

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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> <div style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</div>
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div> <div style="margin-top: 5px;"> ☒ a single-employer plan <div style="margin-left: 100px;"> ☐ a DFE (specify) ____ </div> </div>
B	This return/report is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan <u>AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES</u>	1b	Three-digit plan number (PN) ▶ <u>201</u>
1c	Effective date of plan <u>06/01/1960</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 GLOBAL II, LLC</u> <u>ONE CALIFORNIA PLAZA</u> <u>300 S GRAND AVE 10TH FLOOR</u> <u>LOS ANGELES, CA 90071</u>	2b	Employer Identification Number (EIN) <u>47-1336341</u>
2c	Plan Sponsor's telephone number <u>208-386-5000</u>	2d	Business code (see instructions) <u>236200</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>10/15/2021</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 (2020)
v. 200204

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	5 344
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) 184 6a(2) 161 6b 21 6c 125 6d 307 6e 5 6f 312 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 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
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) ☐ <u>0</u> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
--	---	--

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
▶ 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 AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES	B Three-digit plan number (PN) ▶ 201
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AECOM GLOBAL II, LLC	D Employer Identification Number (EIN) 47-1336341
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2020			
2	Assets:			
	a Market value	2a	12821474	
	b Actuarial value	2b	12286972	
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.....	25	1306539	1306539
	b For terminated vested participants.....	136	3242136	3242136
	c For active participants	184	7378590	7378590
	d Total.....	345	11927265	11927265
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	5.45 %	
6	Target normal cost.....	6	400000	

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.

<div>SIGN HERE</div>			10/08/2021
Signature of actuary		Date	
MICHELE RAAD		20-06641	
Type or print name of actuary		Most recent enrollment number	
MERCER		213-346-2200	
Firm name		Telephone number (including area code)	
633 WEST 5TH STREET SUITE 1200 LOS ANGELES, CA 90071			
Address of the firm			

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	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>19.51</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)		324290
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>5.58</u> %		18095
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		342385
d	Portion of (c) to be added to prefunding balance		342385
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	342385

Part III		Funding Percentages	
14	Funding target attainment percentage	14	100.14 %
15	Adjusted funding target attainment percentage	15	103.01 %
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	98.35 %
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	
09/13/2021	717000	0	
Totals ▶		18(b)	717000
		18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 655196
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
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.64 %2nd segment:
5.21 %3rd segment:
5.94 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

65

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** 400000**b** Excess assets, if applicable, but not greater than line 31a **31b** 17322**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**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** 382678**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 342385 Total balance 342385**36** Additional cash requirement (line 34 minus line 35) **36** 40293**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 655196**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 614903**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 342385**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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES	B Three-digit plan number (PN) ▶	201
C Plan sponsor's name as shown on line 2a of Form 5500 AECOM GLOBAL II, LLC	D Employer Identification Number (EIN) 47-1336341	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

MERCER

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?
15 50 64	NONE	201640	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRANT THORNTON LLP

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	23805	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WINSTON & STRAWN LLP

36-1975990

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	15237	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ANGELES INVESTMENT ADVISORS, LLC

95-4839031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	15088	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	7500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES</u>	B Three-digit plan number (PN) ► <u>201</u>
--	--

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AECOM GLOBAL II, LLC</u>	D Employer Identification Number (EIN) <u>47-1336341</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: CAPTIAL GROUP LONG DURATION CREDIT

b Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST

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>166085</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EMPLOYEE BENEFIT INDEX

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

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>1530128</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.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES</u>	B Three-digit plan number (PN) ►	<u>201</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AECOM GLOBAL II, LLC</u>	D Employer Identification Number (EIN) <u>47-1336341</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	912265	806000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	221	3825
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	210857	144301
(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)	4624497	4719791
(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)	2055159	1696213
(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)	5056857	5156593
(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	12859856 12526723
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	142173 33672
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	142173 33672
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	12717683 12493051

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
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	717000
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	717000
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)	115788
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	115788
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	825000
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	886928
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-61928
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	782222
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	782222

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		47608
(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)		554772
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2155462

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2017550	
(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)		2017550
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)	248379	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	15818	
(4) Other.....	2i(4)	98347	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		362544
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2380094

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-224632
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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☒ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	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?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>4343823</u> .			

<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>2020</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES		B Three-digit plan number (PN) ▶ 201
C Plan sponsor's name as shown on line 2a of Form 5500 AECOM GLOBAL II, LLC		D Employer Identification Number (EIN) 47-1336341
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 28
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) 2020 v. 200204		

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	14a	
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14b	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....		
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:	15a	
a The corresponding number for the plan year immediately preceding the current plan year.....	15b	
b The corresponding number for the second preceding plan year		
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:	16a	
a Enter the number of employers who withdrew during the preceding plan year	16b	
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.....		
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

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

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐
- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)
- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.
- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No
- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
- ☐ Yes.
- ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- ☐ No. Other. Provide explanation _____

**AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN
OF
THE HUNT CORPORATION AND RELATED COMPANIES**

**FINANCIAL STATEMENTS
AND
REPORT OF INDEPENDENT
CERTIFIED PUBLIC ACCOUNTANTS**

December 31, 2020 and 2019

**AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN
OF
THE HUNT CORPORATION AND RELATED COMPANIES**

Table of Contents

	<u>Page</u>
Report of Independent Certified Public Accountants	1
Statements of Net Assets Available for Benefits as of December 31, 2020 and 2019	3
Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020	4
Notes to Financial Statements	5
Supplemental Schedules:	
Schedule H – Line 4i: Schedule of Assets (Held at End of Year) as of December 31, 2020	15
Schedule H – Line 4j: Schedule of Reportable Transactions for the year ended December 31, 2020	16

GRANT THORNTON LLP
1375 E. 9th Street, Suite 1500
Cleveland, OH 44114

D +1 216 771 1400
F +1 216 771 1409

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

The Plan Administrator and Participants
Amended Employees' Pension and Investment Plan of the Hunt Corporation and
Related Companies

Report on the financial statements

We were engaged to audit the accompanying financial statements of the Amended Employees' Pension and Investment Plan of the Hunt Corporation and Related Companies (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's responsibility for the financial statements

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

Auditor's responsibility

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

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note 6, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from this entity as of December 31, 2020 and 2019, and for the year ended December 31, 2020, stating that the certified information provided to the Plan administrator is complete and accurate.

Disclaimer of opinion

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

Supplementary information

The supplemental schedules of assets (held at end of year) as of December 31, 2020 and reportable transactions for the year ended December 31, 2020 are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the certified information described in Note 6, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Cleveland, Ohio
October 12, 2021

AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2020	2019
ASSETS		
Investments, at fair value (Note 4)		
Mutual funds	\$ 5,156,593	\$ 5,056,857
Privately-held securities	4,719,791	4,624,497
Collective investments trusts	1,696,213	2,055,159
Money market account	144,301	210,857
Total investments	11,716,898	11,947,370
Receivables		
Company contributions	806,000	823,265
PBGC premium refund	3,825	-
Interest and dividends	-	221
Total receivables	809,825	823,486
Total assets	12,526,723	12,770,856
LIABILITIES		
Accrued administrative fees	33,672	142,173
Total liabilities	33,672	142,173
Net assets available for benefits	\$ 12,493,051	\$ 12,628,683

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

AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2020

Investment Income:

Net appreciation in fair value of investments	\$ 1,322,674
Interest and dividends	115,788
Net investment income	<u>1,438,462</u>

Company Contributions

806,000

Deductions

Benefits paid to participants	(2,017,550)
Administrative expenses	(264,197)
PBGC premiums	<u>(98,347)</u>
Total deductions	<u>(2,380,094)</u>

Net decrease

(135,632)

Net assets available for benefits

Beginning of year	<u>12,628,683</u>
End of year	<u>\$ 12,493,051</u>

The accompanying notes are an integral part of this financial statement.

AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES

Notes to the Financial Statements

December 31, 2020 and 2019

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Amended Employees' Pension and Investment Plan of The Hunt Corporation and Related Companies (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document and the *Summary Plan Description* for more complete information regarding the terms of the Plan.

General – The Plan is a frozen non-contributory defined benefit plan. The original plan was effective in 1960. The Plan is administered by the Americas Benefits Administration Committee as authorized by AECOM, the parent company of The Hunt Corporation. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Eligibility – The Plan covers substantially all salaried and office or field engineer hourly employees of The Hunt Corporation and certain of its wholly-owned subsidiaries (together, the "Company"), except craft hourly employees, leased employees, and independent contractors, as defined in the Plan document. Effective January 1, 2008, the Plan was frozen, and no new participants are allowed into the Plan.

Pension Benefits – Covered employees are entitled to a benefit equal to one percent of their highest consecutive five year average compensation for each year of credited service determined as of June 1, 1999, plus one-half of one percent of their average compensation for each year of credited service accrued after June 1, 1999. Early retirement is permitted beginning at age 57 or for disability at reduced benefit levels. Employees may elect to receive their benefit in the form of a lump sum distribution upon termination of employment, regardless of age. The normal form of payment for married employees is a joint and 50 percent surviving spouse annuity. Employees may also elect to receive the benefit in the form of a single life annuity, installments over a certain period of years as specified in the Plan document, an annuity plus installment payments to designated beneficiaries over a certain period of years as specified in the Plan document, or a 50 percent, 75 percent, or 100 percent survivor annuity with a designated beneficiary. Covered employees' benefit rights are fully vested after five years; as of December 31, 2020 and 2019, all participants in the Plan are fully vested. Effective January 1, 2008, the Plan was frozen, and pension benefits ceased to accrue.

Death Benefits - If an active employee dies after age 18, a death benefit is paid to the employee's beneficiary based on terms of the Plan document.

Disability Retirement Benefits - Active employees who become totally and permanently disabled may start their benefit under the Plan immediately. This benefit will be reduced for early commencement based on the terms of the Plan document.

Funding Policy – Contributions from the Company for each fiscal year of the Plan are accrued based on minimum amounts required to be funded under the provisions of ERISA or, if greater, amounts committed to be contributed for the Plan year. Voluntary employee contributions are not permitted. The Company met the minimum funding requirement for the years ended December 31, 2020 and 2019.

AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES

As permitted under the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act"), the Company delayed the final \$89,000 contribution payment to be made for the year ended December 31, 2019, until January 4, 2021. Accordingly, contributions and contributions receivable presented in accordance with GAAP in the financial statements differs from contributions and contributions receivable presented on Schedule H of the respective Forms 5500 (see Note 11).

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Recent Accounting Pronouncements – In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to Disclosure Requirements for Fair Value Measurement* ("ASU 2018-13"), which modifies the disclosure requirements for fair 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 December 31, 2020, which had no significant impact on the Notes to Financial Statements.

Valuation of Investments - Investments are reported at fair value. Fair value is the price that would be received when an asset is sold or paid to transfer a liability in an orderly transaction between market participants, at the measurement date. See Note 4 for a description of fair value measurements.

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

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.

Payment of Benefits - Benefit payments are recorded upon distribution.

Administrative Expenses - The Plan's expenses are paid by either the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statement of Changes in Net Assets Available for Benefits. Fees for administration, investment advice, actuarial, and other services are generally charged to the Plan based on customary or contracted rates for such services. The Plan's assets are managed by independent investment managers who charge a management fee based on assets under management.

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 net assets available for benefits and changes therein, and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results may differ from these estimates.

AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES

Subsequent Events - The Plan evaluated subsequent events through October 12, 2021, the date the financial statements were available to be issued.

NOTE 3 – RISKS AND UNCERTAINTIES

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

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

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.

NOTE 4 – 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	Inputs to the valuation methodology include:
---------	--

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

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

AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES

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

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

The following is a description of the valuation methodologies used for investments measured at fair value, including a general classification of such instruments pursuant to the valuation hierarchy. There were no changes in the methodologies used at December 31, 2020 and 2019.

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.

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

Privately-held securities – Investments in privately-held securities 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 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. Privately-held securities 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.

Money market account – The fair value of these investments is based on quoted market prices of the fund in active market and are classified within level 1 of the valuation hierarchy.

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

AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES

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

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

	Quoted Prices in Active Markets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
<u>December 31, 2020</u>				
Mutual funds	\$5,156,593	\$ -	\$ -	\$ 5,156,593
Money market account	<u>144,301</u>	<u>-</u>	<u>-</u>	<u>144,301</u>
Total investments in the fair value hierarchy	<u>\$5,300,894</u>	<u>\$ -</u>	<u>\$ -</u>	5,300,894
Investments valued at NAV				<u>6,416,004</u>
Total assets at fair value				<u>\$11,716,898</u>

	Quoted Prices in Active Markets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
<u>December 31, 2019</u>				
Mutual funds	\$5,056,857	\$ -	\$ -	\$ 5,056,857
Money market account	<u>210,857</u>	<u>-</u>	<u>-</u>	<u>210,857</u>
Total investments in the fair value hierarchy	<u>\$5,267,714</u>	<u>\$ -</u>	<u>\$ -</u>	5,267,714
Investments valued at NAV				<u>6,679,656</u>
Total assets at fair value				<u>\$11,947,370</u>

NOTE 5 – NET ASSET VALUE PER SHARE

The following table summarizes investments measured at NAV per share as of December 31, 2020 and 2019:

<u>December 31, 2020</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Privately-held securities				
Angeles Absolute Return Fund Ltd.	\$ 1,010,017	n/a	Quarterly	90 days
Angeles Diversified Income Fund LLC	774,501	n/a	Monthly	15 days
Angeles Global Equity Opportunities Fund LLC	2,935,273	n/a	Monthly	16 days
Collective investment trusts				
Capital Group Long Duration Credit Trust	166,085	n/a	Daily	5 days
Vanguard Employee Benefit Index Fund	1,530,128	n/a	Daily	n/a

AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES

<u>December 31, 2019</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Privately-held securities				
Angeles Absolute Return Fund Ltd.	\$ 1,122,545	n/a	Quarterly ⁽¹⁾	90 days
Angeles Diversified Income Fund LLC	732,040	n/a	Monthly	15 days
Angeles Global Equity Opportunities Fund LLC	2,769,912	n/a	Monthly	16 days
Collective investment trusts				
Capital Group Long Duration Credit Trust	279,824	n/a	Daily	5 days
Vanguard Employee Benefit Index Fund	1,775,335	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 – 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 (“Angeles”) is responsible for selecting the investments and determining their weight within this fund’s investment portfolio.

Angeles Diversified Income Fund – 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 expects to access independent investment managers through managed account arrangements but may also invest in underlying investment funds advised by them. Angeles 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 – 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 expects to access independent investment managers through managed account arrangements but may also invest in underlying investment funds advised by them. Angeles is responsible for selecting the investments as well as the independent investment managers and determining their weight within this fund’s investment portfolio.

NOTE 6 – INFORMATION CERTIFIED 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 National Association, the trustee certified the investments and the related investment transactions, interest and dividends, and net appreciation in fair value of investments as shown in the accompanying financial statements and supplemental schedules are complete and accurate as of December 31, 2020 and 2019. No audit procedures were performed on the information provided by the trustee except to compare such information to the related information included in the accompanying financial statements and supplemental schedules.

AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES

NOTE 7 - 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 rendered by employees as of the valuation date, however, no compensation or service subsequent to January 1, 2008, will be taken into account in calculating plan benefits. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits for employees or their beneficiaries are based on compensation and years of credited service. The actuarial present value of the accumulated plan benefits is determined by the Plan's actuary, 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.

The accumulated plan benefit information, as determined by the Plan's actuary, is as follows:

	<u>December 31, 2020</u>	<u>December 31, 2019</u>
Vested benefits:		
Participants and beneficiaries currently receiving benefits	\$ 1,746,469	\$ 1,241,144
Other participants	<u>11,962,103</u>	<u>12,712,085</u>
Total vested benefits	<u>13,708,572</u>	<u>13,953,229</u>
Total actuarial present value of accumulated plan benefits	<u>\$13,708,572</u>	<u>\$13,953,229</u>

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2020 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$13,953,229</u>
Increase (decrease) during the year attributable to:	
Actuarial gains	(120,407)
Benefits paid	(2,017,550)
Interest due to the decrease in the discount period	739,472
Change in assumptions	<u>1,153,828</u>
Net decrease	<u>(244,657)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$13,708,572</u>

The \$1.2 million change in assumptions includes updates to lump sum interest rates and discount rate. The change in the lump sum interest rates and assumed discount rate at December 31, 2020, increased the actuarial present value of accumulated plan benefits by \$0.8 million and \$0.4 million, respectively.

AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES

The significant actuarial assumptions used in the valuations as of December 31, 2020 and 2019 are as follows:

Mortality basis	- 2020 and 2019	- Pri-2012 sex distinct, no collar, separate annuitant and non-annuitant mortality table with 2019 generational Mercer Modified Projection factors (MMP-2019)
417(e) lump sum	- 2020	- 2021 lump sum interest rates (November 2020 rates) - Pri-2012 Unisex, no collar mortality tables with 2019 generational Mercer Modified Post-2006 projection factors (MMP-2019)
	- 2019	- 2020 lump sum interest rates (November 2019 rates) - Pri-2012 Unisex, no collar mortality tables with 2019 generational Mercer Modified Post-2006 projection factors (MMP-2019)
Discount rate	- 2020	- 5.25%
	- 2019	- 5.75%
Retirement rates	- 2020 and 2019	- 25% at ages 62 through 69 - 100% over age 69

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

NOTE 8 - RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

The Plan paid certain expenses related to Plan administration and investment activity to various service providers. These transactions also qualify as party-in-interest transactions. The Plan paid fees of \$7,500 to the trustee during the year ended December 31, 2020. These transactions qualify as party-in-interest transactions.

The Plan has certain investments that are managed by Angeles. Angeles has the authority to make investment decisions within the guidelines of the investment policy. The Plan paid \$15,088 to Angeles during the year ended December 31, 2020. These transactions qualify as party-in-interest transactions.

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

NOTE 9 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time or to amend or terminate the Plan subject to the provisions of the Plan document and 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.

AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES

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

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

NOTE 10 - TAX STATUS

The Plan obtained a favorable determination letter dated May 9, 2012, from the Internal Revenue Service ("IRS"), that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (the "Code"). The Plan has been amended since receiving the determination letter. The Plan administrator believes the Plan continues to be qualified and the related trust is tax-exempt.

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

NOTE 11 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per financial statements at December 31, 2020 and 2019, to Form 5500:

	<u>2020</u>	<u>2019</u>
Net assets available for benefits per the financials statements	\$12,493,051	\$12,628,683
Additional Company contribution recognized in Form 5500	<u>-</u>	<u>89,000</u>
Net assets per Form 5500	<u>\$12,493,051</u>	<u>\$12,717,683</u>

**AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF
THE HUNT CORPORATION AND RELATED COMPANIES**

	<u>2020</u>
Company contributions per financial statements	\$ 806,000
Less: Company contribution previously recognized in Form 5500	<u>89,000</u>
Company contributions per Form 5500	<u><u>\$ 717,000</u></u>

**AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN
OF THE HUNT CORPORATION AND RELATED COMPANIES**

EIN # 47-1336341 PLAN #:201

FORM 5500, Schedule H, Line 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2020

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Angeles Absolute Return Fund Ltd	Privately-held security	\$ 887,806	\$ 1,010,017
*	Angeles Diversified Income Fund LLC	Privately-held security	720,000	774,500
*	Angeles Global Equity Opportunities Fund LLC	Privately-held security	2,125,000	2,935,273
	Baird Core Plus Bond Fund Institutional	Mutual fund	3,813,130	3,986,046
	Capital Group Long Duration Credit Trust	Collective investment trust	136,289	166,085
	Vanguard Employee Benefit Index Fund	Collective investment trust	1,182,796	1,530,128
	Vanguard FTSE All World Institution	Mutual fund	1,013,612	1,170,545
	American Government Obligation Fund Class Z	Money market fund	144,300	144,304
			\$ 10,022,933	\$ 11,716,898

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

AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES

EIN 47-1336341, Plan #201
Schedule H, Line 4j

Schedule of Reportable Transactions – Single Transactions For the year ended December 31, 2020

Share / Par Value	Security Description	Cost of Purchases	Proceeds from Sales	Costs of Assets Disposed	Current Value of Assets	Gain
50,861	Baird Core Plus Bond Fund Institutional	\$ 620,000	\$ --	\$ --	\$ 620,000	\$ --
690,000	American Government Obligation Fund Class Z	690,000	--	--	690,000	--
650,470	American Government Obligation Fund Class Z	--	650,470	650,470	650,470	--
600,000	American Government Obligation Fund Class Z	600,000	--	--	600,000	--
823,265	American Government Obligation Fund Class Z	823,265	--	--	823,265	--
620,000	American Government Obligation Fund Class Z	620,000	--	--	620,000	--
620,000	American Government Obligation Fund Class Z	--	620,000	620,000	620,000	--
620,000	American Government Obligation Fund Class Z	--	620,000	620,000	620,000	--
600,000	Angeles Global Equity Opportunities Fund LLC		600,000	600,000	600,000	--

Schedule of Reportable Transactions – Series of Transactions For the year ended December 31, 2020

Trans Count	Share/Par Value	Security Description	Cost of Purchases	Proceeds from Sales	Costs of Assets Disposed	Current Value of Assets	Gain (Loss)
3	66,126	Baird Core Plus Bond Fund Institutional	\$ 880,000	\$ --	\$ --	\$880,000	\$ --
5	95,288	Baird Core Plus Bond Fund Institutional	--	1,115,000	1,090,167	1,115,000	24,833
49	6,653,374	American Government Obligation Fund Class Z	6,653,374	--	--	6,653,374	--
52	6,719,932	American Government Obligation Fund Class Z	--	6,719,932	6,719,932	6,719,932	--

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service									
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35 & up	Total
Under 30										0
30–34		1								1
35–39		13								13
40–44		13	14	1						28
45–49		12	6	9	1					28
50–54		6	13	6	5	2				32
55–59		10	12	7	1	6	2			38
60–64		4	10	6	4	6	3	1		34
65–69		1	4	1	2					8
70 & up				1	1					2
Total	0	60	59	31	14	14	5	1	0	184

Each cell shows the count of active participants for the age/service combination.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for January 1, 2020 funding valuation**

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	0	
	Stabilized	Non-stabilized
• First 5 years	3.64%	2.77%
• Next 15 years	5.21%	3.83%
• Over 20 years	5.94%	4.28%
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.	
• Disabled participants	N/A	
417(e) lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and unisex mortality.	
Other economic assumptions		
• Expected investment return	5.80% per year for 2018 (limited by the 2018 stabilized third segment rate (6.29%)). 6.25% per year for 2019 (limited by the 2019 stabilized third segment rate (6.11%)). 5.00% per year for 2020 (limited by the 2020 stabilized third segment rate (5.94%)).	
• Expenses	\$400,000	

Rationale for economic assumptions

- Discount rate – This assumption was prescribed by IRS. AECOM elected to defer the interest rate relief under the American Rescue Plan Act of 2021 until the 2021 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.
- Expenses – Administrative expenses are based on the expected expenses, adjusted to reflect the expected change in the PBGC premiums.

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

Demographic assumptions					
• Withdrawal	2003 Society of Actuaries small plan table based on age. See table of sample rates.				
• Disability incidence	None.				
• Retirement age	Attained Age	Retirement Rate			
	Under 62	0.0%			
	62 - 69	25.0%			
	Over 69	100.0%			
• Benefit commencement age for vested deferred participants	25% take lump sum immediately upon termination/retirement and 75% commence benefits at age 62.				
• Spouse assumptions	Male participants		Female participants		
– Percentage married	100%		100%		
– Spouse age difference	3 years younger		3 years older		
Form of payment	Lump sum	Life Annuity	10 Years Certain and Life	50% J&S	100% J&S
• Active retirements	90%	5%	0%	0%	5%
• Future/current vested deferred	95%	0%	5%	0%	0%
• Future deaths	95%	0%	0%	5%	0%
• Actuarial equivalence for optional forms of payment and late retirement increases	417(e)(3) interest rates (November 2019) and mortality in effect for the 2020 plan year				
Unpredictable contingent event assumptions	Not applicable				

Table of sample rates

Attained age	Withdrawal
30	15.5%
35	12.1
40	9.4
45	7.3
50	5.6
55	4.2
60	3.0

Rationale for demographic assumptions

- Mortality – This assumption was prescribed by the IRS.
- Withdrawal – This assumption is based on an experience study undertaken in 2019 using data from 2014 through 2018, and standard tables published by the Society of Actuaries. We assumed that future withdrawal patterns will not differ significantly from the period studied.

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

- Disability incidence – The plan has no disabled participants and due to the size of the plan does not have enough credible experience to analyze disability incidence. Therefore, we have assumed the disability incidence is included in the turnover rates.
- Retirement age – This assumption is based on an experience study undertaken in 2019 using data from 2014 through 2018 and the expectation that the future retirement patterns will not differ significantly from the period studied.
- Benefit commencement age for vested deferred participants – This assumption is based on an experience study undertaken in 2019 using data from 2014 through 2018 and the expectation that the future benefit commencement age patterns will not differ significantly from the period studied.
- Form of payment – This assumption is based on an experience study undertaken in 2019 using data from 2014 through 2018 and the expectation that the future form of benefit payment elections will not differ significantly from the period studied.

Actuarial methods for funding**Asset methods**

The asset valuation method is an average of the adjusted market value for each year during the last 2 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 of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.

Minimum funding methods

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

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the

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

present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.

- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

**AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN
OF THE HUNT CORPORATION AND RELATED COMPANIES**

EIN 47-1336341, Plan #201
Schedule H, Line 4j

Schedule of Reportable Transactions – Single Transactions
For the year ended December 31, 2020

Share / Par Value	Security Description	Cost of Purchases	Proceeds from Sales	Costs of Assets Disposed	Current Value of Assets	Gain
50,861	Baird Core Plus Bond Fund Institutional	\$ 620,000	\$ --	\$ --	\$ 620,000	\$ --
690,000	American Government Obligation Fund Class Z	690,000	--	--	690,000	--
650,470	American Government Obligation Fund Class Z	--	650,470	650,470	650,470	--
600,000	American Government Obligation Fund Class Z	600,000	--	--	600,000	--
823,265	American Government Obligation Fund Class Z	823,265	--	--	823,265	--
620,000	American Government Obligation Fund Class Z	620,000	--	--	620,000	--
620,000	American Government Obligation Fund Class Z	--	620,000	620,000	620,000	--
620,000	American Government Obligation Fund Class Z	--	620,000	620,000	620,000	--
600,000	Angeles Global Equity Opportunities Fund LLC		600,000	600,000	600,000	--

Schedule of Reportable Transactions – Series of Transactions
For the year ended December 31, 2020

Trans Count	Share/Par Value	Security Description	Cost of Purchases	Proceeds from Sales	Costs of Assets Disposed	Current Value of Assets	Gain (Loss)
3	66,126	Baird Core Plus Bond Fund Institutional	\$ 880,000	\$ --	\$ --	\$880,000	\$ --
5	95,288	Baird Core Plus Bond Fund Institutional	--	1,115,000	1,090,167	1,115,000	24,833
49	6,653,374	American Government Obligation Fund Class Z	6,653,374	--	--	6,653,374	--
52	6,719,932	American Government Obligation Fund Class Z	--	6,719,932	6,719,932	6,719,932	--

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ **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 AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN OF THE HUNT CORPORATION AND RELATED COMPANIES	B Three-digit plan number (PN) ▶ <u>201</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AECOM GLOBAL II, LLC	D Employer Identification Number (EIN) 47-1336341
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2020</u>	
2 Assets:	
a Market value.....	2a <u>12,821,474</u>
b Actuarial value.....	2b <u>12,286,972</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>25</u> (2) Vested Funding Target <u>1,306,539</u> (3) Total Funding Target <u>1,306,539</u>
b For terminated vested participants	<u>136</u> <u>3,242,136</u> <u>3,242,136</u>
c For active participants.....	<u>184</u> <u>7,378,590</u> <u>7,378,590</u>
d Total.....	<u>345</u> <u>11,927,265</u> <u>11,927,265</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>5.45%</u>
6 Target normal cost.....	6 <u>400,000</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>MCR</u>	<u>10/8/2021</u>
	Signature of actuary	Date
<u>MICHELE RAAD</u>		<u>2006641</u>
	Type or print name of actuary	Most recent enrollment number
<u>MERCER</u>		<u>213-346-2200</u>
	Firm name	Telephone number (including area code)
<u>633 WEST 5TH STREET</u>		
<u>SUITE 1200</u>		
<u>LOS ANGELES CA 90071</u>		
	Address of the firm	

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

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

Schedule SB (Form 5500) 2020
v. 200204

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>19.51</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)		324,290
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>5.58</u> %		18,095
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		342,385
d Portion of (c) to be added to prefunding balance		342,385
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	342,385

Part III Funding Percentages

14 Funding target attainment percentage	14	100.14%
15 Adjusted funding target attainment percentage	15	103.01%
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	98.35%
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
09/13/2021	717,000	0			
Totals ▶			18(b)	717,000	18(c)
					0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	655,196

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: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
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	400,000	
b Excess assets, if applicable, but not greater than line 31a	31b	17,322	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
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	382,678	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	342,385	342,385
36 Additional cash requirement (line 34 minus line 35).....	36	40,293	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	655,196	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	614,903	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	342,385	
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

The Weighted Average Retirement Age is 65.

(A)	(B)	(C)	(D)	(E)
Retirement age	Retirement Percent	Lx	Number of employees expected to retire (B) x (C)	(A) x (D)
62	25.00%	10,000.00	2,500.00	155,000.00
63	25.00%	7,500.00	1,875.00	118,125.00
64	25.00%	5,625.00	1,406.25	90,000.00
65	25.00%	4,218.75	1,054.69	68,554.69
66	25.00%	3,164.06	791.02	52,207.03
67	25.00%	2,373.05	593.26	39,748.54
68	25.00%	1,779.79	444.95	30,256.35
69	25.00%	1,334.84	333.71	23,025.97
70	100.00%	1,001.13	1,001.13	70,079.04
Total			10,000.00	646,996.61
Average				64.70

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

Effective date and plan year	Original plan: June 1, 1960 Restated plan: January 3, 2012 Plan year: Calendar year
Status of the plan	The plan was closed to new employees and all benefit accruals were frozen as of January 1, 2008.
Significant events that occurred during the year	None

Definitions

• Covered employees	Employees of the Hunt Corporation hired on or before January 1, 2008.
• Participation	An eligible employee of The Hunt Corporation shall become a participant on the January 1 following the completion of six months of service and the attainment of age 20½. An eligible employee is an employee who is a salaried employee of one or more participating employers, was a participant in the plan on January 1, 1980, or an hourly employee not classified as a craft hourly employee. Effective January 1, 2008, the plan was closed to new employees.
• Employee contributions	Participants shall not be required or permitted to make contributions under the Plan.
• Vesting service	A full year of service is granted for vesting purposes to a participant who works at least 1,000 hours during the plan year. No service is granted to a participant who works fewer than 1,000 hours during the plan year.
• Credited service	Prior to January 1, 2008, a full year of service is granted for accrual of benefits to a participant who, as an eligible employee, works at least 1,000 hours during the plan year. No service is granted to a participant who works fewer than 1,000 hours during the plan year.
• Accrued benefit	The accrued benefit is determined as 0.5% times career average times Credited Service after January 1, 1999 plus the participant's accrued benefit as of May 31, 1999. Career average pay is determined on compensation earned after January 1, 1999. No pay or service after December 31, 2007 will be used to determine the accrued benefit. The accrued benefit is a 10 year certain & life annuity.

Normal retirement

• Eligibility	Attainment of age 62 and 5 years of participation.
• Benefit	Unreduced accrued benefit payable immediately.

Early retirement

• Eligibility	Attainment of age 57 and 5 years of participation.
• Benefit	The greater of the accrued benefit reduced 1/180th for each month by which the participant's early retirement date precedes his normal retirement date or the actuarial equivalent of the accrued benefit payable at normal retirement.

Schedule SB, Part V — Summary of Plan Provisions

Late retirement	
• Eligibility	Participation continues after normal retirement date.
• Benefit	Greater of accrued retirement benefit commencing as of the first day of the month following his later retirement date based on plan compensation and credited service at such date or accrued benefit as of normal retirement date actuarially increased for delayed commencement.
Deferred vested	
• Eligibility	100% vesting after 5 years of Vesting Service.
• Benefit	Accrued retirement benefit payable at participant's normal retirement date.
Disability	
• Eligibility	Disabled while employed.
• Benefit	Accrued benefit reduced 1/180 for first 60 months, 1/360 for next 60 months, and actuarially reduced for each additional month that commencement precedes normal retirement date. At the discretion of the administrator, the benefit may be deferred during the period the participant is receiving benefits under a disability insurance contract and then benefit is the actuarial equivalent at date of payment of the accrued benefit at time of disability.
Pre-retirement death	
• Eligibility	Upon death after attainment of age 18.
• Benefit	An insured benefit equal to 100 times the participant's expected monthly benefit plus an uninsured benefit equal to the excess, if any, of the single sum actuarial equivalent of the accrued benefit over the insured benefit.
Form of benefits	
• Automatic form for unmarried participants	10 year Certain and Life Annuity.
• Automatic form for married participants	An actuarially reduced Joint and 50% Survivor Annuity.
• Mandatory lump sum	A mandatory lump sum if the lump sum value of the benefit is less than \$5,000.
• Optional forms	The optional forms of retirement benefits available are a Life Annuity, Certain and Life Annuity (5, 10, 15 & 20 years), Certain Only Annuity (5, 10, 15 & 20 years), Joint and Survivor Annuity (50%, 75% and 100%), and an unlimited lump sum.
• Optional form conversion factors	Optional forms are valued using the 417(e) actuarial equivalence basis prescribed by the documents governing the plan.

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

- **Maximum benefits** Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2020, the limit is \$230,000.

Benefits Included or Excluded

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

- **Most recent plan amendments included:** Amendments adopted after the valuation date or effective after the current plans year are excluded from the valuation.
- **Plan amendments excluded:** None.
- **Late retirement increases:** Current active and deferred vested participants over normal retirement age are valued including the late retirement actuarial increase. Current active participants who are expected to retire after their normal retirement age are valued including a late retirement actuarial increase at their late retirement decrement.
- **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.

Plan Provisions Specific to Funding**Additional benefits included or excluded**

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* The plan does not have any unpredictable contingent event benefits.
 - 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:** Not applicable – the plan is frozen.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

Maximum benefit amounts under IRS rules were updated from 2019 to 2020.

**AMENDED EMPLOYEES' PENSION AND INVESTMENT PLAN
OF THE HUNT CORPORATION AND RELATED COMPANIES**

EIN # 47-1336341 PLAN #:201
FORM 5500, Schedule H, Line 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Angeles Absolute Return Fund Ltd	Privately-held security	\$ 887,806	\$ 1,010,017
*	Angeles Diversified Income Fund LLC	Privately-held security	720,000	774,500
*	Angeles Global Equity Opportunities Fund LLC	Privately-held security	2,125,000	2,935,273
	Baird Core Plus Bond Fund Institutional	Mutual fund	3,813,130	3,986,046
	Capital Group Long Duration Credit Trust	Collective investment trust	136,289	166,085
	Vanguard Employee Benefit Index Fund	Collective investment trust	1,182,796	1,530,128
	Vanguard FTSE All World Institution	Mutual fund	1,013,612	1,170,545
	American Government Obligation Fund Class Z	Money market fund	144,300	144,304
			\$ 10,022,933	\$ 11,716,898

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

Schedule SB, line 24 — Change in Actuarial Assumptions**Assumption changes since prior valuation**

- Interest discounts and mortality rates were updated from 2019 to 2020 in accordance with PPA. AECOM elected to defer the interest rate relief under the American Rescue Plan Act of 2021 until the 2021 plan year.
- The administrative expense load was updated based on expectations for the current year.
- The expected return on assets was updated from 6.25% for 2019 to 5.00% for 2020.
- Withdrawal rates, benefit commencement age for vested deferred participants, retirement rates and form of payment elections updated to reflect plan experience.