

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... [X] an amended return/report [] a short plan year return/report... C If the plan is a collectively-bargained plan, check here... [] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: ABM 401(K) EMPLOYEE SAVINGS PLAN II
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/2002
2a Plan sponsor's name (employer, if for a single-employer plan): ABM INDUSTRIES INCORPORATED
2b Employer Identification Number (EIN): 94-1369354
2c Plan Sponsor's telephone number: 212-297-0200
2d Business code (see instructions): 561790

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/20/2025, HARRY FISHER; 2. Signature of plan administrator; 3. Filed with authorized/valid electronic signature, 10/20/2025, HARRY FISHER; 4. Signature of employer/plan sponsor; 5. Signature of DFE.

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

Form 5500 (2024) v. 240311

| | | |
|---|--|------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 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 | 7403 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 7061 |
| | 6a(2) | 8108 |
| | 6b | 39 |
| | 6c | 269 |
| | 6d | 8416 |
| | 6e | 11 |
| | 6f | 8427 |
| | 6g(1) | 1274 |
| | 6g(2) | 1260 |
| 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 2E

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

| | |
|---|---|
| 9a Plan funding arrangement (check all that apply) | 9b Plan benefit arrangement (check all that apply) |
| (1) <input type="checkbox"/> Insurance | (1) <input type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> General assets of the sponsor |

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | 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. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

| | | |
|---|--|------------|
| A Name of plan ABM 401(K) EMPLOYEE SAVINGS PLAN II | B Three-digit plan number (PN) ▶ | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 ABM INDUSTRIES INCORPORATED | D Employer Identification Number (EIN) 94-1369354 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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 72 | RECORDKEEPER | 105032 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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 <hr/> 2024 This Form is Open to Public Inspection. |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

| | | |
|--|--|------------|
| A Name of plan <u>ABM 401(K) EMPLOYEE SAVINGS PLAN II</u> | B Three-digit plan number (PN) ▶ | <u>002</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) |
|---------------|--|

| | | |
|--|-------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO STABLE VALUE RETIREMENT FUN</u> | | |
| b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u> | | |
| c EIN-PN <u>27-3868124-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NORTHERN TRUST SP 500 INDEX TIER 3</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>PUTNAM STABLE VALUE FUND CLASS 20</u> | | |
| b Name of sponsor of entity listed in (a): <u>PUTNAM FIDUCIARY TRUST COMPANY</u> | | |
| c EIN-PN <u>04-3159710-202</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>165206</u> |
| 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>5698506</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

| | | |
|--|--|--|
| 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> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan ABM 401(K) EMPLOYEE SAVINGS PLAN II | B Three-digit plan number (PN) ▶ 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 ABM INDUSTRIES INCORPORATED | D Employer Identification Number (EIN) 94-1369354 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| | | (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) | 1161 | 0 |
| (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) | 2291817 | 2489056 |
| (9) Value of interest in common/collective trusts | 1c(9) | 9538783 | 5863730 |
| (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) | 55713236 | 69259859 |
| (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 | 67544997 | 77612645 |
| 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 | 67544997 | 77612645 |

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) | 484461 | |
| (B) Participants | 2a(1)(B) | 6218391 | |
| (C) Others (including rollovers) | 2a(1)(C) | 91515 | |
| (2) Noncash contributions | 2a(2) | 0 | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 6794367 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| (B) U.S. Government securities | 2b(1)(B) | 0 | |
| (C) Corporate debt instruments | 2b(1)(C) | 0 | |
| (D) Loans (other than to participants) | 2b(1)(D) | | |
| (E) Participant loans | 2b(1)(E) | 172138 | |
| (F) Other | 2b(1)(F) | 0 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 172138 |
| (2) Dividends: | | | |
| (A) Preferred stock | 2b(2)(A) | 0 | |
| (B) Common stock | 2b(2)(B) | 0 | |
| (C) Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 2560055 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 2560055 |
| (3) Rents | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds | 2b(4)(A) | 0 | |
| (B) Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | 0 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | (a) Amount | (b) Total |
|---|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | 2345409 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | 0 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | 4330770 |
| c Other income | 2c | 20574 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | 16223313 |

Expenses

| | | |
|---|--------|---------|
| e Benefit payment and payments to provide benefits: | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 8548305 |
| (2) To insurance carriers for the provision of benefits | 2e(2) | |
| (3) Other | 2e(3) | 0 |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | 8548305 |
| f Corrective distributions (see instructions) | 2f | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | |
| h Interest expense | 2h | 0 |
| i Administrative expenses: | | |
| (1) Salaries and allowances | 2i(1) | |
| (2) Contract administrator fees | 2i(2) | |
| (3) Recordkeeping fees | 2i(3) | 102764 |
| (4) IQPA audit fees | 2i(4) | |
| (5) Investment advisory and investment management fees | 2i(5) | 1250 |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | |
| (7) Actuarial fees | 2i(7) | |
| (8) Legal fees | 2i(8) | |
| (9) Valuation/appraisal fees | 2i(9) | |
| (10) Other trustee fees and expenses | 2i(10) | |
| (11) Other expenses | 2i(11) | 1018 |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | 105032 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | 8653337 |

Net Income and Reconciliation

| | | |
|---|-------|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | 7569976 |
| l Transfers of assets: | | |
| (1) To this plan | 2l(1) | 2497672 |
| (2) From this plan | 2l(2) | |

Part III Accountant's Opinion

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

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

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

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

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

(1) Name: **KPMG**

(2) EIN: **13-5565207**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

| | Yes | No | Amount |
|--|-------------------------------------|-------------------------------------|----------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1252593 |
| 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.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 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.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 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.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| e Was this plan covered by a fidelity bond? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 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.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| l Has the plan failed to provide any benefit when due under the plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> | |

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) |
|---------------------------------|---------------------|--------------------|
| ABM 401(K) EMPLOYEE SAVING PLAN | 94-1369354 | 001 |
| | | |
| | | |
| | | |

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

| | | |
|--|---|---|
| SCHEDULE R (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> | Retirement Plan Information 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). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|---|---|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

| | | |
|---|--|------------|
| A Name of plan ABM 401(K) EMPLOYEE SAVINGS PLAN II | B Three-digit plan number (PN) ▶ | 002 |
| 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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

| | | |
|---|------------|--|
| a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | 14a | |
| b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 14b | |
| c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.



ABM 401(K) EMPLOYEE SAVINGS PLAN II

Financial Statements and Supplemental Schedules
(Modified Cash Basis)

December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)

ABM 401(K) EMPLOYEE SAVINGS PLAN II

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| * All other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended (ERISA) have been omitted because they are not applicable. | |



KPMG LLP
811 Main Street
Houston, TX 77002

Independent Auditors' Report

The Plan Administrator and Plan Participants
ABM 401(k) Employee Savings Plan II:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of ABM 401(k) Employee Savings Plan II (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2024 and 2023, 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, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical



requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter – Basis of Accounting

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting, as described in Note 2, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.



Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting, as described in Note 2.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis of accounting, as described in Note 2.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

The supplemental schedules (modified cash basis) of Schedule H, Part IV, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2024 and Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules (modified cash basis), other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules (modified cash basis) that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules (modified cash basis), we evaluated whether the supplemental schedules (modified cash basis), other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules (modified cash basis), other than the information in the supplemental schedules (modified cash basis) that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules (modified cash basis) related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

KPMG LLP

Houston, Texas
October 17, 2025

ABM 401(k) EMPLOYEE SAVINGS PLAN II

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

December 31, 2024 and 2023

| | <u>2024</u> | <u>2023</u> |
|------------------------------------|----------------------|-------------------|
| Investments, at fair value: | | |
| Common/collective trusts | \$ 5,863,730 | 9,538,783 |
| Mutual funds | 69,259,859 | 55,713,236 |
| Money market funds | — | 1,161 |
| Total investments | <u>75,123,589</u> | <u>65,253,180</u> |
| Receivables: | | |
| Notes receivable from participants | <u>2,489,056</u> | <u>2,291,817</u> |
| Total receivables | <u>2,489,056</u> | <u>2,291,817</u> |
| Net assets available for benefits | <u>\$ 77,612,645</u> | <u>67,544,997</u> |

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

ABM 401(k) EMPLOYEE SAVINGS PLAN II

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

Years Ended December 31, 2024 and 2023

| | <u>2024</u> | <u>2023</u> |
|--|----------------------|-------------------|
| Additions: | | |
| Investment income: | | |
| Interest income | \$ 10,377 | 11,786 |
| Dividend income | 2,560,055 | 1,593,791 |
| Net appreciation in fair value of investments | <u>6,676,179</u> | <u>8,318,419</u> |
| Total investment income | <u>9,246,611</u> | <u>9,923,996</u> |
| Interest on notes receivable from participants | 172,138 | 130,588 |
| Other income | 10,197 | 10,371 |
| Contributions: | | |
| Participant | 6,218,391 | 6,960,044 |
| Employer | 484,461 | 494,052 |
| Rollovers | <u>91,515</u> | <u>652,914</u> |
| Total contributions | <u>6,794,367</u> | <u>8,107,010</u> |
| Total additions | <u>16,223,313</u> | <u>18,171,965</u> |
| Deductions: | | |
| Benefits paid to participants | 8,548,305 | 8,588,118 |
| Administrative expenses | <u>105,032</u> | <u>97,317</u> |
| Total deductions | <u>8,653,337</u> | <u>8,685,435</u> |
| Net increase before transfers | <u>7,569,976</u> | <u>9,486,530</u> |
| Transfers: | | |
| Interplan transfers, net | 2,497,672 | 54,475 |
| Transfer in from acquired companies' plan - Fidelity | — | 45,884,556 |
| Transfer in from acquired companies' plan - John Hancock | <u>—</u> | <u>3,412,364</u> |
| Total transfers | <u>2,497,672</u> | <u>49,351,395</u> |
| Net increase in net assets available for benefits | 10,067,648 | 58,837,925 |
| Beginning of year | <u>67,544,997</u> | <u>8,707,072</u> |
| End of year | <u>\$ 77,612,645</u> | <u>67,544,997</u> |

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

ABM 401(k) EMPLOYEE SAVINGS PLAN II

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2024 and 2023

(1) Description of the Plan

The ABM 401(k) Employee Savings Plan II (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 other amendments to the Plan. The following is a brief description of the Plan's provisions. Participants should refer to the plan document for a more complete description of the Plan's provisions.

(a) Eligibility

The Plan excludes the following employees:

1. Employees not listed in a group that is covered under the Plan in Appendix A of the Plan;
2. Employees whose employment is governed by a collective bargaining agreement, unless the collective bargaining agreement provides for their participation in this Plan;
3. Nonresident alien who has no earned income from sources with the United States;
4. Directors who are not employed by the Company in any other capacity;
5. Leased employees;
6. Residents of Puerto Rico;
7. Highly Compensated Employees; or
8. For any Plan Year, employees whose monthly, semi-monthly or weekly rate of pay, as of the first business of the Plan Year (or the first day of employment if hired during the Plan Year), when annualized and added to any guaranteed or estimated bonus that might be paid exceeds \$120,000 for that Plan Year (as adjusted for cost-of-living).
9. Individuals who are not on the U.S. payroll of the Company because they are classified by the Company as an independent contractor;

Entry dates for all eligible employees vary based on the specific group or site as specifically referenced in Appendix A and any subsequent amendments.

(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.

ABM 401(k) EMPLOYEE SAVINGS PLAN II

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2024 and 2023

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 (rollovers).

Employer contributions, if any, vary by group or site, as specifically referenced in the plan document and subsequent amendments.

(c) Vesting

The value of the participant's account, including employer contributions, is fully vested at all times.

(d) Participant Accounts

Each participant's account is credited with the participant's contribution, appropriate employer contribution (if any), 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. The loans are secured by the balance in the participant's account. 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 of December 31, 2024, the interest rates on loans ranged from 4.25% to 9.5% with maturity dates through November 2029.

(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 \$7,000, 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.

A participant may receive hardship withdrawals and in-service age 59.5 withdrawals from certain accounts under the Plan.

ABM 401(k) EMPLOYEE SAVINGS PLAN II

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2024 and 2023

In addition, participants may be able to request a distribution of their accounts upon disability in accordance with the terms of the Plan, attainment of normal retirement age (age 62) or on termination of employment.

On December 20, 2019, the Setting Every Community Up for Retirement Enhancement Act of 2020 (SECURE Act) was enacted and was effective beginning on January 1, 2020. The SECURE Act provisions included, among other things, an increase in the age limit for required minimum distributions from 70½ to 72.

(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 (modified cash basis).

Merrill Lynch, Pierce, Fenner & Smith Incorporated (Merrill Lynch), a wholly owned subsidiary of Bank of America Corporation, provides certain administrative services to the Plan 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, 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 December 31, 2024, Invesco Developing Markets Fund was replaced by DFA Emerging Markets Core Equity 1.

(i) Asset Transfers

From time to time, asset transfers occur between the Plan and the ABM 401(k) Employee Savings Plan (Plan I) due to changes in employee classifications. This resulted in interplan transfers into the Plan from Plan I.

The Company entered into a purchase agreement on August 25, 2021 with Crown Building Maintenance Co. and Crown Energy Services, Inc. along with its subsidiaries. Crown Building Maintenance Co. ("Crown Building") sponsors the Able Maintenance Park La Brea Site Local 1877

ABM 401(k) EMPLOYEE SAVINGS PLAN II

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2024 and 2023

Union Member 401k Plan & Trust (the "La Brea Plan"), for the benefit of eligible employees of Crown Building. Crown Energy Services, Inc. dba Able Engineering Services sponsors the Able Services 401(k) Retirement Plan ("the Able Plan"), for the benefit of eligible employees of Crown Energy Services, Inc. In January 2023, the assets of the of La Brea Plan merged with the Plan with respect to all employees who are covered under a collective bargaining agreement. In January 2023, the assets of the Able Plan merged with the Plan with respect to all employees who are covered under a collective bargaining agreement.

(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 directed 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 U.S. generally accepted accounting principles (GAAP).

(b) Use of Estimates

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

(c) Investment Valuation and Income Recognition

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

ABM 401(k) EMPLOYEE SAVINGS PLAN II

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2024 and 2023

(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.

(f) Payment of Benefits

Benefits are recorded when paid.

(3) Information Certified by the Plan's Trustee

The Plan Administrator has elected to have the audit performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The Plan Administrator determined that the certifications received from Bank of America, N.A. meets the requirements of ERISA Section 103(a)(3)(C). Bank of America, N.A. certified that the following data included in the accompanying financial statements and supplemental schedules are complete and accurate: Investments, at fair value and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023. Net appreciation (depreciation) in fair value of investments, dividend income, interest income, other income, and interest on notes receivable from participants as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023. Schedule H, Part IV, line 4i - schedule of assets (held at end of year) as of December 31, 2024. The Plan's independent accountants did not extend their audit procedures to the information certified by Bank of America, N.A., except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

(4) Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated July 25, 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, 2024 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.

During 2019, the Company discovered that certain covered groups were no longer eligible to participate in the Plan but continued to participate in the Plan and became eligible to participate in the ABM 401(k) Employee Savings Plan (Plan I) effective January 1, 2018 resulting in an amount due to Plan I from the Plan. During 2020, the Company discovered that effective November 1, 2019, eligible employees covered by a collective bargaining agreement began participating in the Plan; however, the Plan was not amended to allow for such participation. Additionally, certain other operational compliance matters were identified.

ABM 401(k) EMPLOYEE SAVINGS PLAN II

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2024 and 2023

(5) Transactions with Related Parties

Certain plan investments are managed by the trustee or affiliates of the trustee, and therefore, these transactions qualify as party-in-interest transactions.

(6) Nonexempt Transactions

As reported on Supplemental Schedule I, certain employee contributions and participant loan repayments totaling \$1,252,593 were not remitted to the trust within the time frame specified by the DOL's Regulation 29 CFR 2510.3 102, thus constituting nonexempt transactions between the Plan and the Company for the year ended December 31, 2024.

(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.

(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.

ABM 401(k) EMPLOYEE SAVINGS PLAN II

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2024 and 2023

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 are included within Level 1 of the valuation hierarchy.

Common/collective trust funds are reported at NAV of units held by the Plan on the last business day of the Plan year. These funds publish a daily net asset value (NAV) and transact at that price. The common/collective trusts held by the Plan are deemed to be actively traded and thus are included within Level 1 of the valuation hierarchy.

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

During 2024 and 2023, there were no changes in methodologies or transfers between levels.

The following tables 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, 2024 and 2023.

| | Fair value measurements using | | | Total as of December 31, 2024 |
|-------------------------------|--|---|--|-------------------------------------|
| | Quoted prices in active markets Level 1) | Significant other observable inputs (Level 2) | Significant unobservable inputs (Level 3) | |
| Common/collective trusts | \$ 5,863,730 | — | — | 5,863,730 |
| Mutual funds | 69,259,859 | — | — | 69,259,859 |
| Total assets at fair value | \$ 75,123,589 | — | — | 75,123,589 |

ABM 401(k) EMPLOYEE SAVINGS PLAN II

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2024 and 2023

| | 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, 2023 |
| Common/collective trusts | \$ 9,538,783 | — | — | 9,538,783 |
| Mutual funds | 55,713,326 | — | — | 55,713,326 |
| Money Market Funds | 1,161 | — | — | 1,161 |
| Total assets at fair value | \$ <u>65,253,270</u> | <u>—</u> | <u>—</u> | <u>65,253,270</u> |

(10) Subsequent Events

For the year ended December 31, 2024, subsequent events were evaluated through October 17, 2025, which is the date the financial statements were available to be issued and determined there were no items to disclose other than the items discussed herein.

SUPPLEMENTAL SCHEDULES
(Modified Cash Basis)

ABM 401(k) EMPLOYEE SAVINGS PLAN II

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

Year ended December 31, 2024

| | 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 | |
| \$ | 29,381 for 2021 plan year | 29,381 | — | — |
| | 73,114 for 2022 plan year | 73,114 | — | — |
| | 1,064,739 for 2023 plan year | 1,064,739 | — | — |
| | 85,359 for 2024 plan year | 85,359 | — | — |

See accompanying independent auditors' report.

Schedule 2

ABM 401(k) EMPLOYEE SAVINGS PLAN II

EIN: 94-1369354

Plan #002

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

December 31, 2024

| Issuer | Description of investment | Current value |
|--------------------|--|----------------------|
| | Common/collective trusts: | |
| Invesco | Invesco Stable Value Ret CL 2 | \$ 18 |
| Putnam | Putnam Stable Value Fund 20 | 165,206 |
| State Street | State Street Lareg Grwth Index | 5,698,506 |
| | Total common/collective trusts | <u>5,863,730</u> |
| | Mutual funds: | |
| Nuveen | Nuveen Lifecycle Index 2065 R6 | 414,060 |
| Pioneer | Pioneer Bond Fund Class Y | 1,130,338 |
| Nuveen | Nuveen Lifecycle Index 2015 R6 | 26,706 |
| Nuveen | Nuveen Lifecycle Index 2030 R6 | 7,641,242 |
| Nuveen | Nuveen Lifecycle Index 2050 R6 | 4,677,704 |
| Nuveen | Nuveen Lifecycle Index 2025 R6 | 7,501,973 |
| Nuveen | Nuveen Lifecycle Index 2020 R6 | 2,282,442 |
| Nuveen | Nuveen Lifecycle Index 2045 R6 | 6,516,226 |
| Nuveen | Nuveen Lifecycle Index 2035 R6 | 7,747,749 |
| Nuveen | Nuveen Lifecycle Index 2040 R6 | 6,096,227 |
| Nuveen | Nuveen Lifecycle Idx Rtmnt R6 | 1,625,884 |
| Macquarie | Macquarie Diversified ICM Inst | 559,639 |
| Principal | Principal Real Estate SEC FD I | 147,242 |
| JP Morgan | JP Morgan Mid Cap Value CL L | 2,265,951 |
| William Blair | William Blair Small MID CL 1 | 1,012,198 |
| MFS | International New Discovery Fund Class R4 | 133,188 |
| Nuveen | Nuveen Lifecycle Index 2055 R6 | 2,860,271 |
| Fidelity | Fidelity Intrntnl Indx Instl | 1,256,792 |
| DFA | DFA Emerging Mkts Core Instl | 251,378 |
| DFA | DFA Inflation Protected Instl | 314,949 |
| AB High | AB High Income Fund 1 | 264,619 |
| Vanguard | Vanguard Small Cap Value ADM | 1,453,661 |
| Nuveen | Nuveen Lifecycle Index 2060 R6 | 1,334,473 |
| Fidelity | Fidelity 500 Index Fund | 5,554,386 |
| Ultra | Ultra Short Fixed Income Fund | 3,917,355 |
| Invesco | Invesco Growth and Income R6 | 1,406,605 |
| Franklin | Franklin Small Cap Growth Fund R6 | 862,008 |
| BNY | BNY Mellon Global Fixed INCM Y | 4,593 |
| | Total mutual funds | <u>69,259,859</u> |
| | Money market fund: | |
| Plan participants* | Loans to participants – interest rates ranging from 4.25% to 7.25%, maturity dates through September 2024 | 2,489,056 |
| | Total assets (held at end of year) | <u>\$ 77,612,645</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.

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: ABM 401(k) Employee Savings Plan II
Plan Sponsor's Name: ABM Industries Incorporated

EIN:94-1369354
PN:002

| (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 |
|-----|---|--|-----------|-------------------|
| | ACCRUED INCOME | ACCRUED INCOME | 1,080 | 1,080 |
| | INVESCO STABLE VALUE RET CL 2 | COMMON / COLLECTIVE TRUSTS | 18 | 18 |
| | PUTNAM STABLE VALUE FUND 20 | COMMON / COLLECTIVE TRUSTS | 165,206 | 165,206 |
| | STATE STREET LARGE GRWTH INDEX | COMMON / COLLECTIVE TRUSTS | 3,230,696 | 5,698,506 |
| | LOAN FUND | LOANS | 2,436,896 | 2,436,896 |
| | BLF FEDFUND | MONEY MARKET | -19,784 | -19,784 |
| | AB HIGH INCOME FUND I | MUTUAL FUNDS | 283,455 | 264,619 |
| | BNY MELLON GLOBAL FIXED INCM Y | MUTUAL FUNDS | 4,623 | 4,593 |
| | DFA EMERGING MRKTS CORE INSTL | MUTUAL FUNDS | 251,593 | 251,378 |
| | DFA INFLATION PROTECTED INSTL | MUTUAL FUNDS | 319,943 | 314,949 |
| | FIDELITY 500 INDEX FUND | MUTUAL FUNDS | 5,318,611 | 5,554,386 |
| | FIDELITY INTRNTNL INDX INSTL | MUTUAL FUNDS | 1,368,554 | 1,256,792 |
| | FRANKLIN SMALL CAP GROWTH R6 | MUTUAL FUNDS | 637,123 | 862,008 |
| | INVESCO GROWTH AND INCOME R6 | MUTUAL FUNDS | 1,422,227 | 1,406,606 |
| | JP MORGAN MID CAP VALUE CL L | MUTUAL FUNDS | 2,208,799 | 2,265,951 |
| | MACQUARIE DIVERSIFIED ICM INST | MUTUAL FUNDS | 627,289 | 559,639 |
| | MFS INTERNATIONAL NEW DISC R4 | MUTUAL FUNDS | 136,331 | 133,188 |
| | NUVEEN LIFECYCLE IDX RTMNT R6 | MUTUAL FUNDS | 1,495,751 | 1,625,884 |
| | NUVEEN LIFECYCLE INDEX 2015 R6 | MUTUAL FUNDS | 26,802 | 26,706 |

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: ABM 401(k) Employee Savings Plan II
Plan Sponsor's Name: ABM Industries Incorporated

EIN:94-1369354
PN:002

| (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 |
|-----|---|--|-----------|-------------------|
| | NUVEEN LIFECYCLE INDEX 2020 R6 | MUTUAL FUNDS | 2,124,228 | 2,282,442 |
| | NUVEEN LIFECYCLE INDEX 2025 R6 | MUTUAL FUNDS | 6,706,055 | 7,501,973 |
| | NUVEEN LIFECYCLE INDEX 2030 R6 | MUTUAL FUNDS | 6,670,963 | 7,641,242 |
| | NUVEEN LIFECYCLE INDEX 2035 R6 | MUTUAL FUNDS | 6,533,180 | 7,747,749 |
| | NUVEEN LIFECYCLE INDEX 2040 R6 | MUTUAL FUNDS | 4,987,712 | 6,096,227 |
| | NUVEEN LIFECYCLE INDEX 2045 R6 | MUTUAL FUNDS | 5,272,588 | 6,516,226 |
| | NUVEEN LIFECYCLE INDEX 2050 R6 | MUTUAL FUNDS | 3,733,022 | 4,677,704 |
| | NUVEEN LIFECYCLE INDEX 2055 R6 | MUTUAL FUNDS | 2,309,741 | 2,860,271 |
| | NUVEEN LIFECYCLE INDEX 2060 R6 | MUTUAL FUNDS | 1,083,476 | 1,334,473 |
| | NUVEEN LIFECYCLE INDEX 2065 R6 | MUTUAL FUNDS | 370,647 | 414,231 |
| | PIONEER BOND FD CL Y | MUTUAL FUNDS | 1,189,855 | 1,130,338 |
| | PRINCIPAL REAL ESTATE SEC FD I | MUTUAL FUNDS | 133,999 | 147,242 |
| | ULTRA SHORT FIXED INCOME FUND | MUTUAL FUNDS | 3,825,134 | 3,917,355 |
| | VANGUARD SMALL CAP VALUE ADM | MUTUAL FUNDS | 1,182,808 | 1,453,661 |
| | WILLIAM BLAIR SMALL MID CL I | MUTUAL FUNDS | 992,891 | 1,012,198 |
| | PENDING SETTLEMENT FUND | PENDING SETTLEMENT FUNDS | 485 | 485 |
| | UNINVESTED CASH | UNINVESTED CASH | 0 | 0 |
| | | | | |
| | | | | |

**Attachment to «planYr» Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)**

Plan Name: «PlanName»

Plan Sponsor's Name: «SponsorName»

EIN:«EIN»

PN:«PN3»