the inadvertent payment amount and lost earnings, was made on May 15, 2020. The restorative payment included a total amount of \$10,491.79 of lost earnings (\$2,911.91 related to 2019 specifically), measured from the original inadvertent payment date through the restorative payment date. AECOM is self-reporting this inadvertent payment and has paid all applicable excise taxes and filed corresponding Forms 5330 with the Internal Revenue Service.	See Item (c)
AECOM	Plan Sponsor	In 2015, while still new to AECOM, an AECOM benefits staff member inadvertently approved the payment from Plan assets of a second invoice in the amount of \$44,809.77 related to investment management services that the investment manager had provided to a different pension plan sponsored by AECOM. This inadvertent payment was made on October 19, 2015. A restorative payment to the Plan, which included the inadvertent payment amount and lost earnings, was made on May 15, 2020. The restorative payment included a total amount of \$10,138.79 of lost earnings (\$2,876.13 related to 2019 specifically), measured from the original inadvertent payment date through the restorative payment date. AECOM is self-reporting this inadvertent payment and has paid all applicable excise taxes and filed corresponding Forms 5330 with the Internal Revenue Service.	See Item (c)