

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>10/01/2019</u> and ending <u>09/30/2020</u>
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶ ☐	
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>AECOM PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>004</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>ONE CALIFORNIA PLAZA</u> <u>300 S GRAND AVE FL 10</u> <u>LOS ANGELES, CA 90071-3120</u>		1c Effective date of plan <u>12/01/1971</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.	<u>07/14/2021</u>	<u>BERNIE KNOBBE</u>
	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 2099
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	6a(1) 208 6a(2) 190 6b 965 6c 711 6d 1866 6e 195 6f 2061 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1I 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)** ☐ 0 **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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 10/01/2019 and ending 09/30/2020

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

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

A Name of plan <u>AECOM PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AECOM</u>	D Employer Identification Number (EIN) <u>61-1088522</u>	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I	Basic Information		
1	Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2019</u>		
2	Assets:		
	a Market value	2a	<u>120116153</u>
	b Actuarial value	2b	<u>121444904</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	<u>1118</u>	<u>78586917</u>
	b For terminated vested participants.....	<u>792</u>	<u>32617148</u>
	c For active participants	<u>208</u>	<u>12943996</u>
	d Total.....	<u>2118</u>	<u>124148061</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	<u>5.35</u> %
6	Target normal cost.....	6	<u>1750000</u>

Statement by Enrolled Actuary

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

SIGN HERE	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;">Signature of actuary</div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;">Type or print name of actuary</div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;">Firm name</div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;">Address of the firm</div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;">Date</div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;">Most recent enrollment number</div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;">Telephone number (including area code)</div>
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MICHELE RAAD

MERCER

633 W. FIFTH STREET, SUITE 1200
LOS ANGELES, CA 90071

06/29/2021

20-06641

213-346-2200

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

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

**Schedule SB (Form 5500) 2019
v. 190130**

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>5.03</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1967939
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.52</u> %		108630
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		2076569
d Portion of (c) to be added to prefunding balance		2076569
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2076569

Part III Funding Percentages

14 Funding target attainment percentage	14	96.08 %
15 Adjusted funding target attainment percentage	15	96.08 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.20 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/10/2020	511000	0			
06/14/2021	247000	0			
11/13/2019	0	43718			
05/21/2020	0	57222			
Totals ▶			18(b)	758000	18(c) 100940

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	729744

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 1750000**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 4861678 Installment 449500**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 2199500**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 1470016 Total balance 1470016**36** Additional cash requirement (line 34 minus line 35) **36** 729484**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 729744**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 260**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 260**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE 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 10/01/2019 and ending 09/30/2020		
A Name of plan AECOM PENSION PLAN	B Three-digit plan number (PN) ▶	004
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)

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE	340981	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	186824	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANGELES INVESTMENT ADVISORS, LLC

95-4839031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT CONSULTANT	155011	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WINSTON & STRAWN LLP

36-1975990

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	110324	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

U.S. BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	60306	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAPITAL GROUP

95-4154361

(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	NONE	37742	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)

EIDE BAILLY

45-0250958

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	14000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <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 10/01/2019 and ending 09/30/2020

A Name of plan <u>AECOM PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>004</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD EMPLOYEE BENEFIT INDEX</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>23-3080210-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15618644</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAPITAL GROUP LD CREDIT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>CAPITAL BANK AND TRUST</u>		
c EIN-PN <u>95-6597294-293</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>13315148</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 code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) <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 10/01/2019 and ending 09/30/2020		
A Name of plan AECOM PENSION PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 AECOM	D Employer Identification Number (EIN) 61-1088522	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	3097801	2919000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	385407	117190
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1559367	1652590
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	40515090	47747297
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	31748607	28933792
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	43186237	41080695
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	120492509 122450564
Liabilities			
g	Benefit claims payable	1g	344988 268010
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	344988 268010
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	120147521 122182554

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	758000
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	100940
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	858940
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(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)	1179451
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1179451
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	9050819
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	9050819

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		821157
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2226753
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		14137120

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10178692	
(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)		10178692
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	697476	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	192753	
(4) Other	2i(4)	1033166	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1923395
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12102087

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2035033
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ 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: EIDE BAILLY LLP

(2) EIN: 45-0250958

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4343781. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</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>
For calendar plan year 2019 or fiscal plan year beginning 10/01/2019 and ending 09/30/2020		
A Name of plan AECOM PENSION PLAN		B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 AECOM		D Employer Identification Number (EIN) 61-1088522
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-0841368		
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 13
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 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 **14a**

b The plan year immediately preceding the current plan year **14b**

c The second preceding plan year **14c**

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

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

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

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

a Enter the number of employers who withdrew during the preceding plan year **16a**

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers **16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 44.0 % Investment-Grade Debt: 41.0 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 15.0 %

- 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 Pension Plan

*Financial Statements as of September 30,
2020 and 2019 and for the Years Then Ended,
Supplemental Schedules as of and for the
Year Ended September 30, 2020 and
Independent Auditor's Report*

AECOM PENSION PLAN

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Independent Auditor's Report

Americas Benefits Administrative Committee
AECOM Pension Plan
Los Angeles, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of AECOM Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of September 30, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by U.S. Bank N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of September 30, 2020 and 2019 and for the years then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

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Other Matter

The supplemental Schedule H, Line 4i-Schedule of Assets Held At End of Year, and Schedule H, Line 4j-Schedule of Reportable Transactions as of or for the year ended September 30, 2020, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

A handwritten signature in black ink that reads "Erik Sully LLP". The signature is written in a cursive, flowing style.

Boise, Idaho
July 13, 2021

AECOM PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS SEPTEMBER 30, 2020 AND 2019

	September 30,	
	2020	2019
	<i>(expressed in thousands)</i>	
ASSETS:		
Investments—at fair value (Notes 2, 4, 5, and 8)		
Mutual funds	\$ 41,081	\$ 43,186
Limited partner interests	47,747	40,515
Common investment trusts	28,934	31,749
Money market fund	<u>1,652</u>	<u>1,559</u>
Total investments	<u>119,414</u>	<u>117,009</u>
Receivables:		
Employer contribution receivable	2,919	3,098
Other receivables	<u>117</u>	<u>385</u>
Total receivables	<u>3,036</u>	<u>3,483</u>
Total assets	<u>122,450</u>	<u>120,492</u>
LIABILITIES:		
Accrued expenses	<u>268</u>	<u>345</u>
Total liabilities	<u>268</u>	<u>345</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 122,182</u>	<u>\$ 120,147</u>

See notes to financial statements.

AECOM PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEARS ENDED SEPTEMBER 30, 2020 AND 2019

	September 30,	
	2020	2019
	<i>(expressed in thousands)</i>	
Investment income:		
Net appreciation in fair value of investments (Notes 2, 4, 5, and 8)	\$ 12,099	\$ 3,549
Dividends	1,179	2,351
	<u>13,278</u>	<u>5,900</u>
Contributions (Note 1):		
Employer contributions	758	4,375
Participant rollovers	101	142
	<u>859</u>	<u>4,517</u>
Net increase before deductions	<u>14,137</u>	<u>10,417</u>
Benefits paid directly to participants	(10,178)	(8,885)
Administrative expenses	(1,731)	(1,687)
Investment management fees	<u>(193)</u>	<u>(140)</u>
Total deductions	<u>(12,102)</u>	<u>(10,712)</u>
Net increase (decrease)	2,035	(295)
Net assets available for benefits:		
Beginning of year	<u>120,147</u>	<u>120,442</u>
End of year	<u>\$ 122,182</u>	<u>\$ 120,147</u>

See notes to financial statements.

AECOM PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

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

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

Effective April 1, 1998, Plan participation was frozen for all eligible employees. Except as otherwise provided in the Plan, each employee who was a participant in the Plan as of March 31, 1998, will continue to participate in the Plan in accordance with the terms of the Plan. No person was eligible to become a participant in the Plan after March 31, 1998, except for certain employees who were on authorized leave of absence on March 31, 1998. Benefit accruals were frozen effective October 9, 2009, for all remaining participants.

Prior to March 31, 1998, participants were required to contribute up to 1.5% of annual compensation based on years of service. Effective April 1, 1998, employee contributions were no longer accepted by the Plan. All employee contributions made on or after April 1, 1998 and on or before December 31, 2006, were made to the AECOM Retirement & Savings Plan (“AECOM RSP”) and were deposited into separate pension accounts within the AECOM RSP (“AECOM RSP Pension Accounts”).

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

Funding Policy — Contributions to provide benefits under the Plan are made by the Company and certain employee rollovers from the AECOM RSP Pension Accounts. The Company contributes such amounts as are deemed necessary on an accrual basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants and to meet minimum funding standards as required by law. Required contribution levels are based upon the payment of the current normal cost for each participant, as well as amortization of the total unfunded actuarial accrued liabilities. Under the Coronavirus Aid, Relief, and Economic Security Act (the “CARES Act”), the Company delayed the final payment required to meet the minimum funding requirements of ERISA for the year ended September 30, 2019, until January 4, 2021. The Company met the minimum funding requirement for the years ended September 30, 2020 and September 30, 2019.

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

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

AECOM PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Benefits — Upon retirement, a participant will receive a benefit, as calculated under the Plan's terms, which is based on the participant's years of service, final average compensation, and the participant's employee contributions to the Plan. Effective April 1, 2004, the Plan was amended to limit the amount of annual compensation used to calculate a participant's benefits to the participant's highest calendar year compensation from 1994 to 2003. Furthermore, effective October 9, 2009, accrued benefits were frozen and credited service earned from October 9, 2009, and later is no longer taken into account for determining accrued benefits. Participants receive an actuarially-based benefit calculated under the Plan as described more fully in Note 6.

In addition, prior to January 1, 2007, participants were allowed to make specific elective contributions to the AECOM RSP into the AECOM RSP Pension Accounts for rollover to the Plan. Any such rollovers will increase the participant's monthly benefit amount commencing at the participant's normal date.

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

2. SIGNIFICANT ACCOUNTING POLICIES

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

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

Investment Valuation and Income Recognition — Investments in mutual funds held by the Plan are stated at fair value, primarily based on quoted market prices. Investments in common investment trusts and limited partner interests are valued at fair value, which is based on the net asset value of the fund. Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Net appreciation or depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Expenses — The Plan's expenses are paid by either the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company, and not reimbursed by the Plan, are excluded from these financial statements. Certain expenses incurred in connection with general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying

AECOM PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Statements of Changes in Net Assets Available for Benefits. In addition, certain investment-related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

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

Recent Accounting Pronouncements — In August 2018, the Financial Accounting Standards Board (“FASB”) issued Accounting Standards Update (“ASU”) No. 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to Disclosure Requirements for Fair Value Measurement* (“ASU 2018-13”), which modifies the disclosure requirements for fair 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 adopted ASU 2018-13 for the year ended September 30, 2020, which had no significant impact on the Notes to Financial Statements.

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

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

Level 1	Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date.
Level 2	<p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets;• Quoted prices for identical or similar assets or liabilities in inactive markets;• Inputs other than quoted prices that are observable for the asset or liability;• Inputs that are derived principally from or corroborated by observable market data by correlation or other means. <p>If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.</p>
Level 3	Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability 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.

AECOM PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

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

Mutual Funds

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

Money Market Funds

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

Collective 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.

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.

Limited Partner Interests

Investments in privately-held securities and partnerships are investments in closely held instruments for which there is no available market. These funds seek capital appreciation and current income by investing in various financial instruments. The funds may invest in publicly traded equity and debt securities, as well as derivatives thereof. In addition, the funds may pursue a value-oriented strategy through short selling and investments in private or less liquid instruments (financial instruments and other obligations for which no market or only a limited market may exist). The funds may also leverage its portfolio with borrowed funds. The fair value is determined by the Plan's management using the NAV, as a practical expedient. The Plan's management considers subscription and redemption rights, including any restrictions on the disposition of its interest in its determination of fair value. For information regarding restrictions on redemptions, see Note 5.

Limited partner interests are not classified within the fair value hierarchy; however, the amounts measured using NAV are disclosed to permit reconciliation of the fair value of investments to the Statements of Net Assets Available for Benefits.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although Plan management believes its valuation methods are appropriate and consistent with other market participants, the use

AECOM PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Subsequent Events — The Plan has evaluated subsequent events through July 13, 2021, which is the date the financial statements were available to be issued.

3. CONTRACT WITH INSURANCE COMPANY

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

4. FAIR VALUE MEASUREMENTS

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

As of September 30, 2020			
Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
<i>(expressed in thousands)</i>			
Mutual funds	\$ 41,081	\$ —	\$ 41,081
Money market fund	1,652	—	1,652
Total investments in the fair value hierarchy	<u>\$ 42,733</u>	<u>\$ —</u>	<u>42,733</u>
Investments measured at NAV			<u>76,681</u>
Total investments at fair value			<u>\$ 119,414</u>

As of September 30, 2019			
Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
<i>(expressed in thousands)</i>			
Mutual funds	\$ 43,186	\$ —	\$ 43,186
Money market fund	1,559	—	1,559
Total investments in the fair value hierarchy	<u>\$ 44,745</u>	<u>\$ —</u>	<u>44,745</u>
Investments measured at NAV			<u>72,264</u>
Total investments at fair value			<u>\$ 117,009</u>

AECOM PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

5. NET ASSET VALUE PER SHARE

The following tables summarize investments measured at NAV per share as of September 30, 2020 and 2019, respectively:

<u>September 30, 2020</u>	<u>Fair Value</u> <i>(expressed in \$000)</i>	<u>Unfunded Commitment</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Angeles Absolute Return Fund Ltd.	\$ 11,609	n/a	Quarterly ⁽¹⁾	90 days
Angeles Diversified Income Fund LLC	7,887	n/a	Monthly	15 days
Angeles Global Equity Opportunities Fund LLC	28,251	n/a	Monthly	16 days
Capital Group Long Duration Credit Trust	13,315	n/a	Daily	5 days
Vanguard Employee Benefit Index Fund	15,619	n/a	Daily	n/a

<u>September 30, 2019</u>	<u>Fair Value</u> <i>(expressed in \$000)</i>	<u>Unfunded Commitment</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Angeles Absolute Return Fund Ltd.	\$ 10,758	n/a	Quarterly ⁽¹⁾	90 days
Angeles Diversified Income Fund LLC	7,571	n/a	Monthly	15 days
Angeles Global Equity Opportunities Fund LLC	22,186	n/a	Monthly	16 days
Capital Group Long Duration Credit Trust	15,005	n/a	Daily	5 days
Vanguard Employee Benefit Index Fund	16,744	n/a	Daily	n/a

(1) Redemption frequency for this fund is quarterly after satisfying a one-year lock, which ended June 30, 2020.

Angeles Absolute Return Fund Ltd. — The Angeles Absolute Return Fund Ltd. is an incorporated Cayman Islands exempted company. This investment fund is registered with the Cayman Islands Monetary Authority under Section 4(3) of the Mutual Funds Law. The principal activity of this fund is to invest in other offshore hedge fund vehicles to achieve long term capital appreciation. Angeles Investment Advisors, LLC is responsible for selecting the investments and determining their weight within this fund's investment portfolio.

Angeles Diversified Income Fund LLC – Angeles Diversified Income Fund LLC was formed as a limited liability company under the provisions of the Delaware Limited Liability Company Act. The investment objective of this fund is to achieve attractive risk-adjusted returns versus its benchmark index Bloomberg Barclays US Aggregate Bond Index by investing in assets primarily in fixed income and credit strategies. Angeles Investment Advisors, LLC expects to access independent investment managers through managed account arrangements but may also invest in underlying investment funds advised by them. Angeles Investment Advisors, LLC is responsible for selecting the investments as well as the independent investment managers and determining their weight within this fund's investment portfolio.

Angeles Global Equity Opportunities Fund LLC – Angeles Global Equity Opportunities Fund LLC was formed as a limited liability company under the provisions of the Delaware Limited Liability Company Act. The investment objective of this fund is to achieve attractive risk-adjusted returns versus its benchmark index by investing assets primarily pursuing long-only public equity strategies. Angeles Investment Advisors, LLC expects to access independent investment managers through managed account arrangements but may also invest in underlying investment funds advised by them. Angeles Investment Advisors, LLC is responsible for selecting the investments as well as the independent investment managers and determining their weight within this fund's investment portfolio.

AECOM PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

6. ACCUMULATED PLAN BENEFITS

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

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

Significant actuarial assumptions used for purposes of estimating the actuarial present value of accumulated plan benefits as of October 1, 2019 and 2018, were:

Return on Investment	2019 – 6.0% 2018 – 6.5%
Average Retirement Age	Ranging from 10% at age 55 to 100% at age 70
Average Withdrawal Rates ⁽¹⁾	2019 – Ranging from 8% at age 47 to 0% at age 55 2018 – Ranging from 10% at age 45 to 0% at age 55
Mortality Rates	PRI-2012 mortality table, with fully generational projections using Mercer Modified MMP-2019 projection factors
Percentage Married	Males 80%; Females 60%
Age Difference	Males are assumed to be three years older than their spouses

⁽¹⁾ All active participants are age 45 and over

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

Actuarial assumptions used in the calculation of accumulated plan benefits were changed from the prior year. The employee contribution interest credit rate for future years was updated from 3.40% to 1.81% better reflect expected future plan experience. The interest rate was updated from 6.50% to 6.00% to reflect the Capital Market outlook as of October 2019.

Employer contributions and the actuarial present value of accumulated plan benefits are estimated by the Plan's independent actuary. Under the CARES Act, the Company delayed the final payment

AECOM PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

required to meet the minimum funding requirements of ERISA for the year ended September 30, 2019, due on June 15, 2020, until January 2021. Employer contributions for the year ended September 30, 2018, met the required minimum funding amounts under ERISA. Accumulated participant contributions and interest thereon totaled \$6.0 million and \$6.5 million as of October 1, 2020 and 2019, respectively. Employee contributions received interest credited at 1.81% and 3.40% for plan years ended September 30, 2020 and 2019, respectively. The actuarial present value of accumulated plan benefits is shown below as of October 1, the beginning of the Plan years:

	<u>2019</u>	<u>2018</u>
	<i>(expressed in thousands)</i>	
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants and beneficiaries currently receiving benefits	\$ 73,811	\$ 70,900
Other vested benefits	<u>43,536</u>	<u>42,799</u>
Total vested benefits	117,347	113,699
Nonvested benefits	<u>77</u>	<u>76</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 117,424</u>	<u>\$ 113,775</u>

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

	<u>2019</u>
	<i>(expressed in thousands)</i>
Actuarial present value of accumulated plan benefits – October 1, 2018	<u>\$ 113,775</u>
Increase (decrease) attributable to:	
Additional benefits accumulated and the effect of noninvestment experience	445
Increase for interest due to decrease in discount period	7,083
Benefits paid to participants	(8,885)
Change in actuarial assumptions	<u>5,006</u>
Net increase	<u>3,649</u>
Actuarial present value of accumulated plan benefits – October 1, 2019	<u>\$ 117,424</u>

The computations of the actuarial present value of accumulated Plan benefits were made as of October 1, 2019. Had the valuation been performed as of September 30, 2019, there would be no material differences.

7. TAX STATUS

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

AECOM PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

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

8. INFORMATION CERTIFIED OR PROVIDED BY THE TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, U.S. Bank N.A., the Trustee, has certified the investments and related investment transactions, interest and dividends, and net appreciation (depreciation) in fair value of investments as shown in the accompanying financial statements and supplemental schedules are complete and accurate as of September 30, 2020 and 2019 and for the years ended. No audit procedures were performed on the information provided by the Trustee except to compare such information to the related information included in the accompanying financial statements and supplemental schedule.

9. PLAN TERMINATION

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

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

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

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

10. RISKS AND UNCERTAINTIES

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

AECOM PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

The 2019 coronavirus (or “COVID-19”) pandemic may affect economic activity globally. As a result of this pandemic, the values of investment securities are subject to significant volatility. Economic and market conditions and other effects of the COVID-19 pandemic may continue to affect the Plan.

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

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

Prior to September 30, 2019, AECOM charged the Plan for certain administrative labor costs. The total cost of administrative labor charged to the Plan by AECOM during the year ended September 30, 2019 was \$81,500. AECOM is the Plan sponsor as defined by the Plan and, therefore, this transaction qualified as a party-in-interest transaction. In addition, as described in Note 2, the Plan paid certain expenses related to Plan administration and investment activity to various service providers. These transactions also qualify as party-in-interest transaction. These party-in-interest transactions qualify for prohibited transaction exemptions.

AECOM PENSION PLAN**EIN #: 61-1088522****PLAN #: 004****FORM 5500, SCHEDULE H, LINE 4i****SCHEDULE OF ASSETS (HELD AT END OF YEAR)****SEPTEMBER 30, 2020**

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party			Cost	Current Value
American Government Obligation Fund Class Z		1,652,589.9 Shares	\$ 1,652,590	\$ 1,652,590
Angeles Absolute Return Fund Ltd.		10,621.0 Shares	10,828,622	11,608,712
Angeles Diversified Income Fund LLC		7,310,000.0 Shares	7,310,000	7,887,037
Angeles Global Equity Opportunities Fund LLC		22,800,000.0 Shares	22,800,000	28,251,548
Baird Core Plus Bond Fund Institutional		1,623,541.5 Shares	18,523,936	19,742,264
Capital Group Long Duration Credit Trust		500,381.4 Shares	9,892,540	13,315,148
Vanguard Employee Benefit Index Fund		86,148.1 Shares	13,427,681	15,618,644
Vanguard FTSE All World Institutional Fund		120,478.6 Shares	11,659,770	11,971,960
Vanguard Long Term Bond Index Fund		553,247.0 Shares	<u>7,539,989</u>	<u>9,366,471</u>
			<u>\$103,635,128</u>	<u>\$ 119,414,374</u>

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

FORM 5500, SCHEDULE H, LINE 4j
 SCHEDULE OF REPORTABLE TRANSACTIONS
 YEAR ENDED SEPTEMBER 30, 2020

(a)(b)	(c)	(d)(h)	(g)	(i)
Identity of Party Involved/Description	Purchase Price	Selling Price	Cost of Asset	Net Gain (Loss)

SINGLE TRANSACTIONS INVOLVING SAME INVESTMENT IN EXCESS OF 5%

No reportable transactions

SERIES OF TRANSACTIONS OF SAME INVESTMENT INVOLVING AMOUNTS IN EXCESS OF 5%

American Government Obligation Fund Class Z	\$32,783,802	\$ —	\$32,783,802	\$ —
American Government Obligation Fund Class Z	—	32,690,575	32,690,575	—
Baird Core Plus Bond Fund Institutional	6,350,000	—	6,350,000	—
Baird Core Plus Bond Fund Institutional	—	2,000,000	1,916,708	83,292
Vanguard Long Term Bond Index Fund	—	7,450,000	6,196,787	1,253,213

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service								
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30 & up	Total
Under 45									
45–49			2	8	3	1			14
50–54			6	17	7	2			32
55–59		1	4	16	20	7			48
60–64			10	16	14	12	3		55
65–69		2	5	14	12	14			47
70 & up			1	7	4				12
Total		3	28	78	60	36	3		208

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

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for October 1, 2019 funding valuation**

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	0	
	Stabilized	Non-stabilized
• First 5 years	3.74%	2.79%
• Next 15 years	5.35%	3.90%
• Over 20 years	6.11%	4.35%
Mortality sponsor elections		
• Healthy participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2006 mortality tables projected with mortality improvement scale MP-2018 to the valuation year plus an additional number of years that varies by age.	
• Pre-1995 disabilities	Same as described above for healthy participants.	
• Post-1994 disabilities	Same as described above for healthy participants.	
DMJM lump sum		
• Mortality table	GAM 71 mortality tables blended 75% male/25% female	
• Interest rate	4.00% per year pre-commencement (deferral period), 0.00% per year post-commencement	
Other economic assumptions		
• Salary increases	N/A	
• Social Security wage base	N/A	
• Inflation	N/A	
• Administrative Expenses	\$1,750,000	
• Expected return on assets for 2019 plan year (used to calculate the actuarial value of assets)	5.10%	
• Interest on employee contributions	1.81%	

Rationale for economic assumptions

- Discount rates for funding purposes – This assumption was prescribed by IRS.
- DMJM lump sums – The DMJM lump sum is based on the better of the PBGC interest rates and the GAM71 mortality table weighted 75% male/25% female and the 417(e) assumptions. At almost all ages, the former basis provides the greater lump sum. The interest rates are the PBGC rates for the current plan year.
- Expected investment return – This assumption is based on the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook for the plan's current asset mix, net of an adjustment of 12 bps for investment expenses.
- Administrative Expenses – Administrative expenses are based on the prior year expenses, adjusted to reflect the expected change in PBGC premiums, rounded to the nearest \$25,000. This assumption assumes AECOM contributes the minimum required for the prior plan year and continues to use the alternative method for calculating PBGC variable rate premium liabilities.
- Interest on employee contributions – This assumption is set as 120% of the federal mid-term rate for the current plan year.

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

Demographic assumptions				
• Withdrawal	Attained age ¹		Percentage	
	47		8%	
	48		7%	
	49		6%	
	50 - 55		5%	
• Retirement age	Attained age		Percentage	
	Under 55		0%	
	55-56		10%	
	57-58		5%	
	59-60		15%	
	61		5%	
	62		10%	
	63-65		15%	
	66		20%	
	67-69		15%	
	70		25%	
	Over 70		100%	
• Benefit commencement age for vested terminated participants	65			
• Spouse assumptions	Male participants		Female participants	
Percentage married	80%		60%	
Spouse age difference	3 years younger		3 years older	
Form of payment assumptions				
Non DMJM, Non W&H Participants	Single life annuity		50% Joint & Survivor	100% Joint & Survivor
• Active retirements	50%		25%	25%
• Future vested deferred	50%		25%	25%
• Future deaths	0%		100%	0%
• Current vested deferred	50%		25%	25%
DMJM Participants	Lump sum	Single life annuity	50% Joint & Survivor	100% Joint & Survivor
• Active retirements	70%	20%	5%	5%
• Future vested deferred	70%	20%	5%	5%
• Future deaths	0%	0%	100%	0%
• Current vested deferred	70%	20%	5%	5%

¹ All active participants are age 47 or older.

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

W&H Participants	Single life with 10 year certain	50% Joint & Survivor	100% Joint & Survivor
• Active retirements	35%	35%	30%
• Future vested deferred	35%	35%	30%
• Future deaths	0%	100%	0%
• Current vested deferred	35%	35%	30%

Rationale for demographic assumptions

- Mortality tables for funding purposes – This assumption is prescribed by the IRS.
- Withdrawal – This assumption is based on an experience study undertaken in 2017 using data from October 1, 2011 through October 1, 2016.
- Disability incidence – The plan currently has no disabled participants and due to its size, does not have enough credible experience to analyze disability incidence. Therefore, we have assumed the disability incidence is included in the turnover rates.
- Retirement rates – The retirement rates are based on an experience study undertaken in 2017 using data from October 1, 2011 through October 1, 2016 and the expectation that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied.
- Benefit commencement age for future and current vested deferred participants– Because the plan's early retirement factors do not materially subsidize early retirement benefits and there is no financial advantage to delaying benefits past age 65, we have assumed all vested terminated participants commence benefits at age 65.
- Percent married and spouse age difference – The assumptions regarding percent married and spouse age difference at benefit commencement are based on an experience study undertaken in 2017 using data from October 1, 2011 through October 1, 2016.
- Form of payment – This assumption is based on an experience study undertaken in 2017 using data from October 1, 2011 through October 1, 2016.

Actuarial methods for funding**Asset methods**

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

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

Participant methods

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

- **Participants included:** All current and former employees who are due a benefit as of the valuation date are included in the valuation liabilities.

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

- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.

Minimum funding methods

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

A detailed description of the calculation follows:

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

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

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2019**This Form is Open to Public
Inspection**For calendar plan year 2019 or fiscal plan year beginning 10/01/2019 and ending 09/30/2020▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan AECOM PENSION PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AECOM	D Employer Identification Number (EIN) 61-1088522
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2019</u>			
2 Assets:			
a Market value.....	2a	120,116,153	
b Actuarial value.....	2b	121,444,904	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	1,118	78,586,917	78,586,917
b For terminated vested participants.....	792	32,617,148	32,617,148
c For active participants.....	208	12,943,996	13,025,948
d Total.....	2,118	124,148,061	124,230,013
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	5.35%	
6 Target normal cost.....	6	1,750,000	

Statement by Enrolled Actuary

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

**SIGN
HERE**

Signature of actuary

MICHELE RAAD

Type or print name of actuary

MERCER

Firm name

633 W. FIFTH STREET, SUITE 1200

LOS ANGELES CA 90071

Address of the firm

06/29/2021

Date

2006641

Most recent enrollment number

213-346-2200

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2019
v. 190130**

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

21 Discount rate:				
a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	1,750,000										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>4,861,678</td> <td>449,500</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	4,861,678	449,500	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	4,861,678	449,500										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	2,199,500										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....		0	1,470,016									
			1,470,016									
36 Additional cash requirement (line 34 minus line 35).....	36	729,484										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	729,744										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	260										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	260										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0										
40 Unpaid minimum required contributions for all years	40	0										

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

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

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	10.00%	10,000	1,000	55,000
56	10.00%	9,000	900	50,400
57	5.00%	8,100	405	23,085
58	5.00%	7,695	385	22,316
59	15.00%	7,310	1,097	64,696
60	15.00%	6,214	932	55,923
61	5.00%	5,282	264	16,109
62	10.00%	5,018	502	31,109
63	15.00%	4,516	677	42,674
64	15.00%	3,838	576	36,849
65	15.00%	3,263	489	31,811
66	20.00%	2,773	555	36,607
67	15.00%	2,219	333	22,297
68	15.00%	1,886	283	19,235
69	15.00%	1,603	240	16,591
70	25.00%	1,363	341	23,844
71	100.00%	1,022	1,022	72,554
Total			10,000	621,100
Average				62.11

Schedule SB, line 11a — Prior year's excess contributions to be added to prefunding balance

Line 11a of the 2019 Schedule SB (\$1,967,939) does not equal line 38a of the 2018 Schedule SB (\$1,970,806). Under the CARES Act, contributions that were due in 2020 were considered timely if made by January 4, 2021 and were to be discounted back from the contribution date to the original due date using the 2020 Effective Interest Rate (2020 EIR). At the time we submitted the amended 2018 Schedule SB, before the American Rescue Plan Act of 2021 (ARPA) was signed into law, the 2020 EIR was not known and we used the 2019 EIR (5.35%) as a conservative estimate for the 2020 EIR. However, after taking into account interest rate relief under ARPA, the 2020 EIR was determined to be 5.58%.

Schedule SB, Part V — Summary of Plan Provisions**Benefits included or excluded**

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

- Most recent plan amendments included: None.
- **Plan amendments excluded:** Amendment adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- Late retirement increases:
 - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement and participants who reach age 70 ½ are required to commence receiving their benefits and are valued as retirees. Therefore, there are no late retirement increases.
 - *Deferred vested participants:* Vested terminated participants will receive retro-active payments with interest from the later of age 65 and their termination date to their benefit commencement date. This valuation includes actuarial increases for vested terminated participants over age 65 to approximate the increase in the liability due to the retro-active payments with interest.
- **Shutdown Benefits:** We are not aware of any corporate actions that would create shutdown benefits; therefore, they are excluded.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
- **Scheduled benefit increases:** There are no scheduled benefit increases.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

The Whitman & Howard Pension Plan (W&H Plan) was merged into the AECOM Pension Plan (AECOM Plan). The major plan provisions of the former W&H Plan follow those of the AECOM Plan.

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date	October 1, 1989
Plan year	The 12-month period beginning October 1 and ending September 30.
Most recent amendment	Plan document amended and restated as of October 1, 2011 and last amended January 1, 2015.
Status of the plan	The plan was closed to all employees hired or rehired after March 31, 1998. The plan was frozen October 9, 2009.

Definitions

• Covered employees	Plan participation was frozen as of April 1, 1998. No new participants may enter the plan after March 31, 1998.
• Participation	<p>All employees participating as of September 30, 1989 continued to be eligible to participate. For others:</p> <p>a. DMJM employees hired prior to May 1, 1990 were eligible to participate the first of the month following or coincident with their date of hire.</p> <p>b. Non-DMJM employees hired before May 1, 1990 were eligible May 1, 1990. Others hired before September 30, 1990 were eligible following a 12-month eligibility period in which they completed at least 1,000 hours of service.</p> <p>c. All other employees of participating AECOM companies will be eligible following one year of employment. Part-time employees, however, must have 1,000 hours of service in a 12-month eligibility period.</p>
• Employee contributions	<p>Before May 1, 1990 (Non-DMJM Participants Only):</p> <p>2% of compensation for the calendar year, plus 2% of compensation in excess of \$13,000 for the year</p>

After May 1, 1990:

	Years of credited service	Percent of annual compensation
DMJM Participants	Less than 20	1.5%
Hired before	At least 20, less	0.5%
May 1, 1990	than 35	
	35 or more	0.0%
Non-DMJM	Less than 25	1.5%
Participants Entered	At least 25, less	0.5%
on or before	than 40	
May 1, 1990	40 or more	0.0%
All others	Less than 25	1.5%
	25 or more	0.0%

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

Schedule SB, Part V — Summary of Plan Provisions

• Vesting service	<p>a. Non-DMJM participants prior to January 1, 1990 Calendar years with 1,000 hours of service.</p> <p>b. All others - Total years and completed months of service, excluding periods of service after eligible to participate for which contributions are required but not made. Additional years of service may be excluded because of consecutive breaks in service.</p>
• Credited service	<p>Credited service frozen as of October 9, 2009</p> <p>Benefit service prior to October 1, 1989 as provided in the prior pension plans.</p> <p>After September 30, 1989: Months of service for DMJM employees from October 1, 1989 to April 30, 1990. Otherwise, years and months of contributory service for all participants to 4/1/1998 and thereafter years and completed months of service assuming the participant contributes to the pension plan 401(k) account.</p>
• Final average earnings (FAMC)	<p>Highest average monthly compensation for 60 consecutive months during the last 120 calendar months prior to retirement or termination of employment. FAMC was frozen as of October 9, 2009</p>
• Compensation	<p>Compensation actually paid for personal service, including bonuses, overtime pay, severance pay and certain other supplemental income. As of April 1, 2004, compensation cannot exceed the lesser of</p> <p>a. \$200,000 or</p> <p>b. the member's highest annual compensation for any calendar year during the period beginning January 1, 1994 and ending December 31, 2003.</p>
Normal retirement	
• Eligibility	<p>First day of month coincident with or next following 65th birthday.</p>
• Benefit	<p>Accruals suspended as of October 9, 2009.</p> <p>Greater of a., b. or c. less d.</p> <p>a. Target Benefit times the ratio of Accrued Credited Service to Potential Credited Service at Normal Retirement Date.</p> <p>b. Target Benefit times the ratio of Accrued Credited Service after September 30, 1989 to Potential Credited Service at Normal Retirement Date, plus the Accrued Benefit at September 30, 1989 under the prior pension plans.</p> <p>c. Accrued Benefit at September 28, 1990 under the prior pension plans (non-Highly Compensated Employees only).</p> <p>d. The Offset Amount.</p> <p>Benefit for highly compensated participants (with annual earnings before October 1, 1994 greater than \$150,000) after September 30, 1994 will be no less than the Accrued Benefit as of September 30, 1994 plus a future service benefit for credited service after September 30, 1994 calculated as under b. above.</p> <p>Target Benefit</p> <p>Base Percentage times the lesser of Final Average Monthly Compensation and Covered Compensation, plus Excess Percentage times the excess of Final Average Monthly Compensation over Covered Compensation.</p> <p>Potential Credited Service</p> <p>Years and months of participation to Normal Retirement Date if employee joined the plan at earliest possible date. For participants over age 65, use Accrued Credited Service, if greater.</p>

Schedule SB, Part V — Summary of Plan Provisions

Early retirement	
• Eligibility	<p>a. Before May 1, 1990 (Non-DMJM Participants Only) - After age 55 with completion of 10 years of Vesting Service</p> <p>b. Before May 1, 1990 (DMJM Participants Only) - After age 60 with completion of 5 years of Vesting Service</p> <p>c. After May 1, 1990 - After age 55 with completion of 5 years of Vesting Service</p>
• Benefit	The Accrued Benefit reduced by 1/12 for each of the first three years that retirement precedes the normal retirement date, reduced by 1/24 for each additional year greater than three.
Late retirement	
• Eligibility	Continued employment beyond age 65.
• Benefit	Benefit accrued to Late Retirement Date. Active participants over age 70.5 begin receiving benefits on April 1st following the year they turn age 70.5.
Deferred vested	
• Eligibility	100% vesting after 5 years of Vesting Service.
• Benefit	<p>If vested, return of accumulated contributions with interest, plus payment of employer provided monthly benefit at retirement, or payment of total monthly benefit at retirement.</p> <p>If not vested, return of accumulated contributions with interest.</p>
Disability	
• Eligibility	Disabled while employed, after completing ten or more years of Vesting Service.
• Benefit	Normal retirement benefit, determined using FAMC at date of termination due to disability, and credited service projected to Normal Retirement Date. Benefit is payable commencing at Normal Retirement Date. FAMC and credited service were frozen as of October 9, 2009.
Pre-retirement death	
• Benefit	<p>If the participant was vested, married and died before the earliest retirement date, a lifetime annuity to the spouse equal to the monthly benefit he or she would have received if the participant had separated from service, retired at his or her earliest retirement date, chosen the qualified joint and survivor annuity, and died prior to commencement of benefits. If the participant was vested, married and dies after the earliest retirement date, a lifetime annuity to the spouse equal to the monthly benefit he or she would have received if the participant had retired on the day before death. If the value of spouse annuity payments is less than accumulated Participant contributions with interest, the spouse has the option of taking the excess value as a lump sum payment or as an actuarial equivalent monthly benefit.</p> <p>If the participant was not vested or not married, payment of accumulated participant contributions with interest is paid to the beneficiary.</p>
Post-retirement death	
• Benefit	If the participant dies after retiring, survivor benefits are based on the form of benefit chosen at retirement.

Schedule SB, Part V — Summary of Plan Provisions

Form of benefits	
<ul style="list-style-type: none"> Optional forms 	Single Life Annuity 10 Year Certain and Life Annuity 15 Year Certain and Life Annuity 20 Year Certain and Life Annuity 50% Joint & Survivor Annuity 66 2/3% Joint & Survivor Annuity 75% Joint & Survivor Annuity 100% Joint & Survivor Annuity Lump Sum for DMJM Participants Only Automatic cash out if lump sum is less or equal to \$1,000 before the withdrawal of the employee contributions with interest
Miscellaneous	
<ul style="list-style-type: none"> Maximum compensation 	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins.
<ul style="list-style-type: none"> Maximum benefits 	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2019, the limit is \$225,000.
<ul style="list-style-type: none"> Withdrawal of accumulated employee contributions with interest 	At any time after termination and prior to retirement, Participants have the option to withdraw their accumulated contributions with interest. If a Participant withdraws these funds, their benefit will be actuarially reduced.
<ul style="list-style-type: none"> Buy back of the Offset Amount 	At termination, Participants have the opportunity to buy back the Offset Amount using Participant's funds from the AECOM 401(k) Plan. Prior to the plan freeze, the amount required to buy back the Offset Amount was equal to the hypothetical account balance. After the plan freeze, the amount required to buy back the Offset Amount is the actuarial equivalent value of the Offset Amount at termination.
<ul style="list-style-type: none"> Changes since the prior valuation 	None

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

Former Plan Name	Whitman & Howard Pension Plan
Most recent amendment	Effective January 1, 2009
Definitions	
<ul style="list-style-type: none"> Participating employees 	All participants as of April 30, 1996. Participation was frozen as of May 1, 1996.
<ul style="list-style-type: none"> Eligibility 	Salaried and hourly employees of Whitman & Howard, Inc.
<ul style="list-style-type: none"> Employee contributions 	100% employer funded after January 1, 1989
<ul style="list-style-type: none"> Participant contributions 	Contributions before January 1, 1989 Upon cessation of pension payments, any excess of the participant's accumulated contributions determined at the earlier of the participant's annuity starting date or date of death, over total benefits paid shall be paid out in a lump sum.

Schedule SB, Part V — Summary of Plan Provisions

• Service considered	<p>Continuous service (for eligibility and vesting):</p> <ul style="list-style-type: none"> • 500 hours in a plan year <p>Credited service (frozen as of April 30, 1996):</p> <ul style="list-style-type: none"> • One year equals 500 hours in a plan year • For short plan year July 1, 1987 to December 31, 1987: one year if participant earned 500 hours between January 1, 1987 and December 31, 1987 • For frozen plan year: One year if participant earned 500 hours between January 1, 1996 and April 30, 1996
• Compensation considered	W-2 earnings
• Average annual compensation	Career average compensation.
Normal retirement	
• Eligibility	Age 65 with 5 years of continuous service
• Benefit	<p>Accruals suspended April 30, 1996.</p> <p>Annual pension equal to the sum of:</p> <ol style="list-style-type: none"> 1. December 31, 1988 accrued benefit 2. 1% times (December 31, 1988 accrued benefit) times (whole years of elapsed time less breaks through December 31, 1988) 3. 1.25% times average compensation times credited service after December 31, 1988 4. 0.5% times (average compensation minus Covered Compensation) times (credited service after December 31, 1988 limited to 35 years) <p>Benefits are offset by benefits from prior plan.</p>
Early retirement	
• Eligibility	Age 55 with 10 years of continuous service.
• Benefit	Accrued benefit, reduced 5/12 of 1% per month before age 65
Late retirement	
• Eligibility	First of any month after eligibility for Normal Retirement
• Benefit	<p>Better of:</p> <ul style="list-style-type: none"> • Continued accruals, or • Actuarially increased normal retirement benefit (this applies only if suspension notice was not provided) <p>No minimum distribution for employees working 40+ hours per month.</p>
Deferred vested	
• Eligibility	5 years of continuous service.
• Benefit	<p>Accrued benefit at termination</p> <p>Benefits can commence at normal retirement date or at early retirement date, if participant had completed 10 years of service, subject to same reduction factors as early retirement</p> <p>Lump sum option is payable immediately if participant is under age 55.</p>
Disability	
• Eligibility	Disabled under the Company's Long-Term Disability Plan.
• Benefit	Continue to accrue continuous service under the plan with no benefit accrual after April 30, 1996. Will be eligible to receive a retirement benefit upon attaining normal retirement date.

Schedule SB, Part V — Summary of Plan Provisions

Death benefit	
• Eligibility	Spouse or, on or after January 1, 2000, domestic partner of vested participant.
• Benefit	<p>Actuarial equivalent 50% J&S (REA) annuity based on accrued benefit at date of death payable at the participant's normal retirement date, or early retirement date if participant was eligible for early retirement (reduced benefits in accordance with early retirement benefits) or payable immediately with actuarial reduction; participant can waive REA and receive special pre-retirement death benefit</p> <p>Special pre-retirement death benefit, if participant dies before annuity starting date, spouse or domestic partner (after January 1, 2000) receive immediately the greater of:</p> <ul style="list-style-type: none"> a) For death before normal retirement date: 100 x monthly accrued benefit b) For death after Normal Retirement date: 120 x monthly accrued benefit Accumulated contributions at date of death <p>Special pre-retirement death benefit is payable as 60-month certain annuity (or alternatively a lump sum or an actuarial equivalent life annuity).</p>
Form of benefits	
• Optional forms of retirement benefits	<p>Life Annuity with 10 year certain (normal form for single participants)</p> <p>Actuarial equivalent 50% Joint & Survivor (normal form for married participants)</p> <p>75% Joint & Survivor</p> <p>100% Joint & Survivor</p> <p>Lump sum for participants under age 55</p> <p>Automatic cash out if lump sum is less or equal to \$1,000</p>
• Changes since the prior valuation	None

Plan provision changes since prior valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2018 to 2019.

Schedule SB, line 32 — Schedule of Amortization Bases

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

Shortfall bases				
Year established		Outstanding balance	Years remaining	2019 Installment
2019	\$	4,861,678	15	\$ 449,500
Total	\$	4,861,678		\$ 449,500

AECOM elected to adopt funding relief under the American Rescue Plan Act of 2021 for the 2019 plan year and amortize the shortfall over 15 years.

Schedule SB, line 24 — Change in Actuarial Assumptions

- The employee contribution interest crediting rate was updated for future years from 3.40% to 1.81% to better reflect the current economic environment and as a best estimate for expected future plan experience.
- The administrative expenses assumption was updated from \$1,850,000 to \$1,750,000 to better reflect plan experience and expectation of the upcoming year.
- The expected return on assets was updated from 6.00% to 5.10%.

AECOM PENSION PLAN**EIN #: 61-1088522****PLAN #: 004****FORM 5500, SCHEDULE H, LINE 4i****SCHEDULE OF ASSETS (HELD AT END OF YEAR)****SEPTEMBER 30, 2020**

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party			Cost	Current Value
American Government Obligation Fund Class Z		1,652,589.9 Shares	\$ 1,652,590	\$ 1,652,590
Angeles Absolute Return Fund Ltd.		10,621.0 Shares	10,828,622	11,608,712
Angeles Diversified Income Fund LLC		7,310,000.0 Shares	7,310,000	7,887,037
Angeles Global Equity Opportunities Fund LLC		22,800,000.0 Shares	22,800,000	28,251,548
Baird Core Plus Bond Fund Institutional		1,623,541.5 Shares	18,523,936	19,742,264
Capital Group Long Duration Credit Trust		500,381.4 Shares	9,892,540	13,315,148
Vanguard Employee Benefit Index Fund		86,148.1 Shares	13,427,681	15,618,644
Vanguard FTSE All World Institutional Fund		120,478.6 Shares	11,659,770	11,971,960
Vanguard Long Term Bond Index Fund		553,247.0 Shares	<u>7,539,989</u>	<u>9,366,471</u>
			<u>\$103,635,128</u>	<u>\$ 119,414,374</u>

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

FORM 5500, SCHEDULE H, LINE 4j
 SCHEDULE OF REPORTABLE TRANSACTIONS
 YEAR ENDED SEPTEMBER 30, 2020

(a)(b)	(c)	(d)(h)	(g)	(i)
Identity of Party Involved/Description	Purchase Price	Selling Price	Cost of Asset	Net Gain (Loss)

SINGLE TRANSACTIONS INVOLVING SAME INVESTMENT IN EXCESS OF 5%

No reportable transactions

SERIES OF TRANSACTIONS OF SAME INVESTMENT INVOLVING AMOUNTS IN EXCESS OF 5%

American Government Obligation Fund Class Z	\$32,783,802	\$ —	\$32,783,802	\$ —
American Government Obligation Fund Class Z	—	32,690,575	32,690,575	—
Baird Core Plus Bond Fund Institutional	6,350,000	—	6,350,000	—
Baird Core Plus Bond Fund Institutional	—	2,000,000	1,916,708	83,292
Vanguard Long Term Bond Index Fund	—	7,450,000	6,196,787	1,253,213