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

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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 (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
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.	10/17/2016	RICHARD EASLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2016	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)

Preparer's telephone number

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**	56213
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)**	54764
a(2) Total number of active participants at the end of the plan year	**6a(2)**	53864
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	1542
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	55406
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	35
f Total. Add lines **6d** and **6e**.	**6f**	55441
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	7348
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:
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)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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 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

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(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 59 60 62 63 72	RECORDKEEPER	1065807	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	75000	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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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 RETIREMENT FUN

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

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	3633

a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST COLLECTIVE S&P 500 I

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

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	41691224

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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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)		0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	17189	146072
(2) U.S. Government securities	1c(2)		0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		0
(B) All other	1c(3)(B)		0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		0
(B) Common	1c(4)(B)		0
(5) Partnership/joint venture interests	1c(5)		0
(6) Real estate (other than employer real property)	1c(6)		0
(7) Loans (other than to participants)	1c(7)		0
(8) Participant loans	1c(8)	9283113	9579324
(9) Value of interest in common/collective trusts	1c(9)	105107794	41694856
(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)	178119557	249790714
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		0
	(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	292527653	301210966
	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	292527653	301210966

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)	11510326	
	(B) Participants	2a(1)(B)	21418696	
	(C) Others (including rollovers)	2a(1)(C)	2958391	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		35887413
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)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	367454	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		367454
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	11960736	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		11960736
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(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)	0	
	(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)		1005741
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		-14528265
c Other income	2c		803352
d Total income. Add all **income** amounts in column (b) and enter total	2d		35496431
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	32044942	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		32044942
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		1046715
h Interest expense	2h		0
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)	1065807	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1065807
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		34157464
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1338967
l Transfers of assets:			
(1) To this plan	2l(1)		7344346
(2) From this plan	2l(2)		0

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	N/A	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			2209854
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	N/A	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			
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

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

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

ABM 401(k) EMPLOYEE SAVINGS PLAN

Financial Statements and Supplemental Schedules
(Modified Cash Basis)

December 31, 2015 and 2014

(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, 2015 and 2014, 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, 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 holds the Plan's investment assets and executes investment transactions. The plan administrator obtained certifications from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

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 4a – schedule of delinquent participant contributions for the year ended December 31, 2015 and schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2015 are required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental 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 14, 2016

ABM 401(k) EMPLOYEE SAVINGS PLAN

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

December 31, 2015 and 2014

	2015	2014
Investments, at fair value:		
Common/collective trusts	$ 41,694,856	105,107,794
Mutual funds	249,790,714	178,119,557
Interest-bearing cash	146,072	17,189
Total investments	291,631,642	283,244,540
Receivables:		
Notes receivable from participants	9,579,324	9,283,113
Total receivables	9,579,324	9,283,113
Net assets available for benefits	$ 301,210,966	292,527,653

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, 2015 and 2014

	2015	2014
Additions:		
Investment income (loss):		
Interest income	$ 802,029	650,454
Dividend income	11,960,736	13,517,473
Net depreciation in fair value of investments	(14,085,750)	(544,401)
Total investment income (loss)	(1,322,985)	13,623,526
Interest on notes receivable from participants	367,454	295,719
Other income	564,549	98,600
Contributions:		
Participant	21,418,696	18,923,988
Employer	11,510,326	10,168,055
Rollovers	2,958,391	1,393,342
Total contributions	35,887,413	30,485,385
Total additions	35,496,431	44,503,230
Deductions:		
Benefits paid to participants	33,091,657	28,125,456
Administrative expenses	1,065,807	223,865
Total deductions	34,157,464	28,349,321
Net increase before transfers	1,338,967	16,153,909
Transfers:		
Interplan transfers, net	811,198	(310,341)
Transfer in from acquired companies' plans	6,533,148	58,226,520
Total transfers	7,344,346	57,916,179
Net increase in net assets available for benefits	8,683,313	74,070,088
Net assets available for benefits:		
Beginning of year	292,527,653	218,457,565
End of year	$ 301,210,966	292,527,653

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, 2015. 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 non-resident 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. 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 $5,785,965 transferred into the Plan as of the close of business January 2, 2015.

(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, 2015, the interest rates on loans ranged from 3.25% to 10% with maturity dates through September 2044.

(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 account 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.

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).

(Continued)

(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).

(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.

(Continued)

(g) New Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-07, *Fair Value Measurement (Topic 820), Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. ASU 2015-07 removes the requirements to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. It also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. The requirements of the standard are effective for reporting periods in fiscal years that begin after December 15, 2016, with early adoption permitted. The Plan elected to early adopt ASU 2015-07 which was applied retrospectively.

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965)*. ASU 2015-12 designates contract value as the only required measure for fully benefit-responsive investment contracts. It also eliminates disclosure requirements for individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation for investments by general type. It also states that investments of employee benefit plans will be grouped only by general type and if an investment is measured using the net asset value per share (or its equivalent) practical expedient and that investment is in a fund that files a U.S. Department of Labor Form 5500 as a direct filing entity, disclosure of that investment's strategy is no longer required. The requirements of the standard are effective for reporting periods in fiscal years that begin after December 15, 2015, with early adoption permitted. The Plan elected to early adopt ASU 2015-12 which was applied retrospectively.

(3) Trustee Certification

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 a certification as of and for the years ended December 31, 2015 and 2014 from the Trustee, that all of the information provided by the Trustee is complete and accurate. Information included in the accompanying financial statements and notes to financial statements as to investments, 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 this certification.

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

(5) 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, 2015, 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 2012.

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 outcome was not material to the Plan's financial statements.

During the year, certain plan operational failures occurred that resulted in both the improper inclusion of ineligible employees and exclusion of eligible participants. The Company intends to correct the operational failures through the Internal Revenue Service's Employee Plans Compliance Resolution System. The Company does not believe the outcome of the correction will be material to the Plan's financial statements.

(6) 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.

(7) Nonexempt Transactions

As reported on Supplemental Schedule 1, certain employee contributions and participant loan repayments totaling $2,209,854 were not remitted to the trust within the time frame specified by the DOL's Regulation 29 CFR 2510.3-102, thus constituting nonexempt transactions between the Plan and the Company for the year ended December 31, 2015.

(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.

Common/collective trust funds are reported at NAV of units held by the Plan on the last business day of the Plan year. These funds publish a daily net asset value (NAV) and transact at that price. The common/collective trust held by the Plan are deemed to be actively traded and thus are included within Level 1 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 the year, plan management re-evaluated the Plan's investments as to whether they have a readily determinable fair value. Based on that re-evaluation, certain accounting policy and NAV disclosures have been revised.

During 2015 and 2014, there were no changes in methodologies or transfers, other than noted above, 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, 2015 and 2014.

	Fair value measurement using			
	Quoted prices in active markets (Level 1)	**Significant other observable inputs (Level 2)**	**Significant unobservable inputs (Level 3)**	**Total as of December 31, 2015**
Common/collective trusts	$ 41,694,856	—	—	41,694,856
Mutual funds	249,790,714	—	—	249,790,714
Interest-bearing cash	146,072	—	—	146,072
Total assets at fair value	$ 291,631,642	—	—	291,631,642

	Fair value measurement 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	$ 105,107,794	—	—	105,107,794
Mutual funds	178,119,557	—	—	178,119,557
Interest-bearing cash	17,189	—	—	17,189
Total assets at fair value	$ 283,244,540	—	—	283,244,540

(11) Subsequent Events

For the year ended December 31, 2015, subsequent events were evaluated through October 14, 2016, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

Schedule 1

ABM 401(k) EMPLOYEE SAVINGS PLAN

Schedule H, Part IV, Line 4a – Schedule of Delinquent Participant Contributions

Year ended December 31, 2015

Participant contributions transferred late to plan		Total that constitute nonexempt prohibited transactions			Total fully corrected under VFCP and PTE 2002-51
	Check here if late participant loan repayments are included: x	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
$	2,209,854	2,209,854	—	—	—

See accompanying independent auditors' report.

Schedule 2

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, 2015

Issuer	Description of investment	Shares	Current value
	Common/collective trusts:		
Northern Trust	Northern Trust Collective S&P 500 Index Tier I	202,424	$ 41,691,224
Invesco	Invesco Stable Value Retirement Fund Class 2	3,633	3,632
	Total common/collective trusts		41,694,856
	Mutual funds:		
MFS	International New Discovery Fund Class R4	257,692	7,112,293
Oakmark	Oakmark International Fund Class I	384,137	8,205,165
JP Morgan	JP Morgan Mid Cap Value Fund Institutional Class	756,916	25,712,422
Principal	Principal Investors Real Institutional	239,379	5,335,755
American	American EuroPacific Growth Fund Class R4	393,784	17,527,308
Prudential	Prudential Jennison Mid Cap Growth Fund Class Z	317,271	11,396,389
Delaware Investments	Delaware Diversified Income Fund Institutional Class	938,587	8,043,690
American	American – The Growth Fund of America Class R4	589,630	24,157,136
Allianz	Allianz NFJ Small-Cap Value Fund Institutional Class	458,832	10,062,185
Franklin	Franklin Small Cap Growth Fund	279,932	5,086,373
Manning	Manning & Napier Target Income I	33,132	297,853
Manning	Manning & Napier Target 2020	182,115	1,518,837
Manning	Manning & Napier Target 2030	272,388	2,233,583
Manning	Manning & Napier Target 2040	140,055	1,163,859
Manning	Manning & Napier Target 2050	50,248	449,217
Manning	Manning & Napier Target 2025	238,631	2,484,151
Manning	Manning & Napier Target 2045	36,348	402,012
Manning	Manning & Napier Target 2015	19,334	193,725
Manning	Manning & Napier Target 2035	101,227	1,085,152
Manning	Manning & Napier Target 2055	14,745	164,108
Blackrock	Blackrock High Yield Institutional	955,675	6,813,964
Pioneer	Pioneer Bond Fund Class Y	3,790,650	35,707,923
Ultra	Northern Ultra-Short Fixed Income Fund	5,341,993	54,167,806
Invesco	Invesco International Growth Fund Class R5	138,260	4,346,885
Invesco	Invesco Growth and Income Fund Class Y	683,754	16,122,923
	Total mutual funds		249,790,714
	Money market fund:		
Bank of America*	BIF Money Fund		146,072
Plan participants*	Loans to participants – 1,508 loans to participants, interest rates ranging from 3.25% to 10%, maturity dates through September 2044		9,579,324
	Total assets (held at end of year)		$ 301,210,966

* 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, which the trustee has certified as being complete and accurate.

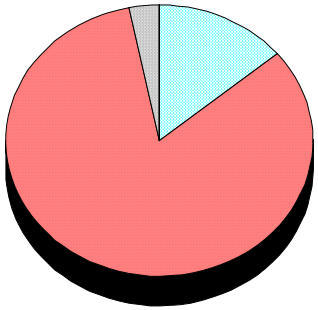
See accompanying independent auditors' report.

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2015 - 12/31/2015

ABM 401(k) Employee Savings Plan 1
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



- 0.05% MONEY MARKET
- 82.93% MUTUAL FUNDS
- 0.00% PENDING SETTLEMENT FUNDS
- 13.84% COMMON / COLLECTIVE TRUSTS
- 3.18% 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	143,622.10	143,622.10	0.05%
COMMON / COLLECTIVE TRUSTS					
INVESCO STABLE VALUE RET CL 2	3,632.7600	1.000	3,632.76	3,632.76	0.00%
NORTHERN TRUST S&P 500 TR T	202,423.8900	205.960	31,875,335.12	41,691,224.38	13.84%
TOTAL COMMON / COLLECTIVE TRUSTS			**31,878,967.88**	**41,694,857.14**	**13.84%**
MUTUAL FUNDS					
OAKMARK INTL FUND CLASS I	384,136.9430	21.360	9,227,353.13	8,205,165.10	2.72%
PIONEER BOND FD CL Y	3,790,650.0000	9.420	36,522,070.21	35,707,923.00	11.85%
PRUDENTIAL JENNISON MID-CAP Z	317,271.4025	35.920	11,139,460.24	11,396,388.78	3.78%
ALLIANZGI NFJ SML-CP VAL INSTL	458,831.9860	21.930	13,448,641.98	10,062,185.45	3.34%

Balances include pending activity

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2015 - 12/31/2015

ABM 401(k) Employee Savings Plan 1
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
AMERICAN EUROPACIFIC GR R4	393,783.6014	44.510	17,981,151.05	17,527,308.10	5.82%
AMERICAN GROWTH FD AMER R4	589,629.8831	40.970	23,969,537.89	24,157,136.31	8.02%
INVESCO INTERNATIONAL GRTH R5	138,259.7128	31.440	4,227,812.03	4,346,885.37	1.44%
DELAWARE DIVERSIFIED	938,586.9744	8.570	8,445,989.61	8,043,690.37	2.67%
INVESCO GROWTH AND INCOME CL Y	683,754.1426	23.580	16,697,246.48	16,122,922.68	5.35%
PRINCIPAL INVESTORS REAL INSTL	239,378.8618	22.290	5,291,531.40	5,335,754.83	1.77%
JP MORGAN MID VALUE INST	756,915.5812	33.970	25,730,314.85	25,712,422.29	8.54%
FRANKLIN SMALL CAP GTH FD	279,932.4674	18.170	5,359,774.64	5,086,372.93	1.69%
MFS INTERNATIONAL NEW DISC R4	257,691.7674	27.600	6,489,446.82	7,112,292.78	2.36%
MANNING & NAPIER TARGET INC I	33,131.5654	8.990	342,573.75	297,852.77	0.10%
MANNING & NAPIER TARGET 2020 I	182,114.7627	8.340	1,776,790.50	1,518,837.12	0.50%
MANNING & NAPIER TARGET 2030 I	272,388.1760	8.200	2,781,525.79	2,233,583.04	0.74%
MANNING & NAPIER TARGET 2040 I	140,055.2405	8.310	1,496,035.73	1,163,859.05	0.39%
MANNING & NAPIER TARGET 2050 I	50,247.9754	8.940	578,944.05	449,216.90	0.15%
MANNING & NAPIER TARGET 2025 I	238,631.1870	10.410	2,896,581.43	2,484,150.66	0.82%
MANNING & NAPIER TARGET 2045 I	36,348.2688	11.060	472,998.68	402,011.85	0.13%
ULTRA SHORT FIXED INCOME FUND	5,341,992.6632	10.140	54,379,819.54	54,167,805.60	17.98%
MANNING & NAPIER TARGET 2015 I	19,333.8514	10.020	221,417.97	193,725.19	0.06%
MANNING & NAPIER TARGET 2035 I	101,226.8630	10.720	1,282,610.16	1,085,151.97	0.36%
MANNING & NAPIER TARGET 2055 I	14,744.6089	11.130	189,575.58	164,107.50	0.05%

Balances include pending activity

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2015 - 12/31/2015

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	955,675.1289	7.130	7,639,369.98	6,813,963.67	2.26%
TOTAL MUTUAL FUNDS			**258,588,573.49**	**249,790,713.31**	**82.93%**
LOANS					
LOAN FUND	9,579,324.0800	1.000	9,579,324.08	9,579,324.08	3.18%
PENDING SETTLEMENT FUNDS					
PENDING SETTLEMENT FUND	2,450.0000	1.000	2,450.00	2,450.00	0.00%
INVESTMENT TOTAL			**300,192,937.55**	**301,210,966.63**	**100.00%**
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			22.19	22.19	0.00%
TOTAL ASSETS			**300,192,959.74**	**301,210,988.82**	**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