

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
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 BUILDING SERVICES LOCAL 2 RETIREMENT PLAN & TRUST
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 10/01/1979
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BUILDING SERVICES LOCAL 2 82-01 ROCKAWAY BLVD., SUITE 130 OZONE PARK, NY 11416-1213
2b	Employer Identification Number (EIN) 11-1820127
2c	Plan Sponsor's telephone number 718-296-7017
2d	Business code (see instructions) 813000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2023	LYDIA STUART
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	5 961
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 311 6a(2) 287 6b 728 6c 6d 1015 6e 6f 1015 6g 1015 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 122
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2C 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan BUILDING SERVICES LOCAL 2 RETIREMENT PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BUILDING SERVICES LOCAL 2	D Employer Identification Number (EIN) 11-1820127	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKROCK ADVISORS LLC
23-2784752

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP, INC.
23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
INVESCO ADVISORS
58-1707262

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
LORD, ABBETT & CO. LLC
90 HUDSON STREET JERSEY CITY, NJ 07302

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

DOUBLELINE FUND

333 S GRAND AVE. 18TH FLOOR
LOS ANGELES, CA 90071

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

FIRST TRUST ADVISORS ADVISORS LP

120 EAST LIBERTY DRIVE STE 400
WHEATON, IL 60187

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

PACIFIC INVESTMENT MANAGEMENT COMPA

650 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

(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)

LYDIA STUART

11-2623070

(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?
30 50	EMPLOYEE	114343	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOCAL 2 WELFARE FUND

11-1831226

(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?
49 50 30 30	RELATED ORGANIZATION	54782	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BARNES, ICCARINO, & SHEPHERD LLP

11-2450206

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	34920	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	18500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN SECURITIES, LLC

11-2623070

(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?
28 50	NONE	15877	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MINSKY & COTTONE, CPA

11-3223712

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	15600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

RAYMOND JAMES FINANCIAL, INC.

880 CARILLON PARKWAY
ST PETERBURG, FL 33716

(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?
28 50	NONE	15269	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CORPORATE RETIREMENT SERVICES

22-3507738

(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?
64 50	NONE	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GARY ROTHMAN ESQ.

3 W MAIN ST 200
ELMSFORD, NY 10523

(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?
50 16	NONE	6000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(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 H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>BUILDING SERVICES LOCAL 2 RETIREMENT PLAN & TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BUILDING SERVICES LOCAL 2</u>	D Employer Identification Number (EIN) <u>11-1820127</u>	

Part I	Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
Assets		(a) Beginning of Year	(b) End of Year	
a Total noninterest-bearing cash.....		1a	291214	913303
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions.....		1b(1)		
(2) Participant contributions.....		1b(2)		
(3) Other.....		1b(3)	11460	45218
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	499262	821050
(2) U.S. Government securities		1c(2)		
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred		1c(3)(A)		
(B) All other		1c(3)(B)		
(4) Corporate stocks (other than employer securities):				
(A) Preferred		1c(4)(A)		
(B) Common.....		1c(4)(B)	2935864	1940751
(5) Partnership/joint venture interests		1c(5)		
(6) Real estate (other than employer real property)		1c(6)		
(7) Loans (other than to participants).....		1c(7)		
(8) Participant loans.....		1c(8)		
(9) Value of interest in common/collective trusts.....		1c(9)		
(10) Value of interest in pooled separate accounts		1c(10)		
(11) Value of interest in master trust investment accounts.....		1c(11)		
(12) Value of interest in 103-12 investment entities		1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	6394143	4362056
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)		
(15) Other		1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	4144	0
f Total assets (add all amounts in lines 1a through 1e)	1f	10136087	8082378

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	40479	175
k Total liabilities (add all amounts in lines 1g through 1j)	1k	40479	175

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	10095608	8082203
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	297346	
(B) Participants	2a(1)(B)	263590	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		560936
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	78	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		78
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	3306	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	163262	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		166568
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1846408	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2082872	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-236464
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-259477	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-259477

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-805847
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-574206
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1072484	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1072484
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	79520	
(2) Contract administrator fees	2i(2)	15000	
(3) Investment advisory and management fees	2i(3)	31146	
(4) Other	2i(4)	241049	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		366715
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1439199
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-2013405
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a	X		243698

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under 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.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan BUILDING SERVICES LOCAL 2 RETIREMENT PLAN & TRUST		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BUILDING SERVICES LOCAL 2		D Employer Identification Number (EIN) 11-1820127
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
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): 11-1820127		
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 0
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 297346
b Enter the amount contributed by the employer to the plan for this plan year.....		6b 297346
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 0
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☒ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a
b	The corresponding number for the second preceding plan year.....	15b
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	
a	Enter the number of employers who withdrew during the preceding plan year	16a
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	

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

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

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

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

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

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

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 _____

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2022

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2022 AND 2021

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Building Services Local 2 Retirement Plan

Opinion

We have audited the financial statements of the Building Services Local 2 Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2022 and 2021, 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.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Building Services Local 2 Retirement Plan as of December 31, 2022 and 2021, and changes in its net assets available for benefits for the years then ended in accordance with the modified cash basis of accounting described in Note 2.

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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Building Services Local 2 Retirement 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 audit opinion.

Basis of Accounting

We draw attention to Note 2, which describes the basis of accounting. The financial statements are prepared using the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that 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 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.

Auditor's Responsibilities for the Audit of the Financial Statements

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 auditor's 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.

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.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year, Schedule of Reportable Transactions, Schedule of Delinquent Participant Contributions and Schedules of Administrative Expenses - Modified Cash Basis, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year, Schedule of Reportable Transactions and Schedule of Delinquent Participant Contributions are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits 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.

In forming our opinion on the supplemental information, we evaluated whether the supplemental 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Novak Francella LLC

New York, New York.
October 13, 2023

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS MODIFIED CASH BASIS

DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
INVESTMENTS - at fair value	<u>\$ 6,521,593</u>	<u>\$ 9,440,595</u>
CASH	<u>1,515,567</u>	<u>679,888</u>
OTHER ASSETS		
Due from affiliates	45,218	-
Property and equipment - net	-	4,144
Payroll withholding	-	11,460
Total other assets	<u>45,218</u>	<u>15,604</u>
Total assets	<u>8,082,378</u>	<u>10,136,087</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Payroll withholding	175	-
Due to affiliate	-	40,479
Total liabilities	<u>175</u>	<u>40,479</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 8,082,203</u></u>	<u><u>\$ 10,095,608</u></u>

See accompanying notes to financial statements.

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS MODIFIED CASH BASIS

YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ (1,301,788)	\$ 763,578
Interest and dividends	166,646	212,935
Total investment income	(1,135,142)	976,513
Less investments expenses	(31,146)	(41,510)
Investment income - net	(1,166,288)	935,003
 Contributions		
Employee	263,590	293,661
Employer	297,346	323,334
Total contributions	560,936	616,995
 Total additions	(605,352)	1,551,998
 DEDUCTIONS		
Benefits paid to participants and beneficiaries	1,072,484	911,862
Administrative expenses	335,569	288,155
 Total deductions	1,408,053	1,200,017
 NET INCREASE (DECREASE)	(2,013,405)	351,981
 NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	10,095,608	9,743,627
 End of year	<u>\$ 8,082,203</u>	<u>\$ 10,095,608</u>

See accompanying notes to financial statements.

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of the Building Services Local 2 Retirement Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General - The Plan and Trust was established on October 1, 1979 and last amended April 14, 2015. The Plan is a multiemployer defined contribution money purchase plan, which provides pension benefits to eligible participants, pursuant to collective bargaining agreements between contributing employers and the Local 2, Building Service Employees & Factory Workers, USWU, IUJAT (the Union).

The Union represents various employers in the service industry in the United States. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions - Participating Employers will contribute to the Plan for the benefit of each of its participating employees the amount specified under the applicable collective bargaining agreement. Under the current provisions of the Plan, each employee of a participating employer is obligated to contribute (by payroll deduction) 3% of compensation or such other amount as is specified by the applicable collective bargaining agreement. Participants may also elect voluntary contributions to the Plan of up to the annual maximum established by the Internal Revenue Service during any Plan year as prescribed by law.

Participant Accounts - Each participant's account is credited with the participant's contribution and an allocation of the (a) participating employer's contribution, (b) plan earnings net of administrative expenses and (c) forfeitures of terminated participant's nonvested accounts. Allocations are based on participant account balances.

Vesting - Participants are immediately vested in their mandatory and voluntary participant contributions plus actual earnings. Vesting in the remainder of their accounts is based on a formula predicated on years of continuous service. A participant is 100% vested after three years of service. If a participant has terminated employment prior to the time they are fully vested, the non-vested portion of their account is forfeited at the time a participant terminates service with the employer. Forfeitures resulting from contributions made by participating employers shall be used for the benefit of all participants. Forfeitures may first be used to pay administrative expenses.

NOTE 1. DESCRIPTION OF THE PLAN (continued)

Payment of Benefits - At normal or early retirement age, for death and disability a participant may elect to receive either a lump sum amount equal to the value of his or her account, or annual annuity payments. If a participant terminates service with the employer for reasons other than death or disability and before their normal or early retirement date, they may have the entire vested portion of account distributed in a lump sum. Effective January 1, 2022, participants who attained 65 years of age and have completed 10 years of participation in the Fund are eligible for an in-service distribution.

Forfeited Accounts - At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$0. These accounts are used to reduce Plan expenses.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements are prepared using the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Except for assets and liabilities which arise from cash transactions and for the recognition of the fair value of investments and appreciation, revenue is recognized when received rather than when earned and expenses are recognized when paid rather than when the obligation is incurred.

Investment Valuation and Income Recognition - 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. Except for assets and liabilities which arise from cash transactions and for the recognition of the fair value of investments and depreciation, revenue is recognized when received rather than when earned and expenses are recognized when paid rather than when the obligation is incurred. Mutual funds and exchange traded funds are valued at the daily closing price or net asset value of the fund as reported by the fund. Common stock is valued at the closing price reported on the active market on which the individual securities are traded. Short-term investments are carried at cost which approximates fair value. The Plan's Board of Trustees, in conjunction with their investment custodian and consultant, determines the Plan's valuation policies. The Trustees are responsible for investing all assets in the Plan.

Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Interest is recorded when received. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits - Benefits are recorded when paid.

Estimates - The preparation of financial statements requires management to make estimates and assumptions that affect the reported amount of assets and 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.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Property and Equipment - Property and equipment are carried at cost and includes office and computer equipment. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed on the straight-line method over the estimated useful lives of the assets, which is 5 years for office and computer equipment and 3 year for computer software. Depreciation and amortization totaled \$4,144 and \$4,736 for the years ended December 31, 2022 and 2021, respectively.

NOTE 3. PRIORITIES UPON TERMINATION

The Board of Trustees expects and intends to continue the Plan indefinitely but reserves the right to amend or terminate it as provided for by the applicable Trust Agreement and Plan provisions. If the Plan is terminated, the rights of all affected participants and beneficiaries, to the value of the amounts credited to participants' accounts, shall be non-forfeitable, and the Plan assets will be allocated to pay all obligations of the Plan and to provide benefits to those eligible under the terms of the Plan and as otherwise required by law.

NOTE 4. TAX STATUS

The Plan obtained its latest determination letter on March 29, 2016 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under IRC Section 401(a) and was, therefore, exempt from Federal income taxes under the provisions of IRC Section 501(a). The Plan's Trustees believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 5. FUNDING POLICY

Contribution rates have been established under collective bargaining agreements entered into between the Union and participating employers. The Plan is funded by employer and employee contributions.

NOTE 6. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Basis of Fair Value Measurement:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic condition or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

For the years ended December 31, 2022 and 2021, there were no transfers in or out of levels 1, 2 or 3.

	Fair Value Measurements at December 31, 2022			
	Total	Level 1	Level 2	Level 3
Mutual funds and exchange traded funds	\$ 4,362,056	\$ 4,362,056	\$ -	\$ -
Short-term investments	218,786	218,786	-	-
Common stock	1,940,751	1,940,751	-	-
	<u>\$ 6,521,593</u>	<u>\$ 6,521,593</u>	<u>\$ -</u>	<u>\$ -</u>

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at December 31, 2021			
	Total	Level 1	Level 2	Level 3
Mutual funds and exchange traded funds	\$ 6,394,143	\$ 6,394,143	\$ -	\$ -
Short-term investments	110,588	110,588	-	-
Common stock	2,935,864	2,935,864	-	-
	<u>\$ 9,440,595</u>	<u>\$ 9,440,595</u>	<u>\$ -</u>	<u>\$ -</u>

All of the investments held by the Plan are non-participant directed investments. The Trustees of the Plan are responsible for investing all assets and future contributions into the Plan.

NOTE 7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS**Identification of Related Organizations**

The Plan has the following related entities with which it has transactions:

- Local 2 Building Service Employees & Factory Workers USWU & IUJAT (the Union)
- Building Services Local 2 Welfare Fund (the Welfare Fund)

All of the above entities qualify as tax-exempt organizations. These entities share common Trustees or officers with this Plan.

Common Administrative Expenses

The Plan shares facilities and staff with related organizations. Joint operating expenses are initially paid by the Welfare Plan. These expenses are allocated among the related organizations based on a basis approved by the Trustees.

The Plan's share of common expenses was in the amounts of \$54,782 and \$40,479 for the years ended December 31, 2022 and 2021, respectively. As of December 31, 2022 and 2021, the Plan owed \$54,782 and \$40,479 for shared administrative expenses.

Certain Plan investments are shares of short-term investments managed by Raymond James. Raymond James is the Trustee, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental Schedule of Assets Held at End of Year and the Schedule of Reportable Transactions.

The transactions identified above qualify as transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 8. RISKS AND UNCERTAINTIES

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

NOTE 9. DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2022, certain contributing employers failed to timely remit voluntary employee contributions to the Plan totaling. The Plan actively pursues delinquent employers as part of its collection procedures. The Plan has assessed interest on the delinquent participant contributions and is in the process of collecting that interest from the applicable employers. In addition, the Plan has notified the employers that they may be liable for an excise tax on these delinquent amounts. These transactions are denoted in the supplemental schedule of delinquent participant contributions.

NOTE 10. PROPERTY AND EQUIPMENT

The following is a summary of property and equipment as of December 31, 2022 and 2021.

	2022	2021
Furniture and equipment	\$ 18,099	\$ 18,099
Computer software	14,208	14,208
	32,307	32,307
Less: accumulated depreciation	(32,307)	(28,163)
Property and equipment - net	<u>\$ -</u>	<u>\$ 4,144</u>

NOTE 11. DEPARTMENT OF LABOR INVESTIGATION

In November 2020, the Department of Labor (DOL) launched an investigation into the Plan to determine compliance with the provisions of the Employee Retirement Income Security Act of 1974. The DOL investigation is ongoing and has not issued its findings to the Plan.

NOTE 12. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 13, 2023, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

STATEMENTS OF ADMINISTRATIVE EXPENSES MODIFIED CASH BASIS

YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022	2021
Salaries	\$ 143,759	\$ 130,336
Accounting and auditing	44,600	28,600
Legal	34,920	30,000
Rent	30,884	28,483
Insurance	15,530	16,906
Pension administration	15,000	15,000
Payroll taxes	12,463	11,494
Pension contribution	12,252	9,067
Professional trustee	6,000	-
Office	4,967	5,436
Depreciation	4,144	4,736
Repairs and maintenance	3,002	3,442
Bank charges	2,620	1,537
Computer expenses	2,569	399
Utility	2,285	2,204
Postage	574	515
Total administrative expenses	<u>\$ 335,569</u>	<u>\$ 288,155</u>

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2022

Form 5500, Schedule H, Item 4i

E.I.N. 11-1820127

Plan No. 001

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lesser or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(1)-Short-term investments:</u>							
*	RJ Bank Deposit Program	MMA	Demand	Var	% 218,786	\$ 218,786	\$ 218,786
<u>Item 1c(4)b-Common stocks:</u>							
	Abbot Labs				16,000	1,885	1,757
	Acadia Heal Acadia Healthcare Co Inc Co Inc				97,000	6,039	7,985
	Accenture Plc				32,000	11,421	8,539
	Adidas Ag				145,000	17,531	9,862
	Adobe Inc.				14,000	9,563	4,711
	Adyen Nv				273,000	6,851	3,754
	Agree Realty Corp. REIT				104,000	7,033	7,377
	Aia Group Ltd				93,000	4,099	4,137
	Air Liquide Sa				233,000	7,336	6,585
	Airbnb Inc				30,000	5,011	2,565
	Akzo Nobel Nv				367,000	14,399	8,168
	Alphabet Inc				203,000	28,934	18,012
	Amadeus It Group Sa				208,000	13,547	10,778
	Amazon.Com Inc				181,000	32,620	15,204
	American Express Co				63,000	10,030	9,308
	American Tower Corp REIT				24,000	5,916	5,085
	Aon Plc				52,000	15,635	15,607
	Apple Inc				148,000	24,234	19,230
	Artisan Partners Asset				71,000	3,496	2,109
	Atkore Inc				62,000	7,280	7,032
	Atlantic Union Bankshares Corp				197,000	7,157	6,923
	Atlassian Corporation Plc				22,000	8,601	2,831
	Azenta Inc				61,000	7,240	3,551
	Aptargroup Inc				39,000	5,087	4,289
	Barclays Place				994,000	8,139	7,753
	Bayer Ag				1,018,000	14,604	13,126
	Bio-Rad Laboratories Inc				18,000	11,437	7,569
	BJ's Wholesale Club Holdings Inc				195,000	13,768	12,901
	Blackrock Inc				8,000	5,563	5,669
	Bnp Paribas				525,000	17,247	14,918
	Booz Allen Hamilton Holding Corp				99,000	8,464	10,347
	Boston Scientific Corp				214,000	8,628	9,902
	Bp Plc				95,000	2,557	3,318
	Bright Horizons Family Solutions				50,000	6,093	3,155
	British American Tobacco Plc				149,000	5,161	5,957
	Broadcom Inc				13,000	7,456	7,269
	Burlington Stores Inc				38,000	9,483	7,705
	Carter's Inc				82,000	7,371	6,118
	Catalent Inc				167,000	13,667	7,517
	Cavco Industries Inc				34,000	10,179	7,693
	Championx Corp				133,000	2,907	3,856

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lesser or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
Item 1c(4)b-Common stocks (cont.):							
	Chubb Ltd				59,000	\$ 11,324	\$ 13,015
	Cigna Corp				55,000	11,709	18,224
	Clp Holdings Ltd				548,000	5,370	3,999
	Cognex Corp				188,000	12,952	8,857
	Columbus McKinnon Corp				151,000	7,508	4,903
	Comcast Corp				519,000	24,313	18,149
	Comfort Systems Usa Inc				71,000	7,325	8,171
	Conoco Phillips				120,000	9,190	14,160
	Costco Wholesale Corp				16,000	8,640	7,304
	Crowdstrike Holdings Inc				19,000	4,589	2,001
	Cyberark Software Limited SHS				57,000	8,616	7,390
	Daikin Industries Ltd				677,000	14,826	10,364
	Danaher Corp				19,000	5,475	5,043
	Danone Sa				461,000	5,839	4,844
	Dexcom Inc				31,000	4,750	3,510
	Diageo Plc				43,000	8,599	7,662
	Diageo Plc				57,000	11,912	10,157
	Dominion Energy Inc				155,000	10,841	9,505
	Dorman Products Inc				78,000	9,531	6,308
	Duke Energy Corp				123,000	12,333	12,668
	Dupont De Nemours Inc				95,000	7,511	6,520
	Eagle Materials Inc				67,000	10,975	8,901
	Easterly Government Properties				337,000	7,225	4,809
	Easterly Government Properties				42,000	7,023	6,219
	Eaton Corp Plc				51,000	8,884	8,004
	Element Solutions Inc				541,000	13,589	9,841
	Eni Spa				317,000	8,963	9,085
	Entegris Inc				102,000	14,721	6,690
	Exponent Inc				70,000	8,842	6,936
	Federal Signal Corp				189,000	8,894	8,783
	Five Below Inc				53,000	11,526	9,374
	Fujitsu Ltd				345,000	11,551	9,212
	Gates Industrial Corp Plc				549,000	9,170	6,264
	General Dynamics				47,000	10,765	11,661
	Gentherm Inc				88,000	7,805	5,746
	Gibral Tar Industries Inc				129,000	9,256	5,919
	Glacier Bancorp Inc				105,000	6,252	5,189
	Glencore Plc				818,000	8,219	10,871
	Globant Sa				51,000	12,823	8,576
	Globus Medical Inc				123,000	8,275	9,135
	Goldman Sachs Group Inc				14,000	5,411	4,807
	Grand Canyon Education Inc				43,000	3,337	4,543
	Halozyme Therapeutics Inc				131,000	5,566	7,454
	Hdfc Bank Ltd				202,000	13,871	13,819
	Hexcel Corp				117,000	6,889	6,885
	Hitachi Ltd				152,000	19,500	15,416
	Home Depot Inc				17,000	6,610	5,370
	Honeywell International Inc				68,000	14,892	14,572
	Hologic Inc				82,000	5,668	6,134
	Horizon Therapeutics Plc				128,000	13,521	14,566
	Hubspot Inc				28,000	13,600	8,096
	Hubspot Inc				4,000	3,164	1,157
	Idacorp Inc				76,000	8,322	8,197
	Illinois Tool Works Inc				52,000	12,680	11,456

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lesser or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
	<u>Item 1c(4)b-Common stocks (cont.):</u>						
	Ingersoll Rand Inc				208,000	\$ 12,324	\$ 10,868
	Integer Holdings Corp				82,000	6,990	5,614
	Intuitive Surgical Inc				17,000	4,836	4,511
	Intra- Cellular Therapies Inc				114,000	6,346	6,033
	Jazz Pharmaceuticals Plc				54,000	7,000	8,603
	Johnson Controls International				176,000	9,160	11,264
	Johnson & Johnson				79,000	12,692	13,955
	Jpmorgan Chase & Co				138,000	22,862	18,506
	Kddi Corp				639,000	9,508	9,643
	Kinsale Capital				34,000	7,354	8,892
	Kkr & Co Inc				36,000	2,181	1,671
	Kkr & Co Inc				138,000	10,039	6,406
	KLA Corp				16,000	5,431	6,032
	Koninklijke Philips Nv				226,000	4,495	3,388
	Krispy Kreme Inc				193,000	2,760	1,992
	Kubota Corp				123,000	13,264	8,469
	Kyocera Corp				47,000	2,658	2,334
	Lancaster Colony Corp				46,000	7,433	9,076
	Lauder Estee Companies Inc Class A				17,000	5,820	4,218
	Lilly Eli & Company				34,000	9,118	12,439
	Lincoln Elec Holdings Inc.				55,000	7,536	7,947
	Linde Plc				38,000	12,287	12,395
	Lithia Motors Inc				34,000	10,108	6,961
	London STK Exchange Group				378,000	9,517	8,112
	Lowe's Companies Inc				50,000	12,113	9,962
	Lululemon Athletica Inc				17,000	7,476	5,446
	Lvmh Moet Henssy Louis Vuitton				106,000	16,698	15,383
	Lvmh Moet Henssy Louis Vuitton				64,000	10,440	9,288
	Magnolia oil & Gas Corp Class A				275,000	6,494	6,449
	Manhattan Associates Inc				96,000	15,230	11,654
	Marketaxess Holdings Inc				20,000	4,665	5,578
	Marriott International Inc				28,000	4,406	4,169
	Marriott International Inc				50,000	7,904	7,445
	Marsh & McLennan Companies Inc				63,000	10,755	10,425
	Mastercard Inc				27,000	9,200	9,389
	McDonalds Corp				11,000	2,808	2,899
	Mckesson Corp				35,000	8,094	13,129
	Mercadilbre Inc				5,000	5,236	4,231
	Merk & Co Inc				126,000	10,028	13,980
	Met Life				1,410	56,339	102,042
	Meta Platforms Inc				14,000	4,841	1,685
	Michelin Compagnie Generale				137,000	1,910	1,900
	Microsoft Corp				82,000	27,332	19,665
	Mitsubishi Uf J Financial Group Inc				2,217,000	12,371	14,787
	Molina Healthcare Inc				22,000	6,702	7,265
	Morgan Stanley				166,000	16,626	14,113
	National Grid PLC				58,000	3,637	3,499
	National Storage Affiliates				88,000	4,807	3,179
	Natwest Group				970,000	5,552	6,266
	Nasdaq Inc				141,000	9,860	8,650
	Nestle Sa				127,000	16,687	14,707
	Nestle Sa				111,000	14,580	12,854
	Netflix Inc				18,000	4,700	5,308
	Neurocrine Biosciences Inc				81,000	6,919	9,675
	Nike Inc				33,000	5,738	3,861

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lesser or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
	<u>Item 1c(4)b-Common stocks (cont.):</u>						
	Nordson Corp				47,000	\$ 12,716	\$ 11,173
	Northrop Grumman Corp				27,000	9,799	14,731
	Northrop Grumman Corp				4,000	1,942	2,182
	Novo Nordisk A/S				122,000	13,638	16,511
	Novo Nordisk A/S				42,000	4,609	5,684
	Nvidia Corp				96,000	24,770	14,029
	Nxp Semiconductors Nv				62,000	12,664	9,798
	O'Reilly Automotive Inc				5,000	3,473	4,220
	Ovintiv Inc				12,000	5,913	6,085
	Paylocity Holding Corp				45,000	12,023	8,742
	Pepsico Inc				35,000	5,771	6,323
	Performance Food Partners Inc				161,000	7,699	9,401
	Pfizer Inc				256,000	12,886	13,117
	Physicians Realty Trust				356,000	6,496	5,151
	Pinnacle Financial Partners Inc				131,000	13,593	9,615
	Pioneer Natural Resources Co				39,000	8,572	8,907
	Pipers Sandler Cos				62,000	11,403	8,072
	Pnc Financial Services Group Inc				39,000	8,033	6,160
	Polaris Inc				79,000	9,768	7,979
	Portland General Electric Co				128,000	6,494	6,272
	Power Integrations Inc				61,000	5,537	4,375
	Ppg Industries Inc				71,000	11,551	8,928
	Progressive Corp				12,000	11,116	15,565
	Prologis Inc				79,000	8,929	8,906
	Proppetro Hollings Corp				23,000	3,274	2,385
	Qiagen SHS				46,000	2,299	2,294
	Quaker Houghton				39,000	9,859	6,509
	Rapid7 Inc				94,000	12,015	3,194
	Rbc Bearings Inc				50,000	10,494	10,468
	Reckitt Benckiser Group Plc				355,000	5,903	4,914
	Rio Tinto PLC				37,000	2,597	2,634
	Roblox Corp				32,000	3,935	911
	Roche Holding Ag				372,000	18,309	14,600
	Rpm International Inc				86,000	8,193	8,381
	Ryanair Holdings Plc				116,000	10,723	8,672
	S&P Global Inc				14,000	5,988	4,689
	Salesforce.Com Inc				25,000	6,845	3,315
	Sanofi Sponsored				156,000	6,877	7,555
	Schlumberger Limited				125,000	5,413	6,683
	Schneider Electric Se				535,000	19,570	14,928
	Schneider National Inc				169,000	4,394	3,955
	Seven & Holdings Co Ltd				203,000	4,222	4,354
	Sherwin Williams Company				23,000	5,900	5,459
	Signature Bank				48,000	16,163	5,531
	Silicon Laboratories Inc				59,000	11,995	8,005
	SM Energy Company				164,000	6,989	5,712
	Smc Corp				77,000	2,584	1,622
	Snowflake Inc				24,000	7,163	3,445
	Softbank Group Corp				204,000	6,018	4,363
	Southern Co				189,000	11,926	13,496
	Summit Hotel Properties Inc				491,000	4,580	3,545
	Sun Communities Inc				64,000	12,490	9,152
	Symrise Ag				427,000	15,744	11,581
	Syneos Health Inc				61,000	6,218	2,237
	Taiwan Semiconductor Manufacturing Co Ltd				137,000	17,276	10,205

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lesser or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(4)b-Common stocks (cont.):</u>							
	Target Corp				46,000	\$ 7,615	\$ 6,856
	Tenaris				106,000	3,543	3,727
	Techtronic Industries Co Ltd				112,000	12,369	6,249
	Tesla Inc				75,000	28,729	9,239
	Texas Instruments Inc				86,000	16,445	14,209
	Texas Roadhouse Inc				99,000	8,942	9,004
	The Toro Co				81,000	8,525	9,169
	The Trade Desk Inc				46,000	3,789	2,062
	Thermo Fisher Scientific Inc				20,000	12,792	11,014
	Thermo Fisher Scientific Inc				3,000	1,627	1,652
	T-Mobile US Inc				30,000	4,352	4,200
	Tjx Companies Inc				59,000	3,819	4,696
	Total Energies				157,000	8,031	9,747
	Uber Technologies Inc				191,000	7,630	4,723
	Ubs Group Ag				891,000	15,671	16,635
	Ultra Beauty Inc				3,000	1,358	1,407
	Union Pacific Corp				75,000	18,002	15,530
	UnitedHealth Group Inc				15,000	6,876	7,953
	Vail Resorts Inc				24,000	7,348	5,720
	Vericel Corp				103,000	4,013	2,713
	Vertex Pharmaceuticals Inc				16,000	4,611	4,620
	Visa Inc				57,000	11,834	11,842
	Voya Financial Inc				173,000	11,557	10,638
	Western Alliance Bancorp				148,000	17,344	8,815
	Woodside Energy Group				134,000	3,057	3,244
	Zebra Technologies Corp				27,000	15,371	6,923
	ZoomInfo Technologies Inc				44,000	2,505	1,322
	Zurich Insurance Group Ag				320,000	13,490	15,297
	Total common stock					2,223,074	1,940,751
<u>Item 1c(13) Mutual funds and exchange traded funds:</u>							
	Ishares Broad USD High Yield Corp BD ETF				12,588	518,476	434,664
	Ishares Core MSCI Eafe ETF				3,804	293,741	234,479
	Ishares Core US Aggregate Bond ETF				26,338	2,921,940	2,559,372
	Ishares JP Morgan USD EM MKTS BD				2,008	219,574	169,857
	Ishares MSCI USA MIN VOL Factor ETF				4,248	331,854	306,281
	Vanguard High Dividend Yield ETF				3,007	332,784	325,387
	Vanguard S&P 500 ETF				945	405,887	332,016
	Total mutual funds and exchange traded funds					5,024,256	4,362,056
	Total investments					\$ 7,466,116	\$ 6,521,593

* A party-in-interest as defined by ERISA.

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2022

Form 5500, Schedule H, Item 4j

E.I.N. 11-1820127
Plan No. 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
	iShares Core 1-5 Year USD Bond ETF	N/A	\$ 785,982	\$ 838,995	\$ 785,982	\$ (53,013)

* A party-in-interest as defined by ERISA.

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2022

Form 5500, Schedule H, 4a

E.I.N. 11-1820127

Plan No. 001

Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE-2002-51
Check here if late participant loan repayments are included:	Contributions not corrected	Contributions Corrected Outside VFCP	Contributions Pending Corrections in VFCP	
	\$ -	\$ 243,698	\$ -	\$ -

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1510-0110
1510-0069**2022****This Form Is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

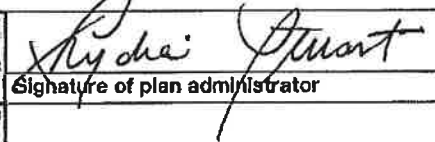
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively bargained plan, check here ☒
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____
- 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 BUILDING SERVICES LOCAL 2 RETIREMENT PLAN & TRUST	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 10/01/1979
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BUILDING SERVICES LOCAL 2 82-01 ROCKAWAY BLVD., SUITE 130 OZONE PARK NY 11416-1213	2b Employer identification number (EIN) 11-1820127 2c Plan sponsor's telephone number 718-296-7017 2d Business code (see instructions) 813000

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

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

SIGN HERE 	10/5/23	LYDIA STUART
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		
Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ 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:**4b** EIN**4d** PN**a** Sponsor's name**c** Plan Name**5** Total number of participants at the beginning of the plan year**5** 961**6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).**a (1)** Total number of active participants at the beginning of the plan year**6a(1)** 311**a (2)** Total number of active participants at the end of the plan year**6a(2)** 287**b** Retired or separated participants receiving benefits**6b** 728**c** Other retired or separated participants entitled to future benefits**6c****d** Subtotal. Add lines 6a(2), 6b, and 6c**6d** 1015**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e****f** Total. Add lines 6d and 6e**6f** 1015**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g** 1015**h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested**6h****7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7** 122**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:**2C 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)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

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

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS