# 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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

**2014**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

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

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

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

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

**1a** Name of plan
ABM 401(K) EMPLOYEE SAVINGS PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 10/09/1961

**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
ABM INDUSTRIES INCORPORATED

8101 W. SAM HOUSTON PARKWAY S.
SUITE 150
HOUSTON, TX 77072-0000

**2b** Employer Identification Number (EIN)
94-1369354

**2c** Plan Sponsor's telephone number
713-776-5100

**2d** Business code (see instructions)
561790

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2015 | RICHARD EASLEY |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2015 | RICHARD EASLEY |
| | **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 |

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 57121 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 56048 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 54764 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 1421 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 56185 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 28 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 56213 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 6853 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2014**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ |
|---|---|
| ABM 401(K) EMPLOYEE SAVINGS PLAN | 001 |

| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) |
|---|---|
| ABM INDUSTRIES INCORPORATED | 94-1369354 |

## 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 disclosure 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)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 52 57 59 60 62 63 72 | RECORDKEEPER | 223865 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [ ] |

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

WELLS FARGO

34-1542819

| (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? |
|---|---|---|---|---|---|---|
| 70 | CONSULTANT | 46875 | Yes [ ] No [X] | 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 [ ] |

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

# DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2014**

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

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**A** Name of plan
ABM 401(K) EMPLOYEE SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
94-1369354

## 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: INVESCO STABLE VALUE RET CL 2

**b** Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST CO.

| **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) |
|---|---|---|
| 27-3868124-001 | C | 60091499 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST S & P 500 TR T

**b** Name of sponsor of entity listed in (a): NORTHERN GLOBAL TRUST INVESTMENTS

| **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) |
|---|---|---|
| 45-6138589-002 | C | 45016295 |

**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) |
|---|---|---|

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

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

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

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

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

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

# SCHEDULE H
## (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

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

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

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**A** Name of plan
ABM 401(K) EMPLOYEE SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
94-1369354

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 116326 | 17189 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 7064101 | 9283113 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 87315686 | 105107794 |
| **(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) | 123961452 | 178119557 |
| **(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 | 218457565 | 292527653 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 218457565 | 292527653 |

## Part II Income and Expense Statement

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

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 10168055 | |
| | **(B)** Participants | 2a(1)(B) | 18923988 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 1393342 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 30485385 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| | **(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) | 295719 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 295719 |
| | **(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) | 13517473 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 13517473 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 5690684 |
| (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) | | -5584939 |
| c Other income | 2c | | 98908 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 44503230 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 27286735 | |
| (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) | | 27286735 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 838721 |
| h Interest expense | 2h | | |
| i Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 223865 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 223865 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 28349321 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 16153909 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 58226520 |
| (2) From this plan | 2l(2) | | 310341 |

## Part III Accountant's Opinion

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

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

**(1)** [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

**(1)** Name: KPMG **(2)** EIN: 13-5565207

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

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

## Part IV Compliance Questions

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

During the plan year:

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

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 10000000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | X | | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | X | | |

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

**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) |
|---|---|---|
| ABM 401(K) EMPLOYEE SAVINGS PLAN II | 94-1369354 | 002 |
| | | |
| | | |
| | | |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

## Part V Trust Information (optional)

| **6a** Name of trust | **6b** Trust's EIN |
|---|---|
| | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

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

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

OMB No. 1210-0110

**2014**

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

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**A** Name of plan
ABM 401(K) EMPLOYEE SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
94-1369354

## Part I Distributions

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

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

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

EIN(s): 94-1687665

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

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

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# ABM 401(k) EMPLOYEE SAVINGS PLAN

Financial Statements and Supplemental Schedule
(Modified Cash Basis)

December 31, 2014 and 2013

(With Independent Auditors' Report Thereon)

KPMG LLP
811 Main Street
Houston, TX 77002

# Independent Auditors' Report

The Administrative Committee
ABM 401(k) Employee Savings Plan:

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ABM 401(k) Employee Savings Plan (the Plan), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

### *Management's Responsibility for the Financial Statements*

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

### *Auditors' Responsibility*

Our responsibility is to express an opinion on these financial statements based on 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 3, which was certified by Bank of America, N.A., the trustee of the Plan, and Invesco National Trust Company, the custodian of certain investments assets, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee and custodian hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee and custodian as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee and custodian 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.

KPMG LLP is a Delaware limited liability partnership, the U.S. member firm of KPMG International Cooperative ("KPMG International"), a Swiss entity.

***Basis of Accounting***

We draw attention to note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than U.S. generally accepted accounting principles. Our opinion is not modified with respect to this matter.

***Other Matter***

The supplemental schedule H, line 4i– schedule of assets (held at end of year) as of December 31, 2014 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee and custodian, 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 DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KPMG LLP

Houston, Texas
October 12, 2015

**ABM 401(k) EMPLOYEE SAVINGS PLAN**

Statements of Net Assets Available for Benefits
(Modified Cash Basis)

December 31, 2014 and 2013

| | 2014 | 2013 |
|---|---|---|
| Investments, at fair value: | | |
| Common/collective trusts | $ 106,111,322 | 87,720,198 |
| Mutual funds | 178,119,557 | 123,961,452 |
| Interest-bearing cash | 17,189 | 116,326 |
| Total investments | 284,248,068 | 211,797,976 |
| Receivables: | | |
| Notes receivable from participants | 9,283,113 | 7,064,101 |
| Total receivables | 9,283,113 | 7,064,101 |
| Net assets reflecting investments at fair value | 293,531,181 | 218,862,077 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts | (1,003,528) | (404,512) |
| Net assets available for benefits | $ 292,527,653 | 218,457,565 |

See accompanying notes to financial statements (modified cash basis).

**ABM 401(k) EMPLOYEE SAVINGS PLAN**

Statements of Changes in Net Assets Available for Benefits
(Modified Cash Basis)

Years ended December 31, 2014 and 2013

| | 2014 | 2013 |
|---|---|---|
| Additions: | | |
| Investment income: | | |
| Interest income | $ 650,454 | 640,291 |
| Dividend income | 13,517,473 | 5,268,956 |
| Net (depreciation) appreciation in fair value of investments | (544,401) | 22,494,053 |
| Total investment income | 13,623,526 | 28,403,300 |
| Interest on notes receivable from participants | 295,719 | 260,339 |
| Other Income | 98,600 | 82,640 |
| Contributions: | | |
| Participant | 18,923,988 | 13,763,277 |
| Employer | 10,168,055 | 8,225,399 |
| Rollovers | 1,393,342 | 645,689 |
| Total contributions | 30,485,385 | 22,634,365 |
| Total additions | 44,503,230 | 51,380,644 |
| Deductions: | | |
| Benefits paid to participants | 28,125,456 | 20,452,840 |
| Administrative expenses | 223,865 | 313,965 |
| Total deductions | 28,349,321 | 20,766,805 |
| Net increase before transfers | 16,153,909 | 30,613,839 |
| Transfers: | | |
| Interplan transfers, net | (310,341) | 106,629 |
| Transfer in from acquired companies' plans | 58,226,520 | — |
| Total transfers | 57,916,179 | 106,629 |
| Net increase in net assets available for benefits | 74,070,088 | 30,720,468 |
| Net assets available for benefits: | | |
| Beginning of year | 218,457,565 | 187,737,097 |
| End of year | $ 292,527,653 | 218,457,565 |

See accompanying notes to financial statements (modified cash basis).

## (1) Description of the Plan

The ABM 401(k) Employee Savings Plan (the Plan) is a defined contribution plan, which is intended to qualify under Section 401(a) of the Internal Revenue Code of 1986, as amended (the Code), as a profit sharing plan with a qualified cash or deferred arrangement that satisfies Code Section 401(k) and is funded by a trust intended to be exempt from tax under Code Section 501(a). The Sponsoring Employer under the Plan is ABM Industries Incorporated, a Delaware corporation (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The plan document was last amended and restated effective January 1, 2007. Subsequent to that date, there have been other amendments to the Plan. The following is a brief description of the Plan's provisions. Participants should refer to the plan document for a more complete description of the Plan's provisions.

### *(a) Eligibility*

In general, all employees of the Company and its domestic subsidiaries which are under common control with the Company within the meaning of Code Section 414(b), (c), (m), or (o) are eligible to participate in the Plan (A) unless they are (i) eligible to participate in the ABM 401(k) Employee Savings Plan II (Plan II), (ii) members of a collective bargaining unit whose employment is governed by a collective bargaining agreement under which retirement benefits were the subject of bargaining, (iii) certain nonresident aliens who received no earned income (within the meaning of Code Section 911 (d)(2)), or (iv) seasonal or temporary employees and (B) provided that the Plan has been adopted by the board of directors of the subsidiary which employs such employee. An employee is eligible to participate in the Plan on the first day of the month following completion of 12 months of service, during which the employee completed at least 1,000 hours of service. In 2010 the Company acquired ABM Electrical & Lighting Solutions, Inc. and ABM Facility Solutions Group, LLC. The ABM Electrical & Lighting Solutions, Inc. and ABM Facility Solutions Group, LLC employees were eligible to participate in the Plan effective January 1, 2014. Participant account balances totaling $2,942,413 and $55,284,107, respectively, were transferred into the Plan on October 1, 2014.

### *(b) Contributions*

Participants may elect to contribute between 1% and 50% of eligible compensation by salary deferral. Contributions are subject to applicable Code restrictions and limitations.

Individuals age 50 and over are allowed to make additional elective pre-tax catch-up contributions each year.

Participants may also contribute amounts representing distributions from former employers' qualified retirement plans (rollover).

The Plan operates under a safe harbor employer matching contribution formula that applies to all participants in the Plan. Under this matching formula, the employer made matching contributions for eligible participants equal to 100% of the first 3% of the participant's compensation contributed to the Plan, plus 50% of the next 2% of compensation contributed to the Plan.

### *(c) Vesting*

The value of the participant's account, including the Company's matching portion and any former profit sharing contributions, is fully vested at all times.

### *(d) Participant Accounts*

Each participant's account is credited with the participant's contribution, employer matching contribution, and plan earnings or losses, and charged with an allocation of administrative expenses. Allocations are based on the participant's specific investments or account balance, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's entire account balance.

### *(e) Notes Receivable from Participants*

The Plan permits participant loans. Loans are limited to the lesser of $50,000 reduced by the highest outstanding loan balance in the prior twelve-month period, or 50% of the participant's vested account balances. The minimum loan amount is $1,000. Loans are repaid via payroll deductions, generally have a term of not greater than 60 months, and bear a fixed interest rate equal to the prime rate as published in *The Wall Street Journal* on the last business day of the calendar quarter preceding the date the loan is finalized, plus 1%. As a result of Plan mergers, the Plan has one loan with a term of 180 months, six loans with a term of 360 months as well as loans with interest rates as low as 3.25%. As of December 31, 2014, the interest rates on loans ranged from 3.25% to 10% with maturity dates through June 2023.

### *(f) Payment of Benefits*

Upon termination of service, retirement, or permanent disability, a participant may receive a lump-sum amount equal to the value of the participant's vested account balance. If the participant's account balance is $1,000 or less, a lump-sum payment may be made without the participant's written consent. If the value of a participant's account is between $1,000 and $5,000, and if the participant does not specify the form of payment, the Company is authorized to rollover the vested amounts into an Individual Retirement Account established by the plan administrator for the participant.

In the event of the death of a participant, the vested balance becomes payable to the beneficiary or beneficiaries as designated by the participant.

### *(g) Administrative Expenses*

Generally, administrative expenses are paid by the Plan. However, certain administrative expenses may be paid by the Company. Loans and other transaction specific fees are charged to the accounts of participants electing such transactions. In addition, certain investment related expenses reduce investment income presented in the accompanying statements of changes in net assets available for benefits.



(Continued)

Merrill Lynch, Pierce, Fenner & Smith Incorporated ("Merrill Lynch"), a wholly owned subsidiary of Bank of America Corporation, provides certain administrative services to the Company pursuant to a Master Plan Services Agreement between the Company and Merrill Lynch, effective as of January 1, 2013 (the "MSA"). As described in the MSA, Merrill Lynch receives revenue from processing fees, service fees, distribution fees and other fees from mutual fund or collective trust providers, which revenues are attributable to the Plan's assets invested in such funds. This revenue is used to offset certain amounts owed to Merrill Lynch in connection with the administration of the Plan. If the revenue received by Merrill Lynch from such mutual fund or collective trust providers exceeds the amount owed to Merrill Lynch under the MSA, Merrill Lynch remits the excess to the Plan's trust. The determination of whether such revenues exceed or fall below the amount due Merrill Lynch under the MSA is made on a quarterly basis. The amount of any such excess is deposited in the Plan trust no later than forty-five (45) days following the end of any such quarter. Such amounts are held in an unallocated account and may be applied to pay administrative expenses, used to fund Plan contributions, and/or allocated to the accounts of Plan participants.

### *(h) Plan Investments*

Participants direct the investment of their contributions and account balances within various investments offered by the Plan. Plan assets are held in a trust administered by the plan trustee.

### *(i) Asset Transfers*

From time to time, asset transfers occur between the Plan and Plan II due to changes in employee classifications.

### *(j) Plan Administration*

The Plan is administered by the Administrative Committee appointed by the Compensation Committee of the Board of Directors of the Company. Bank of America, N.A. (Merrill Lynch) serves as trustee of the Plan and Merrill Lynch serves as the recordkeeper of the Plan. Invesco National Trust Company serves as custodian of the Invesco Stable Value Retirement Trust (Stable Value Fund).

## (2) Summary of Significant Accounting Policies

### *(a) Basis of Accounting*

The accounts of the Plan are prepared on a cash basis of accounting modified to carry investments at fair value, whereas additions are recognized when received rather than when earned, and deductions are recognized when paid rather than when the obligation is incurred. Accordingly, the financial statements are not intended to present net assets available for benefits and changes in net assets available for benefits in accordance with U.S. generally accepted accounting principles (GAAP).



(Continued)

Investment contracts held by a defined-contribution plan are reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to a fully benefit-responsive investment contract, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through a common/collective trust, Stable Value Fund. The statements of net assets available for benefits present the fair value of the investment contracts as well as the adjustment for the fully benefit-responsive investment contracts from fair value to contract value. The statements of changes in net assets available for benefits are prepared on a contract value basis.

***(b) Use of Estimates***

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

***(c) Investment Valuation and Income Recognition***

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 10 for discussion on fair value measurements.

Purchases and sales of securities are recorded on a settlement-date basis. Interest and dividend income are recorded when received. Net appreciation in fair value of investments consists of the change in unrealized appreciation or depreciation during the years, and the realized gain or loss on the sales of investments during the year. Acquisition costs are included in the cost of investments purchased, and sales are recorded net of selling expenses.

***(d) Notes Receivable from Participants***

Notes receivable from participants are valued at amortized cost. Delinquent participant loans are reclassified as a distribution based upon the terms of the plan document.

***(e) Risks and Uncertainties***

The Plan may invest in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that change in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

***(f) Payment of Benefits***

Benefits are recorded when paid.

***(g) New Accounting Pronouncements***

In May 2015, the FASB issued ASU 2015-07, *Fair Value Measurement: Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or its equivalent)*. The ASU removes the requirement to categorize these investments within the fair value hierarchy and also removes the requirement to make certain disclosures. The ASU is effective for fiscal years beginning after December 15, 2015.

In August 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965)*. The ASU simplifies the measurement of fully benefit-responsive investment contracts and disclosures about plan investments. The ASU is effective for fiscal years beginning after December 15, 2015.

The Company is evaluating the impact of the adoption of these ASUs on the Plan financial statements.

**(3) Trustee and Custodian Certifications**

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator has obtained certifications as of and for the years ended December 31, 2014 and 2013 from the Trustee, that all of the information provided by the Trustee is complete and accurate. Invesco National Trust Company, custodian of the Stable Value Fund, has certified the completeness and accuracy of the Plan's fair value of the Stable Value Fund as derived from the certified ratio of contract value to fair value adjustment for the Stable Value Fund at December 31, 2014 and 2013. Information included in the accompanying financial statements and notes to financial statements as to investments, adjustment from fair value to contract value, notes receivable from participants, investment income, interest from notes receivable from participants and all investment information in the supplemental schedule is presented in reliance solely upon those certifications.

**(4) Investment in Stable Value Fund**

Certain employer initiated events (e.g., termination of the Plan, loss of the Plan's qualified status, material breaches of responsibilities that are not cured, material and adverse changes of the provision of the Plan or the employer elects to withdraw from the fund in order to switch to a different investment product) are not eligible for book value disbursements even from fully benefit–responsive contracts. These events may cause liquidation of all or a portion of a contract at a market value adjustment. The Plan does not believe that the occurrence of any of these events, which could limit the Plan's ability to transact at contract value with participants, is probable.



(Continued)

## (5) Investments

The following table presents the fair value of investments as of December 31, 2014 and 2013. Individual investments that exceed 5% of the Plan's net assets as of December 31, 2014 and 2013 are separately identified.

| | | 2014 | 2013 |
|---|---|---|---|
| Common/collective trusts: | | | |
| Northern Trust Collective S&P 500 Index Tier I | $ | 45,016,295 | 36,751,674 |
| Invesco Stable Value Retirement Fund Class 2 (Contract Value of $60,091,499 and $50,564,012, respectively) | | 61,095,027 | 50,968,524 |
| Total common/collective trusts | | 106,111,322 | 87,720,198 |
| Mutual funds: | | | |
| PIMCO Total Return Fund Administrative Class | | 24,526,549 | 27,785,075 |
| Invesco Growth and Income Fund Class Y | | 17,316,044 | 11,032,595 |
| American - The Growth Fund of America Class R4 | | 21,441,888 | * |
| JP Morgan Mid Cap Value Fund Institutional Class | | 20,216,396 | 15,914,908 |
| Others | | 94,618,680 | 69,228,874 |
| Total mutual funds | | 178,119,557 | 123,961,452 |
| Interest-bearing cash | | 17,189 | 116,326 |
| Total investments | $ | 284,248,068 | 211,797,976 |

*Investment did not meet or exceed 5% of the Plan's net assets available for benefits for the applicable year

During the years ended December 31, 2014 and 2013, the Plan's investments (including gains and losses on investments bought, sold, and held during the year) (depreciated) appreciated by $(544,401) and $22,494,053, respectively, as follows:

| | | 2014 | 2013 |
|---|---|---|---|
| Common/collective trusts | $ | 5,040,538 | 9,800,110 |
| Mutual funds | | (5,584,939) | 12,693,943 |
| | $ | (544,401) | 22,494,053 |



(Continued)

**(6) Income Tax Status**

The Internal Revenue Service has determined and informed the Company by a letter dated November 29, 2010, that the Plan and related trust are designed in accordance with applicable sections of the Code. The Plan has been amended since receiving the determination letter. The plan administrator believes that the Plan is designed in compliance with the applicable requirements of the Code.

The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

**(7) Transactions with Related Parties**

Certain Plan investments are managed by the Trustee or an affiliate of the Trustee, and therefore, these transactions qualify as party-in-interest transactions.

**(8) Administrative Committee**

The Plan provides that a committee shall serve without compensation until the resignation or the termination of this committee by the Company. The Administrative Committee, by majority agreement, oversees the operation and administration of the Plan.

**(9) Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA or the Code. In the event of termination of the Plan, all assets would be distributed based on the participants' account balances.

**(10) Fair Value Measurements**

Accounting Standards Codification (ASC) 820 defines fair value as the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. ASC 820 establishes a fair value hierarchy that requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In many cases, a valuation technique used to measure fair value includes inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and thus are included within Level 1 of the valuation hierarchy.

The equity index/common/collective trust fund is reported at NAV of units held by the Plan on the last business day of the Plan year as a practical expedient. This investment is included in common/collective trusts within Level 2 of the valuation hierarchy.

The Stable Value Fund is reported at the fair value NAV of units held. The fair value NAV is calculated by the issuer utilizing quoted market prices, most recent bid prices in the principal market in which the securities are normally traded, pricing services, and dealer quotes. The fair value of the underlying wrapper contracts is calculated using a discounted cash flow model, which considers recent fee bids as determined by recognized dealers, discount rate, and the duration of the underlying portfolio securities. The Stable Value Fund is included in common/collective trusts and is classified within Level 2 of the valuation hierarchy.

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

During 2014 and 2013, there were no changes in methodologies or transfers between Level 1 and 2 investments.

The tables below present information about the Plan's assets measured at fair value on a recurring basis and indicate the fair value hierarchy of the inputs utilized to determine the fair values as of December 31, 2014 and 2013.

| | Fair Value Measurements Using | | | |
|---|---|---|---|---|
| | **Quoted prices in active markets (Level 1)** | **Significant other observable inputs (Level 2)** | **Significant unobservable inputs (Level 3)** | **Total as of December 31, 2014** |
| Common/collective trusts: | | | | |
| Equity Index Fund | $ — | 45,016,295 | — | 45,016,295 |
| Capital Preservation Fund | — | 61,095,027 | — | 61,095,027 |
| Mutual funds: | | | | |
| Fixed income funds | 41,020,250 | — | — | 41,020,250 |
| International funds | 36,134,073 | — | — | 36,134,073 |
| Large cap funds | 46,719,129 | — | — | 46,719,129 |
| Mid cap funds | 36,586,712 | — | — | 36,586,712 |
| Small cap funds | 17,659,393 | — | — | 17,659,393 |
| Interest-bearing cash | 17,189 | — | — | 17,189 |
| Total assets at fair value | $ 178,136,746 | 106,111,322 | — | 284,248,068 |

| | Fair Value Measurements Using | | | |
|---|---|---|---|---|
| | **Quoted prices in active markets (Level 1)** | **Significant other observable inputs (Level 2)** | **Significant unobservable inputs (Level 3)** | **Total as of December 31, 2013** |
| Common/collective trusts: | | | | |
| Equity Index Fund | $ — | 36,751,674 | — | 36,751,674 |
| Capital Preservation Fund | — | 50,968,524 | — | 50,968,524 |
| Mutual funds: | | | | |
| Fixed income funds | 36,467,978 | — | — | 36,467,978 |
| International funds | 30,233,412 | — | — | 30,233,412 |
| Large cap funds | 18,811,359 | — | — | 18,811,359 |
| Mid cap funds | 23,914,909 | — | — | 23,914,909 |
| Small cap funds | 14,533,794 | — | — | 14,533,794 |
| Interest-bearing cash | 116,326 | — | — | 116,326 |
| Total assets at fair value | $ 124,077,778 | 87,720,198 | — | 211,797,976 |



(Continued)

In accordance with the fair value measurements and disclosures guidance, the following table presents the category, fair value, redemption frequency, and redemption notice period for plan investments that calculate NAV per share (or its equivalent) as of December 31, 2014 and 2013:

| | Fair Value at December 31, 2014 | Fair Value at December 31, 2013 | Redemption frequency (if currently eligible) | Redemption notice period |
|---|---|---|---|---|
| Common/collective trusts: | | | | |
| Equity Index Fund (a) | $ 45,016,295 | 36,751,674 | Daily | Daily |
| Capital Preservation Fund (b) | 61,095,027 | 50,968,524 | Daily | Daily |
| Total | $ 106,111,322 | 87,720,198 | | |

(a) This category includes investment in a common/collective trust fund, which seeks to invest in a portfolio of assets whose performance is expected to match approximately the performance of the S&P 500 Index.

(b) This category includes an investment in a common/collective trust, which seeks to provide preservation of capital, liquidity, and current income at levels that are typically higher than those provided by money market funds through the investment in a broadly diversified portfolio of fixed income securities.

## (11) Subsequent Events

In 2012, the Company acquired Air Serv Corporation. The Air Serv Corporation employees became eligible to participate in the Plan effective January 1, 2014. The Company merged the Air Serv Corporate Retirement Plan into the Plan effective as of the close of business December 31, 2014, and the plan assets, in the amount of $747,183 transferred into the plan as of the close of business January 2, 2015.

In 2012, the Company acquired HHA Services, Inc. The HHA Services, Inc. highly compensated employees became eligible to participate in the Plan effective January 1, 2014. The HHA Services, Inc. non-highly compensated employees became eligible to participate in the Plan effective January 1, 2015. The Company merged the HHA Services 401(k) Retirement Savings Plan and Trust into the Plan effective as of the close of business December 31, 2014, and the plan assets, in the amount of $5,787,020 transferred into the plan as of the close of business January 2, 2015.

Effective June 1, 2015, the PIMCO Total Return Fund was replaced by the Pioneer Bond Fund.

Effective August 31, 2015, the Invesco Stable Value Retirement Fund was replaced by the Northern Trust Ultra Short Fixed Income Fund.

On September 11, 2015, the Plan received a favorable compliance statement from the IRS with respect to a Voluntary Correction Program application that the Company had filed under the Internal Revenue Service's Employee Plans Compliance Resolution System, as set forth in Revenue Procedure 2013-12, to correct certain qualification issues with the Plan. The Company does not believe the outcome will be material to the Plan's financial statements.

In 2015, the plan document was restated in order to take all prior amendments and incorporate them into one document. This restatement had no impact on the Plan.

For the year ended December 31, 2014, subsequent events were evaluated through October 12, 2015, which is the date the financial statements were available to be issued.

# SUPPLEMENTAL SCHEDULE

Schedule

**ABM 401(k) EMPLOYEE SAVINGS PLAN**

EIN: 94-1369354

Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
(Modified Cash Basis)

December 31, 2014

| Issuer | Description of investment | Shares | Current value |
|---|---|---|---|
| | Common/collective trusts: | | |
| Northern Trust | Northern Trust Collective S&P 500 Index Tier I | 220,961 | $ 45,016,295 |
| Invesco | Invesco Stable Value Retirement Fund Class 2 | 60,091,499 | 60,091,499 |
| | Total common/collective trusts | | 105,107,794 |
| | Mutual funds: | | |
| MFS | International New Discovery Fund Class R4 | 216,146 | 5,874,859 |
| Oakmark | Oakmark International Fund Class I | 252,624 | 5,896,234 |
| JP Morgan | JP Morgan Mid Cap Value Fund Institutional Class | 544,183 | 20,216,396 |
| Principal | Principal Investors Real Institutional | 195,354 | 4,473,611 |
| American | American EuroPacific Growth Fund Class R4 | 314,607 | 14,553,705 |
| Prudential | Prudential Jennison Mid Cap Growth Fund Class Z | 297,195 | 11,896,705 |
| Delaware Investments | Delaware Diversified Income Fund Institutional Class | 1,149,778 | 10,325,006 |
| American | American - The Growth Fund of America Class R4 | 506,063 | 21,441,888 |
| PIMCO | PIMCO Total Return Fund Administrative Class | 2,300,802 | 24,526,549 |
| Allianz | Allianz NFJ Small-Cap Value Fund Institutional Class | 445,868 | 12,399,600 |
| Franklin | Franklin Small Cap Growth Fund | 271,263 | 5,259,793 |
| Manning | Manning & Napier Target Income I | 5,150 | 50,885 |
| Manning | Manning & Napier Target 2010 | 10,615 | 100,632 |
| Manning | Manning & Napier Target 2020 | 97,804 | 948,698 |
| Manning | Manning & Napier Target 2030 | 160,026 | 1,621,064 |
| Manning | Manning & Napier Target 2040 | 74,086 | 777,167 |
| Manning | Manning & Napier Target 2050 | 25,676 | 301,948 |
| Manning | Manning & Napier Target 2025 | 182,067 | 2,201,185 |
| Manning | Manning & Napier Target 2045 | 27,370 | 358,543 |
| Manning | Manning & Napier Target 2015 | 40,904 | 467,529 |
| Manning | Manning & Napier Target 2035 | 81,740 | 1,038,097 |
| Manning | Manning & Napier Target 2055 | 7,325 | 95,449 |
| Blackrock | Blackrock High Yield Institutional | 782,829 | 6,168,695 |
| Invesco | Invesco International Growth Fund Class R5 | 300,070 | 9,809,275 |
| Invesco | Invesco Growth and Income Fund Class Y | 652,205 | 17,316,044 |
| | Total mutual funds | | 178,119,557 |
| | Money market fund: | | |
| Bank of America* | BIF Money Fund | | 17,189 |
| Plan participants* | Loans to participants – 1523 loans to participants, interest rates ranging from 3.25% to 10%, maturity dates through June 2023 | | 9,283,113 |
| | Total assets (held at end of year) | | $ 292,527,653 |

* Party-in-interest

Note 1: Information on cost of assets held is excluded as all assets held are participant directed.

Note 2: This information has been summarized from information provided by Bank of America, N.A., the trustee of the Plan, and Invesco National Trust Company, the custodian of the Invesco Stable Value Retirement Trust, which the trustee and custodian have certified as being complete and accurate.

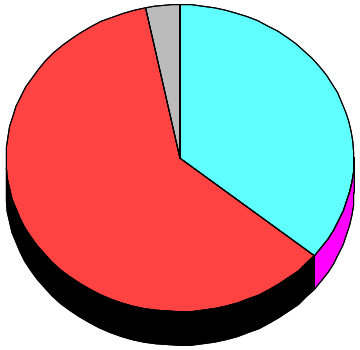
See accompanying independent auditors' report.

# STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2014 - 12/31/2014

ABM 401(k) Employee Savings
Plan 1
CONSOLIDATION

## ALLOCATION OF PLAN ASSETS



- 0.00% MONEY MARKET
- 60.89% MUTUAL FUNDS
- 0.00% PENDING SETTLEMENT FUNDS
- 35.93% COMMON / COLLECTIVE TRUSTS
- 3.17% LOANS
- 0.00% ACCRUED INCOME

| Investment Category | Shares/ Units | Price/ NAV | Cost/Book Value | Market Value | % Total Value |
|---|---|---|---|---|---|
| MONEY MARKET | | | | | |
| BIF MONEY FUND | | 1.000 | 14,548.53 | 14,548.53 | 0.00% |
| COMMON / COLLECTIVE TRUSTS | | | | | |
| INVESCO STABLE VALUE RET CL 2 | 60,091,498.7900 | 1.000 | 60,091,498.79 | 60,091,498.79 | 20.54% |
| NORTHERN TRUST S&P 500 TR T | 220,960.5607 | 203.730 | 33,244,856.31 | 45,016,295.03 | 15.39% |
| TOTAL COMMON / COLLECTIVE TRUSTS | | | 93,336,355.10 | 105,107,793.82 | 35.93% |
| MUTUAL FUNDS | | | | | |
| OAKMARK INTL FUND CLASS I | 252,623.5816 | 23.340 | 6,270,596.56 | 5,896,234.39 | 2.02% |
| PRUDENTIAL JENNISON MID-CAP Z | 297,194.7285 | 40.030 | 10,159,841.77 | 11,896,704.98 | 4.07% |
| ALLIANZGI NFJ SML-CP VAL INSTL | 445,868.4031 | 27.810 | 14,191,000.98 | 12,399,600.29 | 4.24% |
| AMERICAN EUROPACIFIC GR R4 | 314,606.6773 | 46.260 | 14,073,621.75 | 14,553,704.89 | 4.98% |

Balances include pending activity

# STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2014 - 12/31/2014

ABM 401(k) Employee Savings Plan 1
CONSOLIDATION

| Investment Category | Shares/ Units | Price/ NAV | Cost/Book Value | Market Value | % Total Value |
|---|---|---|---|---|---|
| AMERICAN GROWTH FD AMER R4 | 506,062.9778 | 42.370 | 20,300,100.68 | 21,441,888.37 | 7.33% |
| INVESCO INTERNATIONAL GRTH R5 | 300,069.5931 | 32.690 | 9,783,459.92 | 9,809,275.00 | 3.35% |
| DELAWARE DIVERSIFIED | 1,149,777.9218 | 8.980 | 10,481,860.83 | 10,325,005.74 | 3.53% |
| INVESCO GROWTH AND INCOME CL Y | 652,205.0637 | 26.550 | 16,035,538.38 | 17,316,044.44 | 5.92% |
| PRINCIPAL INVESTORS REAL INSTL | 195,354.2011 | 22.900 | 4,175,479.81 | 4,473,611.21 | 1.53% |
| JP MORGAN MID VALUE INST | 544,182.9470 | 37.150 | 17,533,874.59 | 20,216,396.48 | 6.91% |
| FRANKLIN SMALL CAP GTH FD | 271,263.2007 | 19.390 | 5,167,586.40 | 5,259,793.46 | 1.80% |
| MFS INTERNATIONAL NEW DISC R4 | 216,146.3918 | 27.180 | 5,177,790.26 | 5,874,858.93 | 2.01% |
| MANNING & NAPIER TARGET INC I | 5,150.2667 | 9.880 | 55,388.30 | 50,884.63 | 0.02% |
| MANNING & NAPIER TARGET 2010 I | 10,615.1551 | 9.480 | 107,535.59 | 100,631.67 | 0.03% |
| MANNING & NAPIER TARGET 2020 I | 97,803.9205 | 9.700 | 1,018,888.02 | 948,698.03 | 0.32% |
| MANNING & NAPIER TARGET 2030 I | 160,026.0487 | 10.130 | 1,763,017.34 | 1,621,063.87 | 0.55% |
| MANNING & NAPIER TARGET 2040 I | 74,086.4745 | 10.490 | 868,024.95 | 777,167.12 | 0.27% |
| MANNING & NAPIER TARGET 2050 I | 25,675.8712 | 11.760 | 335,213.49 | 301,948.25 | 0.10% |
| MANNING & NAPIER TARGET 2025 I | 182,066.5544 | 12.090 | 2,270,040.49 | 2,201,184.64 | 0.75% |
| MANNING & NAPIER TARGET 2045 I | 27,369.6834 | 13.100 | 371,594.95 | 358,542.85 | 0.12% |
| MANNING & NAPIER TARGET 2015 I | 40,903.7028 | 11.430 | 485,861.55 | 467,529.32 | 0.16% |
| MANNING & NAPIER TARGET 2035 I | 81,739.9581 | 12.700 | 1,073,843.72 | 1,038,097.47 | 0.35% |
| MANNING & NAPIER TARGET 2055 I | 7,325.3237 | 13.030 | 100,215.41 | 95,448.97 | 0.03% |
| PIMCO TOTAL RETURN FUND | 2,300,801.9557 | 10.660 | 25,249,769.45 | 24,526,548.85 | 8.38% |

Balances include pending activity

# STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2014 - 12/31/2014

ABM 401(k) Employee Savings Plan 1
CONSOLIDATION

| Investment Category | Shares/ Units | Price/ NAV | Cost/Book Value | Market Value | % Total Value |
|---|---|---|---|---|---|
| BLACKROCK HIGH YIELD FUND INST | 782,829.2544 | 7.880 | 6,393,589.79 | 6,168,694.52 | 2.11% |
| TOTAL MUTUAL FUNDS | | | 173,443,734.98 | 178,119,558.37 | 60.89% |
| LOANS | | | | | |
| LOAN FUND | 9,283,112.6700 | 1.000 | 9,283,112.67 | 9,283,112.67 | 3.17% |
| PENDING SETTLEMENT FUNDS | | | | | |
| PENDING SETTLEMENT FUND | 2,640.0000 | 1.000 | 2,640.00 | 2,640.00 | 0.00% |
| INVESTMENT TOTAL | | | 276,080,391.28 | 292,527,653.39 | 100.00% |
| UNINVESTED CASH | | | 0.00 | 0.00 | 0.00% |
| ACCRUED INCOME | | | 19.03 | 19.03 | 0.00% |
| TOTAL ASSETS | | | 276,080,410.31 | 292,527,672.42 | 100.00% |

A portion of the balance displayed in the BIF Money Fund or the Merrill Lynch Bank Deposit Program (MLBD Program) may contain a pending deposit. If cash funds are invested / deposited in the BIF or MLBD Program, sweep activity details are available upon request.

Balances include pending activity