

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 150px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>ABM 401(K) EMPLOYEE SAVINGS PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>10/09/1961</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ABM INDUSTRIES INCORPORATED</u> <u>14141 SOUTHWEST FREEWAY</u> <u>SUITE 420</u> <u>SUGARLAND, TX 77478</u>	2b	Employer Identification Number (EIN) <u>94-1369354</u>
		2c	Plan Sponsor's telephone number <u>713-776-5100</u>
		2d	Business code (see instructions) <u>561790</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	PAUL SILADI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	PAUL SILADI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 48531
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) 46617
a(2) Total number of active participants at the end of the plan year	6a(2) 67143
b Retired or separated participants receiving benefits	6b 41
c Other retired or separated participants entitled to future benefits	6c 1705
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 68889
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 23
f Total. Add lines 6d and 6e	6f 68912
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 7458
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 1
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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 59 60 62 63 72	RECORDKEEPER	684357	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2017</div> This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>ABM 401(K) EMPLOYEE SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ABM INDUSTRIES INCORPORATED</u>	D Employer Identification Number (EIN) <u>94-1369354</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET RUSSELL LARGE CAP GROW</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-228</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24425362</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NORTHERN TRUST COLLECTIVE S&P 500 I</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST</u>		
c EIN-PN <u>45-6138589-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NORTHERN TRUST COLLECTIVE S&P 500 I</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST</u>		
c EIN-PN <u>45-6138589-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>58026635</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER RETIREMENT TARGET</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST</u>		
c EIN-PN <u>02-0476209-026</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>446708</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER RETIREMENT TARGET</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST</u>		
c EIN-PN <u>02-0476209-040</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>276006</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER RETIREMENT TARGET</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST</u>		
c EIN-PN <u>02-0476209-024</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3179258</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER RETIREMENT TARGET</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST</u>		
c EIN-PN <u>02-0476209-041</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3704949</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: MANNING & NAPIER RETIREMENT TARGET

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

c EIN-PN 02-0476209-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5092684
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a Name of MTIA, CCT, PSA, or 103-12 IE: MANNING & NAPIER RETIREMENT TARGET

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

c EIN-PN 02-0476209-042	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2724368
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a Name of MTIA, CCT, PSA, or 103-12 IE: MANNING & NAPIER RETIREMENT TARGET

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

c EIN-PN 02-0476209-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2722779
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a Name of MTIA, CCT, PSA, or 103-12 IE: MANNING & NAPIER RETIREMENT TARGET

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

c EIN-PN 02-0476209-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1712551
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a Name of MTIA, CCT, PSA, or 103-12 IE: MANNING & NAPIER RETIREMENT TARGET

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

c EIN-PN 02-0476209-027	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1234304
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a Name of MTIA, CCT, PSA, or 103-12 IE: MANNING & NAPIER RETIREMENT TARGET

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

c EIN-PN 02-0476209-044	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 930098
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a Name of MTIA, CCT, PSA, or 103-12 IE: MANNING & NAPIER RETIREMENT TARGET

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

c EIN-PN 02-0476209-058	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102624
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>ABM 401(K) EMPLOYEE SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ABM INDUSTRIES INCORPORATED</u>	D Employer Identification Number (EIN) <u>94-1369354</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	730669	3073
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	8706269	9094859
(9) Value of interest in common/collective trusts.....	1c(9)	46413871	104578326
(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)	262529265	250756341
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	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	318380074	364432599

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	318380074	364432599
---	-----------	-----------	-----------

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)	12164723	
(B) Participants	2a(1)(B)	22396757	
(C) Others (including rollovers)	2a(1)(C)	2426234	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		36987714
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	375520	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		375520
(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)	11682489	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		11682489
(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)		13816860
(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)		20492869
c Other income	2c		479594
d Total income. Add all income amounts in column (b) and enter total.....	2d		83835046

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	40190653	
(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)		40190653
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		4212651
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)	684357	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		684357
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		45087661

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		38747385
l Transfers of assets:			
(1) To this plan.....	2l(1)		7305140
(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) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: 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:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
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			

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

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

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

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
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 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No		
11 a Does the ESOP hold any preferred stock? Yes No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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 Schedules
(Modified Cash Basis)

December 31, 2017 and 2016

(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, 2017 and 2016, 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 the modified cash basis of accounting described in note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for 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, 2017 and 2016, 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.



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 accounting principles generally accepted in the United States of America. 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, 2017 and schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2017 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 schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KPMG LLP

Houston, Texas
October 15, 2018

ABM 401(k) EMPLOYEE SAVINGS PLAN

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

December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Investments, at fair value:		
Common/collective trusts	\$ 104,578,326	46,413,871
Mutual funds	250,756,341	262,529,265
Money market funds	<u>3,073</u>	<u>730,669</u>
Total investments	<u>355,337,740</u>	<u>309,673,805</u>
Receivables:		
Notes receivable from participants	<u>9,094,859</u>	<u>8,706,269</u>
Total receivables	<u>9,094,859</u>	<u>8,706,269</u>
Net assets available for benefits	<u>\$ 364,432,599</u>	<u>318,380,074</u>

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, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Additions:		
Investment income:		
Interest income	\$ 116,670	1,962
Dividend income	11,682,489	9,371,778
Net appreciation in fair value of investments	<u>34,309,729</u>	<u>12,347,902</u>
Total investment income	<u>46,108,888</u>	<u>21,721,642</u>
Interest on notes receivable from participants	375,520	351,036
Other income	362,924	553,604
Contributions:		
Participant	22,396,757	20,715,223
Employer	12,164,723	11,165,622
Rollovers	<u>2,426,234</u>	<u>732,282</u>
Total contributions	<u>36,987,714</u>	<u>32,613,127</u>
Total additions	<u>83,835,046</u>	<u>55,239,409</u>
Deductions:		
Benefits paid to participants	44,403,304	37,884,902
Administrative expenses	<u>684,357</u>	<u>765,149</u>
Total deductions	<u>45,087,661</u>	<u>38,650,051</u>
Net increase before transfers	<u>38,747,385</u>	<u>16,589,358</u>
Transfers:		
Interplan transfers, net	630,899	579,750
Transfer in from acquired companies' plans	<u>6,674,241</u>	<u>—</u>
Total transfers	<u>7,305,140</u>	<u>579,750</u>
Net increase in net assets available for benefits	46,052,525	17,169,108
Net assets available for benefits:		
Beginning of year	<u>318,380,074</u>	<u>301,210,966</u>
End of year	<u>\$ 364,432,599</u>	<u>318,380,074</u>

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

ABM 401(k) EMPLOYEE SAVINGS PLAN

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2017 and 2016

(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. Subsequent to that date, there have been 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. Effective January 1, 2017, an employee is eligible to participate in the Plan on the first day of the month following completion of 6 months of service, with no minimum hours of service requirement. Pursuant to the Company's acquisition of Mechanical Solutions, Inc. (MSI), MSI employees became eligible to participate in the Plan effective January 1, 2017.

In addition, employees of ABM Facility Support Services LLC, an affiliate of the Company, became eligible to participate in the Plan effective January 1, 2017. These employees previously participated in the ABM Government Services 401(k) Plan (AGS Plan). The account balances these employees held in the AGS Plan, in the amount of \$6,674,241, transferred into the Plan as of the close of business July 12, 2017.

(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).

ABM 401(k) EMPLOYEE SAVINGS PLAN

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2017 and 2016

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, 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, five loans with a term of 360 months as well as loans with interest rates as low as 3.25%. As of December 31, 2017, the interest rates on loans ranged from 3.25% to 6.0% 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.

ABM 401(k) EMPLOYEE SAVINGS PLAN

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2017 and 2016

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.

Effective March 31, 2017, the age appropriate Manning & Napier Retirement Target Date Funds were replaced with the age appropriate Manning & Napier Retirement Target Date Collective Investment Trusts and the American Funds Growth Fund of America was replaced with State Street Russell Large Cap Growth Index Fund. Dreyfus/Standish Global Fixed Income Fund, Manning & Napier Retirement Target 2016 Collective Investment Trust, and Oppenheimer Developing Markets Fund were added as new investment choices. Additionally, certain investment options were converted to lower expense ratio classes.

(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. serves as trustee of the Plan and Merrill Lynch serves as the recordkeeper of the Plan.

(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 contributions 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 accounting policies generally accepted in the United States of America (GAAP).

ABM 401(k) EMPLOYEE SAVINGS PLAN

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2017 and 2016

(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 9 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.

(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 certifications as of and for the years ended December 31, 2017 and 2016 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 2 is presented in reliance solely upon this certification.

ABM 401(k) EMPLOYEE SAVINGS PLAN

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2017 and 2016

(4) Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated November 8, 2016, 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, 2017, 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 2014.

During 2017 and 2016, certain plan operational failures were identified. 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.

(5) 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.

(6) Nonexempt Transactions

As reported on Supplemental Schedule 1, certain employee contributions and participant loan repayments during 2017 and 2016 totaling \$23,246 and \$28,688, respectively, 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 years ended December 31, 2017 and December 31, 2016. The 2017 untimely remittances were made to the Plan during 2017, and lost earnings on such late remittances will be made in November 2018. The 2016 untimely remittances were made to the Plan during 2016, and lost earnings on such late remittances were fully funded in October 2017.

(7) 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.

(8) 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.

ABM 401(k) EMPLOYEE SAVINGS PLAN

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2017 and 2016

(9) 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.

Money market funds are valued at par, which represents fair value and thus is included within Level 1 of the valuation 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 by the manager of the fund. 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 have a readily determinable fair value 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 2017 and 2016, there were no changes in methodologies or transfers between levels.

ABM 401(k) EMPLOYEE SAVINGS PLAN

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2017 and 2016

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, 2017 and 2016.

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, 2017
Common/collective trusts	\$ 104,578,326	—	—	104,578,326
Mutual funds	250,756,341	—	—	250,756,341
Money market funds	3,073	—	—	3,073
Total assets at fair value	<u>\$ 355,337,740</u>	<u>—</u>	<u>—</u>	<u>355,337,740</u>

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, 2016
Common/collective trusts	\$ 46,413,871	—	—	46,413,871
Mutual funds	262,529,265	—	—	262,529,265
Money market funds	730,669	—	—	730,669
Total assets at fair value	<u>\$ 309,673,805</u>	<u>—</u>	<u>—</u>	<u>309,673,805</u>

(10) Subsequent Events

For the year ended December 31, 2017, subsequent events were evaluated through October 15, 2018, which is the date the financial statements were available to be issued. Other than the items noted below, no subsequent events requiring disclosure were identified.

The Company entered into a merger agreement with GCA Services Group Inc. effective July 11, 2017. GCA employees became eligible to participate in the Plan effective January 1, 2018 and the GCA Services Group Inc. 401(k) Profit Sharing Plan was merged into the Plan on April 2, 2018.

SUPPLEMENTAL SCHEDULES

Schedule 1**ABM 401(k) EMPLOYEE SAVINGS PLAN**

Schedule H, Part IV, Line 4a – Schedule of Delinquent Participant Contributions
(Modified Cash Basis)

Year ended December 31, 2017

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	
\$ 51,934	23,246	28,688	—	—

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, 2017

Issuer	Description of investment	Shares	Current value
Common/collective trusts:			
Northern Trust	Northern Trust Collective S&P 500 Index Tier I	244,766	\$ 58,026,635
State Street	State Street Large Growth Index	648,077	24,425,362
Manning	Manning&Napier RET INCM CIT U1	40,907	446,708
Manning	Manning&Napier RET 2015 CIT U1	25,438	276,006
Manning	Manning&Napier RET 2020 CIT U1	290,078	3,179,258
Manning	Manning&Napier RET 2025 CIT U1	336,814	3,704,949
Manning	Manning&Napier RET 2030 CIT U1	448,300	5,092,684
Manning	Manning&Napier RET 2035 CIT U1	236,490	2,724,368
Manning	Manning&Napier RET 2040 CIT U1	228,997	2,722,779
Manning	Manning&Napier RET 2045 CIT U1	142,951	1,712,551
Manning	Manning&Napier RET 2050 CIT U1	102,009	1,234,304
Manning	Manning&Napier RET 2055 CIT U1	76,868	930,098
Manning	Manning&Napier RET 2060 CIT U1	7,919	102,624
Total common/collective trusts			<u>104,578,326</u>
Mutual funds:			
MFS	International New Discovery Fund Class R4	175,087	6,070,271
Oakmark	Oakmark International Fund Class I	398,582	11,387,500
JP Morgan	JP Morgan Mid Cap Value Fund Institutional Class	785,804	31,652,191
Principal	Principal Real Estate SEC FD I	256,818	6,101,985
American	American EuroPacific Growth Fund Class R6	489,596	27,485,902
Prudential	Prudential Jennison Mid Cap Growth Fund Class Z	304,933	11,605,747
Delaware Investments	Delaware Diversified Income Fund Institutional Class	519,671	4,541,925
Allianz	Allianz NFJ Small-Cap Value Fund Institutional Class	547,011	13,215,795
Franklin	Franklin Small Cap Growth Fund R6	238,535	5,667,586
Oppenheimer	Oppenheimer Developing FD CL I	25,695	1,103,074
Dreyfus/Standish	Dreyfus/Standish Global Fixed	137	2,922
Blackrock	Blackrock High Yield Institutional	1,318,905	10,287,462
Pioneer	Pioneer Bond Fund Class Y	4,865,077	46,899,339
Ultra	Ultra Short Fixed Income Fund	4,741,189	48,312,718
Invesco	Invesco International Growth Fund Class R5	133,772	4,924,159
Invesco	Invesco Growth and Income R6	795,919	21,497,765
Total mutual funds			<u>250,756,341</u>
Money market fund:			
Bank of America*	BIF Money Fund		3,073
Plan participants*	Loans to participants – interest rates ranging from 3.25% to 6.0%, maturity dates through September 2044		<u>9,094,859</u>
Total assets (held at end of year)			<u>\$ 364,432,599</u>

* 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.

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning _____ and ending _____		
A Name of plan	B Three-digit plan number (PN) ►	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
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)		
	(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)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(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)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)		

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

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 through 1j)	1k		

Net Assets

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

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(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)		
(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)		

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

Expenses

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

Net Income and Reconciliation

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

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a			
4b			

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

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

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

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

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

Attachment to 2017 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ABM 401(k) Employee Savings Plan

EIN: 94-1369354

Plan Sponsor's Name ABM Industries Incorporated

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	BIF MONEY FUND	MONEY MARKET	-232,477	-232,477
	STATE STREET LARGE GRWTH INDEX	COMMON / COLLECTIVE TRUSTS	20,709,980	24,425,362
	NORTHERN TRUST S&P 500 TIER 3	COMMON / COLLECTIVE TRUSTS	50,836,857	58,026,635
	MANNING&NAPIER RET INCM CIT U1	COMMON / COLLECTIVE TRUSTS	429,377	446,708
	MANNING&NAPIER RET 2015 CIT U1	COMMON / COLLECTIVE TRUSTS	262,325	276,006
	MANNING&NAPIER RET 2020 CIT U1	COMMON / COLLECTIVE TRUSTS	3,015,910	3,179,258
	MANNING&NAPIER RET 2025 CIT U1	COMMON / COLLECTIVE TRUSTS	3,482,936	3,704,949

Attachment to 2017 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ABM 401(k) Employee Savings Plan

EIN: 94-1369354

Plan Sponsor's Name ABM Industries Incorporated

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	MANNING&NAPIER RET 2030 CIT U1	COMMON / COLLECTIVE TRUSTS	4,747,726	5,092,684
	MANNING&NAPIER RET 2035 CIT U1	COMMON / COLLECTIVE TRUSTS	2,504,921	2,724,368
	MANNING&NAPIER RET 2040 CIT U1	COMMON / COLLECTIVE TRUSTS	2,489,263	2,722,779
	MANNING&NAPIER RET 2045 CIT U1	COMMON / COLLECTIVE TRUSTS	1,553,644	1,712,551
	MANNING&NAPIER RET 2050 CIT U1	COMMON / COLLECTIVE TRUSTS	1,118,931	1,234,304
	MANNING&NAPIER RET 2055 CIT U1	COMMON / COLLECTIVE TRUSTS	853,386	930,098
	MANNING&NAPIER RET 2060 CIT U1	COMMON / COLLECTIVE TRUSTS	97,492	102,624

Attachment to 2017 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ABM 401(k) Employee Savings Plan

EIN: 94-1369354

Plan Sponsor's Name ABM Industries Incorporated

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	THE OAKMARK INTL FD INV	MUTUAL FUNDS	10,077,730	11,387,500
	AMERICAN EUROPACIFIC GROWTH R6	MUTUAL FUNDS	24,930,556	27,485,902
	PIONEER BOND FD CL Y	MUTUAL FUNDS	46,808,852	46,899,339
	PRUDENTIAL JENNISON MID-CAP Z	MUTUAL FUNDS	10,936,247	11,605,747
	INVESCO INTERNATIONAL GRTH R5	MUTUAL FUNDS	4,154,906	4,924,159
	DELAWARE DIVERSIFIED	MUTUAL FUNDS	4,650,177	4,541,925
	PRINCIPAL REAL ESTATE SEC FD I	MUTUAL FUNDS	5,809,622	6,101,985

Attachment to 2017 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ABM 401(k) Employee Savings Plan

EIN: 94-1369354

Plan Sponsor's Name ABM Industries Incorporated

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	JP MORGAN MID CAP VALUE CL L	MUTUAL FUNDS	28,412,400	31,652,191
	MFS INTERNATIONAL NEW DISC R4	MUTUAL FUNDS	4,489,196	6,070,271
	OPPENHEIMER DEVELOPING FD CL I	MUTUAL FUNDS	975,179	1,103,074
	ALLIANZGI NFJ SMALL CAP VAL R6	MUTUAL FUNDS	14,301,082	13,215,795
	ULTRA SHORT FIXED INCOME FUND	MUTUAL FUNDS	48,286,737	48,312,718
	INVESCO GROWTH AND INCOME R6	MUTUAL FUNDS	21,621,104	21,497,765
	FRANKLIN SMALL CAP GROWTH R6	MUTUAL FUNDS	5,035,799	5,667,586

Attachment to 2017 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ABM 401(k) Employee Savings Plan

EIN: 94-1369354

Plan Sponsor's Name ABM Industries Incorporated

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	DREYFUS/STANDISH GLOBAL FIXED	MUTUAL FUNDS	2,949	2,922
	BLACKROCK HIGH YIELD BOND FD I	MUTUAL FUNDS	10,262,068	10,287,462
	LOAN FUND	LOANS	9,094,859	9,094,859
	PENDING SETTLEMENT FUND	PENDING SETTLEMENT FUNDS	3,073	3,073
	Uninvested Cash	Uninvested Cash	0	0
	Accrued Income	Accrued Income	251	251