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

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

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
BROADWAY MAINTENANCE LLC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2000

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)
BROADWAY MAINTENANCE LLC

999 S OYSTER BAY RD STE 200
BETHPAGE, NY 11714

2b Employer Identification Number (EIN)
11-3432471

2c Plan Sponsor's telephone number
516-465-0095

2d Business code (see instructions)
531120

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.	10/16/2023	PLAN SPONSOR
	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 [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor 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
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	205
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)**	202
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	175
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	4
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	179
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	179
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	58
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	57
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
BROADWAY MAINTENANCE LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BROADWAY MAINTENANCE LLC

D Employer Identification Number (EIN)
11-3432471

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-1225432	60214	590711-01	2	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	11844
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	3715
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	97		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	0		
	▶ LOAN PAYMENTS				
	(6) Total additions			7c(6)	97
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	3812
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	-8032		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	-8032
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	11844

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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	**B** Three-digit plan number (PN) ▶
BROADWAY MAINTENANCE LLC 401(K) PROFIT SHARING PLAN & TRUST	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
BROADWAY MAINTENANCE LLC	11-3432471

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MORGAN STANLEY

1585 BROADWAY
NEW YORK NY
NEW YORK, NY 10036

(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?
27	INVESTMENT ADVISOR	13456	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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	INVESTMENT MGMT	2006	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CEP BENEFITS

1373 VETERANS HWY STE 10
HAUPPAUGE, NY 11788

(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?
99	OTHER	250	Yes [ ] No [X]	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)

FIRST GREAT-WEST LIFE & ANNUITY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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	RECORDKEEPER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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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

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 01/01/2022 and ending 12/31/2022

A Name of plan
BROADWAY MAINTENANCE LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BROADWAY MAINTENANCE LLC

D Employer Identification Number (EIN)
11-3432471

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	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)	28580	13102
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5988079	5180669
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3715	11844
(15) Other	1c(15)	1625	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	6021999	5205615
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6021999	5205615

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)	363	
(B) Participants	2a(1)(B)	505016	
(C) Others (including rollovers)	2a(1)(C)	29808	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		535187
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)	0	
(E) Participant loans	2b(1)(E)	1373	
(F) Other	2b(1)(F)	97	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1470
(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)	187810	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		187810
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1324888
c Other income	2c		20114
d Total income. Add all **income** amounts in column (b) and enter total	2d		-580307
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	234542	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		234542
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		1290
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	15712	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		15712
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		251544
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-831851
l Transfers of assets:			
(1) To this plan	2l(1)		15467
(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) [X] 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) [X] 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: GROSSBACH ZAINO & ASSOC. PC. **(2)** EIN: 46-0927904

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

		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?	4e	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?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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
BROADWAY MAINTENANCE LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BROADWAY MAINTENANCE LLC

D Employer Identification Number (EIN)
11-3432471

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): 84-1455663

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: ☐ 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_____

BROADWAY MAINTENANCE LLC 401 (K) PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS

DECEMBER 31, 2022

BROADWAY MAINTENANCE LLC 401 (K) PROFIT SHARING PLAN & TRUST

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Broadway Maintenance LLC 401(K) Profit Sharing Plan & Trust

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

We have performed audits of the accompanying financial statements of Broadway Maintenance LLC 401(K) Profit Sharing Plan & Trust, 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 as of December 31, 2022 and 2021 the related statement of changes in net assets available for benefits for the year then ended December,2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Broadway Maintenance LLC 401(K) Profit Sharing Plan & Trust'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 a certification from a qualified institution as of December 31, 2022 and 2021, stating that the certified investment information, as described in Note 6 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 Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

GROSSBACH ZAINO & ASSOCIATES, CPA'S, PC
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- the information in the financial statements referred to above 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. 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 Broadway Maintenance LLC 401(K) Profit Sharing Plan & Trust 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.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Broadway Maintenance LLC 401(K) Profit Sharing Plan & Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Broadway Maintenance LLC 401(K) Profit Sharing Plan & Trust'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 Broadway Maintenance LLC 401(K) Profit Sharing Plan & Trust'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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at year end) and the 5% reportable transactions as of December 31,2022 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, other than that agreed to or derived

from the certified investment information, has been subjected to 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 generally accepted auditing standards. For information included in the supplemental schedules 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, we evaluated whether the supplemental schedules, 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, other than the information in the supplemental schedules 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 related to the assets held and 5% reportable transactions and the 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).

Grossbach Zaino & Associates, CPA's, PC

Rye Brook, New York
October 12, 2023

BROADWAY MAINTENANCE LLC 401(K) PROFIT SHARING PLAN & TRUST
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022

ASSETS	2022	2021
INVESTMENTS		
At fair value mutual funds	$ 5,180,668	$ 5,991,520
Guaranteed investment contract with insurance company	11,845	1,899
	5,192,513	5,993,419
RECEIVABLES		
Loans receivable from participants	13,102	28,580
TOTAL ASSETS	$ 5,205,615	$ 6,021,999

See notes to financial statements.

BROADWAY MAINTENANCE LLC 401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2022

	2022
ADDITIONS (DEDUCTIONS):	
Additions (deductions) to net assets attributable to:	
Investment income (loss):	
Net depreciation in fair value of investments	$ (1,304,774)
Dividend and interest income	187,907
Total investment loss	(1,116,867)
Interest income on loans receivable from participants	1,373
Contributions:	
Participant	505,379
Rollover	45,275
Total contributions	550,654
Total additions (deductions)	(564,840)
DEDUCTIONS:	
Deductions from net assets attributed to:	
Benefit paid to participants	235,832
Administrative expenses	15,712
Total deductions	251,544
NET DECREASE IN NET ASSETS AVAILABLE FOR BENEFITS	(816,384)
NET ASSETS AVAILABLE FOR BENEFITS:	
BEGINNING OF YEAR	6,021,999
END OF YEAR	$ 5,205,615

See notes to financial statements.

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of Broadway Maintenance LLC 401(K) Profit Sharing Plan & Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan covers eligible employees of Broadway Maintenance LLC.

General

The Plan is a 401(k) defined contribution plan. For both Employee Pre-Tax and Employee Roth Contributions, all employees who complete 1 Month of Service and have attained the age of 21 are eligible to participate on the first of the month after completing 1 Month of service. All employees are immediately eligible to make rollover contributions for both Pre-Tax and Roth balances. An employee will be credited with 1 Year of Service if they complete 1000 Hours of Service in the 12-month period following their employment date. If an employee is not credited with 1000 Hours of Service after their first anniversary of employment, the plan year will become the measuring period. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Eligibility excludes Collective Bargaining (Union), Non-Resident Alien and Residents of Puerto Rico.

Contributions

The Company may contribute, on behalf of each eligible participant an employer discretionary matching contribution and an employer discretionary profit-sharing contribution equal to a uniform percentage of salary deferrals, which is determined annually by the employer. During 2022 the Company did not match any employee contributions. Under the plan, if the Company makes a discretionary match, it will become vested over a 6-year period. The participant must be an employee on the last day of the Plan to receive a company contribution. There was no company matching contributions for the year ended December 31, 2022. There was no employer discretionary profit-sharing contribution in 2022. Participants may contribute a portion of their pre-tax annual eligible compensation not exceeding the elective deferral limit allowed by law ($20,500 in 2022) through salary deductions. Participants who have attained or will attain 50 years of age before the end of the Plan year are eligible to make catch-up contributions ($6,500 in 2022). Participants may make direct and indirect rollover contributions from tax-qualified and other types of plans as specified in the Plan document and Individual Retirement Accounts ("IRA").

Participant Accounts

The Plan maintains individual accounts for each Plan participant. Each participant's account is credited with the participant's contributions, the Company's contributions, if any, an allocation of the Plan's investment earnings and losses, and charged for withdrawals and certain administrative expenses. The benefit in which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

NOTE 1 - DESCRIPTION OF PLAN - CONTINUED

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participant vesting on Company matching contributions are based on years of service as follows:

Less than two years	0%
Two years but less than three years	20%
Three years but less than four years	40%
Four years but less than five years	60%
Five years but less than six years	80%
Six years or more	100%

Payment of Benefits

On termination of service due to death or disability, a participant (or their beneficiary) will become fully vested in their account. For termination of service due to reasons other than death or disability, a participant will be entitled to the vested interest in his or her account balance. The Plan allows for hardship withdrawals from the fully vested portion of participant accounts.

Participant Loans

Participants may borrow from their individual accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at the prime rate, as published by the Wall Street Journal on the day of the loan request. Principal and interest are paid ratably through payroll deductions and must be paid back within 5 years. Loans for a primary residence may be repaid within 15 years, but not beyond normal retirement age.

Forfeited Accounts

Forfeited non-vested accounts will be used to pay Plan expenses or reduce amounts otherwise required to be contributed to the Plan. In some cases, however, forfeitures will be reallocated to Participants as though they were additional company contributions. Forfeited accounts totaled $11,569 and $-0- at December 31, 2022 and 2021.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of the significant accounting policies and plan provisions used in the preparation of these financial statements:

Basis of Presentation

The accompanying financial statements were prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("US GAAP").

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition
The Plans investments are reported at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participations at the measurement date. See Note 5 for a discussion of fair value measurements. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the gains and losses on investments bought and sold as well as held during the year.

Loans Receivable from Participants
Loans receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participants account and are included in administrative expenses when incurred. As of December 31, 2022 and 2021 no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant loan receivable is recorded as a benefit payment based on the terms of the Plan document

Payment of Benefits
Benefit payments to participants are recorded upon distribution.

Administrative Expenses
Administrative expenses incurred by the custodian and the asset management and advisory fees are paid from the assets of the Plan. Certain expenses of maintaining the Plan are paid by the Company and are therefore excluded from these financial statements.

Date of Management's Review
The Plan has evaluated subsequent events through October 12, 2023, the date the financial statements were available to be issued.

NOTE 3 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 4 - TAX STATUS

The Plan is a standardized prototype plan. The Internal Revenue Service has determined and informed Great-West Trust Company, LLC by an opinion letter dated December 31, 2018 that the Prototype Standardized 401(k) Plan, was acceptable under Section 401 of the Internal Revenue Code (IRC) for use by employers for the benefit of employees. This letter is not a determination that the Broadway Maintenance LLC 401(K) Profit Sharing Plan & Trust is a qualified plan. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and that the related Plan is tax exempt.

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 (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan administrator has analyzed the tax positions taken by The Plan and has concluded that as of December 31, 2022 that there are no uncertain positions taken or expected to be taken that would require recognition of a liability (asset) or disclosure in the financial statements The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2019.

NOTE 5 - PARTICIPANT DIRECTED INVESTMENTS AND FAIR VALUE MEASUREMENTS

The Plan follows the provisions of Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820 "Fair Value Measurements", which establishes a framework for measuring fair value. That 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 under ASC 820 are described as follows:

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.

NOTE 5 - PARTICIPANT DIRECTED INVESTMENTS AND FAIR VALUE MEASUREMENTS - CONTINUED

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022.

Registered Investment Companies (Mutual Funds) - The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-ended mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded. The fair values of common stocks are based on the closing price reported on the active market where the individual securities ae traded.

The mutual funds are valued at quoted market price which represents the net asset value of shares at year end. The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its 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.

The following table sets forth, the plan's investments at fair value at December 31, 2022 and 2021:

	December 31, 2022			
	Level 1	Level 2	Level 3	Total
Mutual funds, at fair value	$ 5,180,668	$ -	$ -	$ 5,180,668

	December 31, 2021			
	Level 1	Level 2	Level 3	Total
Mutual funds, at fair value	$ 5,991,520	$ -	$ -	$ 5,991,520

NOTE 6 - GUARANTEED INVESTMENT CONTRACT WITH GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK, (GWL&A OF NY).

The plan entered into a benefit-responsive guaranteed investment contract with Great-West Life & Annuity Company of New York, (GWL&A OF NY). GWL&A OF NY maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the plan.

NOTE 6 - GUARANTEED INVESTMENT CONTRACT WITH GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK, (GWL&A OF NY). - CONTINUED

The Great-West Investments (GWI) Fixed Account – Series I ("Fixed Account") is a Fixed Account that is part of the General Account of GWL&A of NY. All or a portion of the Contributions and Deposits may be allocated to the Fixed Account.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported to the plan by GWL&A OF NY, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2022 and 2021 was $1,899 and $276, respectively.

Interest earned on the amounts invested in the Fixed Account is compounded daily at the declared credited interest rate. At the end of each calendar quarter, GWL&A of NY will establish and declare the interest rate to be credited to the Plan's assets held in the Fixed Account during the next calendar quarter. GWL&A of NY will reset the interest rate quarterly and declare all reset credited interest rates at least 48 hours in advance of each reset.

The guaranteed minimum interest rate will be equal to 0.00%.

Certain events limit the ability of the plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the plan's ability to transact at contract value with participants are probable of occurring.

NOTE 7 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The Plan's Trustee is Broadway Maintenance LLC 401(K) Profit Sharing Plan & Trust. The Plan Trustee has certified as to the completeness and accuracy of the investments held by the Plan as of December 31, 2022 the investment earnings and other investment-related transactions of the Plan for the year ended December 31, 2022 which are disclosed in the accompanying financial statements and Schedule of Assets (held at year end).

NOTE 8 - RISK AND UNCERTAINTIES

The participant's self-directed investments are invested in various 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 changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

NOTE 9 - PARTY - IN - INTEREST AND RELATED PARTY TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain Plan investments are shares of mutual funds managed by Great-West Life & Annuity Company of New York. Great-West Life & Annuity Company of New York is the administrator as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to $1,855 for the year ended December 31, 2022.

Certain administrative functions are performed by officers or employees of the Company. No such officers or employee receives compensation from the Plan. Some administrative expenses of the Plan are paid directly by the Company.

Participant loans held by the Plan also reflect party-in-interest transactions.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

SUPPLEMENTAL SCHEDULES

BROADWAY MAINTENANCE LLC 401(K) PROFIT SHARING PLAN & TRUST
FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR-END)
EIN: 11-3432471
PLAN NUMBER: 001
DECEMBER 31, 2022

(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
	Blackrock Mid-Cap Growth Equity K	Mutual Funds	**	$166,594
	Blackrock Multi-Asset Income Portfolio K	Mutual Funds	**	87
	Blackrock Sustainable Adv Lrg Cap Core K	Mutual Funds	**	59,382
	Blackrock Total Return K	Mutual Funds	**	92,836
	Fidelity Advisor Growth Opps Z	Mutual Funds	**	895,438
	Fidelity Intl Sustainability Idx	Mutual Funds	**	10,745
	Fidelity Sustainability Bond Index	Mutual Funds	**	18,906
	Franklin Rising Dividends R6	Mutual Funds	**	924,149
	Invesco Gold & Special Minerals R6	Mutual Funds	**	21,334
	Ishares Russell 2000 Small-Cap Index K	Mutual Funds	**	212,814
	Janus Henderson Venture N	Mutual Funds	**	178,592
	Jpmorgan Smartretirement 2020 R6	Mutual Funds	**	16,580
	Jpmorgan Smartretirement 2025 R6	Mutual Funds	**	25,888
	Jpmorgan Smartretirement 2030 R6	Mutual Funds	**	73,723
	Jpmorgan Smartretirement 2035 R6	Mutual Funds	**	135,338
	Jpmorgan Smartretirement 2040 R6	Mutual Funds	**	14,757
	Jpmorgan Smartretirement 2045 R6	Mutual Funds	**	46,415
	Jpmorgan Smartretirement 2050 R6	Mutual Funds	**	54,608
	Jpmorgan Smartretirement 2055 R6	Mutual Funds	**	84,923
	Jpmorgan Smartretirement 2060 R6	Mutual Funds	**	25,231
	Jpmorgan Smartretirement Income R6	Mutual Funds	**	72,092
	Jpmorgan U.S. Value R6	Mutual Funds	**	1,286,145
	Pgim High-Yield R6	Mutual Funds	**	953
	Pgim Jennison International Opps R6	Mutual Funds	**	52,140
	Pimco All Asset Instl	Mutual Funds	**	321,558
	Pimco Gnma & Government Securities Inst	Mutual Funds	**	86,375
	Pimco Real Return Instl	Mutual Funds	**	32,068
	Pimco Stocksplus Intl (Usd-Hedged) Inst	Mutual Funds	**	215,120
	T. Rowe Price Mid-Cap Value I	Mutual Funds	**	55,880
*	GWI Fixed Account - Series Class I	Fixed Annuities	**	276
*	Forfeitures invested in GWI Fixed Account-Series Class I	Fixed Annuities	**	11,569
*	Loan Receivable from Participants	Interest rates: 6:00% to 6.50%	**	13,102
	TOTAL			$ 5,205,615

* Denotes a party-in-interest as defined by ERISA
** Not required for participant directed investments

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Broadway Maintenance LLC 401(k) Profit Sharing Plan and Trust

01-JAN-22 to 31-DEC-22

30-JAN-23 21:26:31

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
2PISIX	251.82	32.284397	4	(251.82)	(32.284397)	2	(251.82)	SERIES
2JVTNX	14.58	0.195521	1	(14.58)	(0.195521)	1	(14.58)	SERIES
2BDBKX	89.28	4.348730	2	(89.28)	(4.348730)	2	(89.27)	SERIES
2OGMIX	8.75	0.398089	1	(8.75)	(0.398089)	1	(8.75)	SERIES
2FRISX	428.96	5.236050	2	(428.96)	(5.236050)	2	(428.96)	SERIES
2PRRIX	30.35	2.805001	4	(30.35)	(2.805001)	2	(30.35)	SERIES
2PDMIX	77.00	7.785632	4	(77.00)	(7.785632)	2	(77.00)	SERIES
2PAAIX	349.19	31.486734	2	(349.19)	(31.486734)	2	(349.19)	SERIES
2JTTYX	14,515.76	959.404256	2	(14,515.76)	(959.404256)	2	(14,515.76)	SERIES
2JNSYX	11.22	0.710127	1	(11.22)	(0.710127)	1	(11.22)	SERIES
2JSMYX	1,014.65	58.590454	3	(1,014.65)	(58.590454)	3	(1,014.64)	SERIES
2SRJYX	83.84	4.747434	2	(83.84)	(4.747434)	2	(83.84)	SERIES
2SMTYX	20.36	1.069328	1	(20.36)	(1.069328)	1	(20.36)	SERIES
2JSAYX	19.31	1.018460	1	(19.31)	(1.018460)	1	(19.31)	SERIES
2JTSYX	67.15	3.513859	2	(67.15)	(3.513859)	2	(67.14)	SERIES
2JFFYX	39.47	1.728859	2	(39.47)	(1.728859)	2	(39.46)	SERIES
2JSIYX	61.03	4.244080	2	(61.03)	(4.244080)	2	(61.02)	SERIES
2MPHQX	87.74	8.543308	4	(87.74)	(8.543308)	2	(87.74)	SERIES
2TRMIX	35.47	1.145302	1	(35.47)	(1.145302)	1	(35.47)	SERIES
2FZAHX	444.71	3.776979	3	(444.71)	(3.776979)	3	(444.70)	SERIES
2VGINX	932.75	14.104673	4	(932.75)	(14.104673)	2	(932.75)	SERIES
2BMGKX	86.07	2.678786	2	(86.07)	(2.678786)	2	(86.05)	SERIES
2PWJQX	35.11	1.481435	1	(35.11)	(1.481435)	1	(35.11)	SERIES
2BKMIX	5.17	0.528630	1	(5.17)	(0.528630)	1	(5.17)	SERIES
2BIRKX	25.43	1.531005	1	(25.43)	(1.531005)	1	(25.43)	SERIES
2FNDSX	2.77	0.293710	2	(2.76)	(0.293710)	1	(2.77)	SERIES
2GWNQ35	0.12	0.000000	2	(0.12)	0.000000	2	(0.12)	SERIES
4GWNQ35	21,488.25	0.000000	23	(13,455.83)	0.000000	5	(13,455.83)	SERIES
1BKMIX	291.07	28.551344	235	(280.69)	(28.822168)	41	(290.06)	SERIES
1JTTYX	15,427.38	1,022.703749	62	(21.22)	(1.433019)	10	(22.56)	SERIES
1JNSYX	12,799.62	794.181916	278	(87.41)	(5.301594)	24	(97.20)	SERIES
1JSMYX	45,928.54	2,628.478566	367	(42,984.67)	(2,453.126454)	43	(52,958.75)	SERIES
1SRJYX	49,350.90	2,764.124501	292	(145.94)	(7.901558)	35	(160.51)	SERIES
1SMTYX	1,495.10	84.310111	65	(762.88)	(37.316584)	14	(935.74)	SERIES
1JSAYX	30,075.55	1,509.382469	299	(5,001.00)	(262.469643)	39	(5,927.83)	SERIES
1JTSYX	12,297.92	641.211566	149	(48.22)	(2.455087)	19	(20.37)	SERIES
1JFFYX	27,107.45	1,186.545136	227	(3,055.51)	(131.421712)	35	(3,888.89)	SERIES
1JAKYX	40,549.17	2,184.484179	116	(14,161.81)	(794.321878)	13	(14,905.46)	SERIES
1JSIYX	3,467.33	249.183236	63	(39.68)	(2.658308)	12	(47.15)	SERIES
1FNIDX	4,724.62	434.982049	348	(30.96)	(2.758326)	41	(33.19)	SERIES
1PISIX	34,428.91	4,357.033999	754	(40.28)	(5.051637)	86	(42.76)	SERIES
1PWJQX	8,200.91	320.163333	528	(208.95)	(8.472738)	81	(223.22)	SERIES
1OGMIX	8,909.70	377.937247	255	(18.51)	(0.799682)	24	(19.82)	SERIES
1BDBKX	35,360.02	1,604.314289	903	(970.89)	(45.878519)	109	(1,208.98)	SERIES
1JVTNX	18,652.98	244.651318	782	(33.91)	(0.419388)	80	(43.85)	SERIES
1BMGKX	55,826.31	1,618.557751	967	(9,203.27)	(272.475961)	119	(10,107.49)	SERIES
1TRMIX	15,491.64	503.399087	422	(86.04)	(2.732697)	78	(90.08)	SERIES
1BIRKX	5,252.57	308.702847	367	(108.84)	(6.464646)	63	(105.27)	SERIES
1FZAHX	82,090.10	699.809797	1342	(116,175.89)	(1,133.337655)	186	(198,159.31)	SERIES
1FRISX	95,911.24	1,136.692163	781	(679.43)	(7.840960)	84	(661.15)	SERIES
1VGINX	121,249.05	1,764.689903	1370	(51,667.85)	(810.360471)	178	(56,043.67)	SERIES
1PAAIX	55,203.29	4,898.621284	530	(47,632.12)	(4,351.636168)	53	(55,521.09)	SERIES
1MPHQX	10,904.42	1,040.885644	626	(275.38)	(27.094982)	73	(308.83)	SERIES

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Broadway Maintenance LLC 401(k) Profit Sharing Plan and Trust

01-JAN-22 to 31-DEC-22

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1FNDSX	5,683.53	595.669833	417	(204.08)	(22.346405)	51	(213.73)	SERIES
1PDMIX	11,770.70	1,182.300969	549	(312.00)	(31.490756)	58	(341.47)	SERIES
1PRRIX	5,682.53	514.377422	390	(150.52)	(14.808122)	48	(162.05)	SERIES
1PHYQX	1,095.19	229.432272	237	(90.83)	(19.546110)	43	(93.03)	SERIES
1GWNQ35	0.12	0.000000	2	(0.08)	0.000000	4	(0.08)	SERIES

LEGEND

INVESTMENT OPTION:

2PISIX	PIMCO StocksPLUS Intl (USD-Hedged) Inst
2BDBKX	iShares Russell 2000 Small-Cap Index K
2FRISX	Franklin Rising Dividends R6
2PDMIX	PIMCO GNMA & Government Securities Inst
2JTTYX	JPMorgan SmartRetirement 2020 R6
2JSMYX	JPMorgan SmartRetirement 2030 R6
2SMTYX	JPMorgan SmartRetirement 2040 R6
2JTSYX	JPMorgan SmartRetirement 2050 R6
2JSIYX	JPMorgan SmartRetirement Income R6
2TRMIX	T. Rowe Price Mid-Cap Value I
2VGINX	JPMorgan U.S. Value R6
2PWJQX	PGIM Jennison International Opps R6
2BIRKX	BlackRock Sustainable Adv Lrg Cap Core K
2GWNQ35	EI Fixed Account - Series Class I
1BKMIX	BlackRock Multi-Asset Income Portfolio K
1JNSYX	JPMorgan SmartRetirement 2025 R6
1SRJYX	JPMorgan SmartRetirement 2035 R6
1JSAYX	JPMorgan SmartRetirement 2045 R6
1JFFYX	JPMorgan SmartRetirement 2055 R6
1JSIYX	JPMorgan SmartRetirement Income R6
1PISIX	PIMCO StocksPLUS Intl (USD-Hedged) Inst
1OGMIX	Invesco Gold & Special Minerals R6
1JVTNX	Janus Henderson Venture N
1TRMIX	T. Rowe Price Mid-Cap Value I
1FZAHX	Fidelity Advisor Growth Opps Z
1VGINX	JPMorgan U.S. Value R6
1MPHQX	BlackRock Total Return K
1PDMIX	PIMCO GNMA & Government Securities Inst
1PHYQX	PGIM High-Yield R6
2JVTNX	Janus Henderson Venture N
2OGMIX	Invesco Gold & Special Minerals R6
2PRRIX	PIMCO Real Return Instl
2PAAIX	PIMCO All Asset Instl
2JNSYX	JPMorgan SmartRetirement 2025 R6
2SRJYX	JPMorgan SmartRetirement 2035 R6
2JSAYX	JPMorgan SmartRetirement 2045 R6
2JFFYX	JPMorgan SmartRetirement 2055 R6
2MPHQX	BlackRock Total Return K
2FZAHX	Fidelity Advisor Growth Opps Z
2BMGKX	BlackRock Mid-Cap Growth Equity K
2BKMIX	BlackRock Multi-Asset Income Portfolio K
2FNDSX	Fidelity Sustainability Bond Index
4GWNQ35	EI Fixed Account - Series Class I
1JTTYX	JPMorgan SmartRetirement 2020 R6
1JSMYX	JPMorgan SmartRetirement 2030 R6
1SMTYX	JPMorgan SmartRetirement 2040 R6
1JTSYX	JPMorgan SmartRetirement 2050 R6
1JAKYX	JPMorgan SmartRetirement 2060 R6
1FNIDX	Fidelity Intl Sustainability Idx
1PWJQX	PGIM Jennison International Opps R6
1BDBKX	iShares Russell 2000 Small-Cap Index K
1BMGKX	BlackRock Mid-Cap Growth Equity K
1BIRKX	BlackRock Sustainable Adv Lrg Cap Core K
1FRISX	Franklin Rising Dividends R6
1PAAIX	PIMCO All Asset Instl
1FNDSX	Fidelity Sustainability Bond Index
1PRRIX	PIMCO Real Return Instl
1GWNQ35	EI Fixed Account - Series Class I

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Broadway Maintenance LLC 401(k) Profit Sharing Plan and Trust

01-JAN-22 to 31-DEC-22

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1BKMIX			103.26	87.40
1JTTYX			18,341.25	16,579.81
1JNSYX			32,288.44	25,888.34
1JSMYX			91,326.11	73,723.34
1SRJYX			180,459.50	135,338.32
1SMTYX			21,085.40	14,757.28
1JSAYX			61,656.64	46,414.62
1JTSYX			76,577.58	54,607.63
1JFFYX			113,476.26	84,922.70
1JAKYX			26,939.55	25,230.75
1JSIYX			92,739.03	72,092.17
1FNIDX			12,556.19	10,744.71
1PISIX			247,205.11	215,119.63
1PWJQX			78,955.98	52,140.09
1OGMIX			23,176.24	21,333.59
1BDBKX			280,354.58	212,813.60
1JVTNX			265,757.79	178,592.45
1BMGKX			248,484.81	166,593.72
1TRMIX			66,533.30	55,880.44
1BIRKX			69,097.26	59,381.74
1FZAHX			1,549,686.35	895,437.52
1FRISX			1,014,340.47	924,148.59
1VGINX			1,282,577.55	1,286,144.51
1PAAIX			384,042.82	321,558.45
1MPHQX			111,028.93	92,835.78
1FNDSX			21,628.79	18,905.50
1PDMIX			103,814.88	86,375.43
1PRRIX			38,723.45	32,067.55
1PHYQX			1,002.11	952.89
1GWNQ35		1.050	272.49	275.63
			6,514,232.12	**5,180,944.18**
PARTICIPANT LOANS	VARIOUS	6.000-6.500	13,152.47	13,101.66
FORFEITURES			11,471.01	11,568.72

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Broadway Maintenance LLC 401(k) Profit Sharing Plan and Trust

01-JAN-22 to 31-DEC-22

30-JAN-23 21:26:31

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1BKMIX	BlackRock Multi-Asset Income Portfolio K
1JNSYX	JPMorgan SmartRetirement 2025 R6
1SRJYX	JPMorgan SmartRetirement 2035 R6
1JSAYX	JPMorgan SmartRetirement 2045 R6
1JFFYX	JPMorgan SmartRetirement 2055 R6
1JSIYX	JPMorgan SmartRetirement Income R6
1PISIX	PIMCO StocksPLUS Intl (USD-Hedged) Inst
1OGMIX	Invesco Gold & Special Minerals R6
1JVTNX	Janus Henderson Venture N
1TRMIX	T. Rowe Price Mid-Cap Value I
1FZAHX	Fidelity Advisor Growth Opps Z
1VGINX	JPMorgan U.S. Value R6
1MPHQX	BlackRock Total Return K
1PDMIX	PIMCO GNMA & Government Securities Inst
1PHYQX	PGIM High-Yield R6
1JTTYX	JPMorgan SmartRetirement 2020 R6
1JSMYX	JPMorgan SmartRetirement 2030 R6
1SMTYX	JPMorgan SmartRetirement 2040 R6
1JTSYX	JPMorgan SmartRetirement 2050 R6
1JAKYX	JPMorgan SmartRetirement 2060 R6
1FNIDX	Fidelity Intl Sustainability Idx
1PWJQX	PGIM Jennison International Opps R6
1BDBKX	iShares Russell 2000 Small-Cap Index K
1BMGKX	BlackRock Mid-Cap Growth Equity K
1BIRKX	BlackRock Sustainable Adv Lrg Cap Core K
1FRISX	Franklin Rising Dividends R6
1PAAIX	PIMCO All Asset Instl
1FNDSX	Fidelity Sustainability Bond Index
1PRRIX	PIMCO Real Return Instl
1GWNQ35	EI Fixed Account - Series Class I

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year