

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan BUILDING SERVICES LOCAL 2 RETIREMENT PLAN & TRUST
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 10/01/1979
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BUILDING SERVICES LOCAL 2 82-01 ROCKAWAY BLVD., SUITE 130 OZONE PARK, NY 11416-1213
2b	Employer Identification Number (EIN) 11-1820127
2c	Plan Sponsor's telephone number 718-296-7017
2d	Business code (see instructions) 813000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2024	LYDIA STUART
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1015
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 287 6a(2) 275 6b 717 6c 6d 992 6e 6f 992 6g(1) 1015 6g(2) 992 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 122

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

2C 2E

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan BUILDING SERVICES LOCAL 2 RETIREMENT PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BUILDING SERVICES LOCAL 2	D Employer Identification Number (EIN) 11-1820127	

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

DOUBLELINE FUND

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

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

FIRST TRUST ADVISORS ADVISORS LP

120 EAST LIBERTY DRIVE STE 400
WHEATON, IL 60187

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

PACIFIC INVESTMENT MANAGEMENT COMPA

650 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

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

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

LYDIA STUART

11-2623070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	148567	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BARNES, ICCARINO, & SHEPHERD LLP

11-2450206

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	30000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GARY ROTHMAN ESQ.

3 W MAIN ST 200
ELMSFORD, NY 10523

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 16	NONE	29528	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

RAYMOND JAMES FINANCIAL, INC.

880 CARILLON PARKWAY
ST PETERBURG, FL 33716

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	28988	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOVAK FRANCELLE LLC

61-1436956

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

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

MINSKY & COTTONE, CPA

11-3223712

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

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

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

CORPORATE RETIREMENT SERVICES

22-3507738

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 50	NONE	15410	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE 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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan BUILDING SERVICES LOCAL 2 RETIREMENT PLAN & TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BUILDING SERVICES LOCAL 2	D Employer Identification Number (EIN) 11-1820127	

Part I	Asset and Liability Statement
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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	913303	428648
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	45218	13688
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	821050	957712
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1940751	2295811
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4362056	4801863
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		5878
f Total assets (add all amounts in lines 1a through 1e)	1f	8082378	8503600
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	175	56010
k Total liabilities (add all amounts in lines 1g through 1j)	1k	175	56010
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	8082203	8447590

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)	322270	
(B) Participants	2a(1)(B)	287014	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		609284
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	137	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		137
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	37868	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	154375	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		192243
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2028441	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2103002	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-74561
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	418095	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		234676
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1379874

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	597737	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		597737
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	205878	
(2) Contract administrator fees.....	2i(2)	15410	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	34100	
(5) Investment advisory and investment management fees	2i(5)	28988	
(6) Bank or trust company trustee/custodial fees	2i(6)	5110	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	30000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	29528	
(11) Other expenses	2i(11)	67736	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		416750
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1014487

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		365387
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	142616
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
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.	☐	☒	

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 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan BUILDING SERVICES LOCAL 2 RETIREMENT PLAN & TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BUILDING SERVICES LOCAL 2		D Employer Identification Number (EIN) 11-1820127
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 11-1820127		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
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 322270
b Enter the amount contributed by the employer to the plan for this plan year		6b 322270
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c 0
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☒ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

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)

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)

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)

14a**14b****14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year

15a

b The corresponding number for the second preceding plan year

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2023

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2023 AND 2022

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INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the financial statements of the Building Services Local 2 Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits - modified cash basis for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Building Services Local 2 Retirement Plan as of December 31, 2023 and 2022, and changes in its net assets available for benefits for the years then ended in accordance with the modified cash basis of accounting described in Note 2.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Building Services Local 2 Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Basis of Accounting

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting as described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information

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

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Novak Francella LLC

New York, New York.
October 11, 2024

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS MODIFIED CASH BASIS

DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
INVESTMENTS - at fair value	<u>\$ 7,260,850</u>	<u>\$ 6,521,593</u>
CASH	<u>1,223,184</u>	<u>1,515,567</u>
OTHER ASSETS		
Due from affiliates	-	45,218
Property and equipment - net	5,878	-
Payroll withholding	<u>13,688</u>	<u>-</u>
Total other assets	<u>19,566</u>	<u>45,218</u>
Total assets	<u>8,503,600</u>	<u>8,082,378</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Payroll withholding	-	175
Due to affiliate	<u>56,010</u>	<u>-</u>
Total liabilities	<u>56,010</u>	<u>175</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 8,447,590</u></u>	<u><u>\$ 8,082,203</u></u>

See accompanying notes to financial statements.

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

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

YEARS ENDED DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 578,210	\$ (1,301,788)
Interest and dividends	<u>192,380</u>	<u>166,646</u>
Total investment income	770,590	(1,135,142)
Less investments expenses	<u>(28,988)</u>	<u>(31,146)</u>
Investment income - net	<u>741,602</u>	<u>(1,166,288)</u>
Contributions		
Employee	287,014	263,590
Employer	<u>322,270</u>	<u>297,346</u>
Total contributions	<u>609,284</u>	<u>560,936</u>
Total additions	<u>1,350,886</u>	<u>(605,352)</u>
DEDUCTIONS		
Benefits paid to participants and beneficiaries	597,737	1,072,484
Administrative expenses	<u>387,762</u>	<u>335,569</u>
Total deductions	<u>985,499</u>	<u>1,408,053</u>
NET INCREASE (DECREASE)	365,387	(2,013,405)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>8,082,203</u>	<u>10,095,608</u>
End of year	<u><u>\$ 8,447,590</u></u>	<u><u>\$ 8,082,203</u></u>

See accompanying notes to financial statements.

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

NOTE 1. DESCRIPTION OF THE PLAN

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

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

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

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

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

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

NOTE 1. DESCRIPTION OF THE PLAN (continued)

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

Forfeited Accounts - At December 31, 2023 and 2022, forfeited nonvested accounts totaled \$0. These accounts are used to reduce Plan expenses.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

Payment of Benefits - Benefits are recorded when paid.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Property and Equipment - Property and equipment are carried at cost and includes office and computer equipment. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed on the straight-line method over the estimated useful lives of the assets, which is 5 years for office and computer equipment and 3 year for computer software. Depreciation and amortization totaled \$309 and \$4,144 for the years ended December 31, 2023 and 2022, respectively.

NOTE 3. PRIORITIES UPON TERMINATION

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

NOTE 4. TAX STATUS

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

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

NOTE 5. FUNDING POLICY

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

NOTE 6. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

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

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

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

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

For the years ended December 31, 2023 and 2022, there were no transfers in or out of levels 1, 2 or 3.

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
Mutual funds and exchange traded funds	\$ 4,801,863	\$ 4,801,863	\$ -	\$ -
Short-term investments	163,176	163,176	-	-
Common stock	2,295,811	2,295,811	-	-
	<u>\$ 7,260,850</u>	<u>\$ 7,260,850</u>	<u>\$ -</u>	<u>\$ -</u>

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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

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

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

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

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

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

Common Administrative Expenses

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

The Plan's share of common expenses was in the amounts of \$56,010 and \$54,782 for the years ended December 31, 2023 and 2022, respectively. As of December 31, 2023 and 2022, the Plan owed \$56,010 and \$54,782 for shared administrative expenses.

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

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

NOTE 8. RISKS AND UNCERTAINTIES

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

NOTE 9. DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2023, certain contributing employers failed to timely remit voluntary employee contributions to the Plan totaling \$142,616. The Plan actively pursues delinquent employers as part of its collection procedures. The Plan has assessed interest on the delinquent participant contributions and is in the process of collecting that interest from the applicable employers. In addition, the Plan has notified the employers that they may be liable for an excise tax on these delinquent amounts. These transactions are denoted in the supplemental schedule of delinquent participant contributions.

NOTE 10. PROPERTY AND EQUIPMENT

The following is a summary of property and equipment as of December 31, 2023 and 2022.

	2023	2022
Furniture and equipment	\$ 24,287	\$ 18,099
Computer software	14,208	14,208
	38,495	32,307
Less: accumulated depreciation	(32,617)	(32,307)
Property and equipment - net	<u>\$ 5,878</u>	<u>\$ -</u>

NOTE 11. DEPARTMENT OF LABOR INVESTIGATION

On November 11, 2020, the Plan received an opening letter from the United States Department of Labor concerning its investigation of the Plan's compliance with Title I of the Employee Retirement Income Security Act of 1974. The Fund received a Voluntary Compliance Letter on January 26, 2023. On September 9, 2024, the Plan received a Closing Letter from the United States Department of Labor identifying investigative findings that have been partially corrected and that it has decided not to commence legal action against the Plan. As of the date of this letter, the Plan is working to take the additional corrective action necessary to demonstrate it has taken complete corrective action to the satisfaction of the United States Department of Labor.

NOTE 12. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 11, 2024, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

STATEMENTS OF ADMINISTRATIVE EXPENSES MODIFIED CASH BASIS

YEARS ENDED DECEMBER 31, 2023 AND 2022

	2023	2022
Salaries	\$ 178,493	\$ 143,759
Accounting and auditing	34,100	44,600
Rent	31,773	30,884
Legal	30,000	34,920
Professional trustee	29,528	6,000
Insurance	17,022	15,530
Pension administration	15,410	15,000
Payroll taxes	14,965	12,463
Pension contribution	12,420	12,252
Office	9,980	4,967
Computer expenses	7,448	2,569
Bank charges	5,110	2,620
Postage	1,204	574
Depreciation	309	4,144
Repairs and maintenance	-	3,002
Utility	-	2,285
Total administrative expenses	<u>\$ 387,762</u>	<u>\$ 335,569</u>

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2023

Form 5500, Schedule H, Item 4i

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

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
Identity of Issuer, Borrower, Lesser or Similar Party		Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(1)-Short-term investments:</u>							
*	RJ Bank Deposit Program	MMA	Demand	Var	%	163,176	\$ 163,176
<u>Item 1c(4)b-Common stocks:</u>							
	Abbvie Inc				59	8,759	9,143
	Acadia Heal Acadia Healthcare Co Inc Co Inc				97	6,039	7,543
	Accenture Plc				39	13,377	13,685
	Adidas Ag				107	11,559	10,884
	Adobe Inc.				14	9,563	8,352
	Advanced Micro Devices Inc				121	11,038	17,837
	Agree Realty Corp. REIT				104	7,096	6,547
	Aia Group Ltd				152	6,622	5,299
	Air Liquide ADR (France)				274	8,745	10,661
	Airbnb Inc				22	3,545	2,995
	Akzo Nobel Nv				367	14,367	10,111
	Alphabet Inc				148	20,664	20,858
	Amadeus It Group Sa				208	13,547	14,907
	Amazon.Com Inc				229	39,023	34,794
	American Express Co				79	12,619	14,800
	American Tower Corp REIT				24	5,807	5,181
	Analog Devices Inc				76	12,681	15,091
	Aon Plc				52	15,635	15,133
	Apple Inc				107	17,516	20,601
	Arm Holdings PLC				39	2,497	2,931
	ASML Holding				5	3,212	3,785
	Astrazeneca PLC				85	5,957	5,725
	Atkore Inc				62	7,280	9,920
	Atlantic Union Bankshares Corp				197	7,157	7,198
	Azenta Inc				143	11,373	9,315
	Aptargroup Inc				39	5,087	4,821
	Bayer Ag				962	13,415	8,934
	Bio-Rad Laboratories Inc				22	12,928	7,104
	BJ's Wholesale Club Holdings Inc				195	13,768	12,999
	Bnp Paribas				495	16,253	17,112
	Boeing Company				18	4,131	4,692
	Booz Allen Hamilton Holding Corp				99	8,464	12,663
	Bright Horizons Family Solutions				83	9,111	7,822
	British American Tobacco Plc				233	7,811	6,825
	Broadcom Inc				12	6,867	13,395
	Burlington Stores Inc				38	9,483	7,390
	CCC intelligent solutions HLD				714	8,241	8,132
	Cadence Design System Inc				21	4,224	5,720
	Carter's Inc				46	3,581	3,445
	Catalent Inc				86	4,128	3,864
	Cavco Industries Inc				34	10,179	11,785

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lesser or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
	<u>Item 1c(4)b-Common stocks (cont.):</u>						
	Championx Corp				133	\$ 2,907	\$ 3,885
	Chart Industries Corp				31	5,182	4,226
	Chevron Corp				64	9,343	9,546
	Chubb Ltd				59	11,324	13,334
	Cigna Corp				70	15,514	20,962
	Citigroup Inc				160	8,070	8,230
	CLP Holdings Limited				548	5,370	4,523
	Cognex Corp				225	14,268	9,392
	Columbus McKinnon Corp				151	7,508	5,892
	Comcast Corp				461	21,310	20,215
	Comfort Systems Usa Inc				60	6,190	12,340
	Compagnie Financiere Richemont				380	6,006	5,226
	Conoco Phillips				168	14,048	19,500
	Costco Wholesale Corp				15	8,097	9,901
	Crowdstrike Holdings Inc				23	5,279	5,872
	CSL Limited Sponsored				77	6,769	7,530
	Cyberark Software Limited SHS				62	9,452	13,581
	Diageo Plc				60	11,609	8,740
	Diageo Plc				84	15,787	12,235
	Daikin Industries Limited				677	14,826	11,038
	Dominion Energy Inc				213	13,890	10,011
	Dorman Products Inc				78	9,531	6,506
	Duke Energy Corp				152	15,012	14,750
	Dupont De Nemours Inc				130	9,948	10,001
	Eagle Materials Inc				58	9,501	11,765
	Easterly Government Properties				337	7,225	4,529
	Easterly Government Properties				42	7,023	7,709
	Eaton Corp Plc				40	6,968	9,633
	Eli Lilly & Company				28	7,547	16,322
	Element Solutions Inc				440	11,052	10,182
	Eni SPA				369	10,635	12,550
	Entegris Inc				102	14,721	12,222
	Exponent Inc				81	9,923	7,131
	Federal Signal Corp				131	6,165	10,053
	Five Below Inc				47	10,221	10,019
	Fujitsu Limited				382	12,498	11,530
	Gates Industrial Corp Plc				543	8,192	7,287
	General Dynamics				55	12,421	14,282
	Gentherm Inc				88	7,805	4,608
	Gibral Tar Industries Inc				103	7,237	8,135
	Glacier Bancorp Inc				105	6,252	4,339
	Glencore Plc				818	8,219	9,846
	Globant Sa				51	12,823	12,137
	Globus Medical Inc				149	9,678	7,940
	Goldman Sachs Group Inc				10	3,506	3,858
	Grand Canyon Education Inc				43	3,337	5,678
	Halozyme Therapeutics Inc				169	7,584	6,246
	Hdfc Bank Ltd				244	16,663	16,375
	Heineken Nv				162	7,872	8,227
	Hexcel Corp				117	6,889	8,629
	Hitachi Ltd				128	16,421	18,467
	Home Depot Inc				17	6,487	5,891
	Honeywell International Inc				68	14,892	14,260
	Hologic Inc				103	7,353	7,359
	Hubspot Inc				5	2,577	2,903

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lesser or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
	<u>Item 1c(4)b-Common stocks (cont.):</u>						
	Iberdrola Sa				77	\$ 3,635	\$ 4,039
	Idacorp Inc				76	8,322	7,472
	Idex Corp				44	9,480	9,553
	Illinois Tool Works Inc				43	10,485	11,263
	Integer Holdings Corp				82	6,990	8,125
	Intercotinental Hotels Group				79	5,791	7,203
	Intuitive Surgical Inc				17	4,830	5,735
	Intra- Cellular Therapies Inc				114	6,346	8,165
	ITT Inc.				77	7,006	9,188
	Jazz Pharmaceuticals Plc				64	8,394	7,872
	Johnson & Johnson				64	10,331	10,031
	Jpmorgan Chase & Co				134	21,171	22,793
	Kddi Corp				639	9,508	10,166
	Kenvue Inc				481	11,085	10,356
	Keysight Technologies Inc				15	2,371	2,386
	Kinsale Capital				34	7,354	11,387
	Kkr & Co Inc				138	10,039	11,433
	KLA Corp				16	5,431	9,301
	Krispy Kreme Inc				193	2,760	2,912
	Kubota Corp				106	11,431	7,979
	Kyocera Corp				47	2,658	2,735
	Lancaster Colony Corp				46	7,433	7,654
	Lincoln Elec Holdings Inc.				47	6,382	10,221
	Linde Plc				38	12,287	15,607
	Lithia Motors Inc				34	10,108	11,196
	Lloyds Banking Group				1,003	2,453	2,397
	London STK Exchange Group				419	10,552	12,384
	L'oreal Company				50	4,148	4,978
	Lowe's Companies Inc				64	14,934	14,243
	Lululemon Athletica Inc				17	7,544	8,692
	Lvmh Moet Hennssy Louis Vuitton				87	13,569	14,101
	Lvmh Moet Hennssy Louis Vuitton				44	7,146	7,131
	Macom Tech Solutions Holdings Inc				78	4,453	7,250
	Magnolia oil & Gas Corp Class A				275	6,494	5,855
	Manhattan Associates Inc				53	8,028	11,412
	Marketaxess Holdings Inc				20	4,665	5,857
	Marriott International Inc				21	3,529	4,736
	Marriott International Inc				36	5,705	8,118
	Marsh & McLennan Companies Inc				63	10,755	11,937
	Mastercard Inc				31	10,761	13,222
	Matador Resources Company				115	6,978	6,539
	Mckesson Corp				35	8,094	16,204
	Mercadilbre Inc				5	5,236	7,858
	Met Life				1,410	56,339	93,243
	Meta Platforms Inc				50	14,456	17,698
	Michelin Compagnie Generale				221	3,148	3,962
	Microsoft Corp				99	31,806	37,228
	Mitsubishi Uf J Financial Group Inc				1,884	10,513	16,221
	Mobileye Global				29	1,198	1,256
	Molina Healthcare Inc				11	3,351	3,974
	Mongoddb Inc				13	4,639	5,315
	Moody's Corp				12	3,921	4,687
	Morgan Stanley				139	13,922	12,962
	National Storage Affiliates				121	6,175	5,018
	Natwest Group				1,191	7,088	6,705

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lesser or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
	<u>Item 1c(4)b-Common stocks (cont.):</u>						
	Nasdaq Inc				179	\$ 11,815	\$ 10,407
	Nestle Sa				141	18,391	16,336
	Nestle Sa				111	14,580	12,860
	Netflix Inc				20	6,500	9,738
	Neurocrine Biosciences Inc				81	6,919	10,673
	Nike Inc				33	5,738	3,583
	Nintendo Limited				327	3,598	4,267
	Nordson Corp				47	12,716	12,416
	Northrop Grumman Corp				24	8,710	11,235
	Novo Nordisk A/S				156	8,720	16,138
	Novo Nordisk A/S				97	5,651	10,035
	Nu Holdings Limited				149	1,271	1,241
	Nvidia Corp				55	11,056	27,237
	Nxp Semiconductors Nv				32	5,956	7,350
	O'Reilly Automotive Inc				5	3,473	4,750
	Ovintiv Inc				120	5,913	5,270
	Paccar Inc				64	5,410	6,250
	Palo Alto Networks Inc				5	1,474	1,474
	Paylocity Holding Corp				51	13,069	8,407
	Pepsico Inc				51	8,382	8,662
	Performance Food Partners Inc				161	7,699	11,133
	Pfizer Inc				480	21,300	13,819
	Physicians Realty Trust				262	4,781	3,487
	Pinnacle Financial Partners Inc				131	13,593	11,426
	Pioneer Natural Resources Co				16	3,903	3,598
	Pipers Sandler Cos				62	11,403	10,842
	Pnc Financial Services Group Inc				46	5,861	7,123
	Polaris Inc				67	8,284	6,350
	Portland General Electric Co				157	7,776	6,804
	Procore Technologies Inc				115	6,770	7,960
	Progressive Corp				103	9,541	16,406
	Prologis Inc				145	17,121	19,329
	Qiagen SHS				84	4,211	3,648
	Quaker Houghton				48	11,332	10,244
	Rapid7 Inc				94	12,015	5,367
	Rbc Bearings Inc				50	10,494	14,245
	Rio Tinto PLC				37	2,597	2,755
	Roche Holding Ag				423	20,115	15,360
	Rpm International Inc				86	8,193	9,600
	RTX Corp				122	10,067	10,265
	Ryanair Holdings Plc				38	3,469	5,068
	Salesforce Inc				38	9,327	9,999
	Sanofi Sponsored				259	12,428	12,880
	Schneider Electric Se				463	16,936	18,595
	Schneider National Inc				230	5,972	5,854
	Servicenow Inc				11	5,568	7,771
	Seven & Holdings Co Ltd				262	5,405	5,199
	Silicon Laboratories Inc				59	11,995	7,804
	SM Energy Company				96	4,091	3,717
	Smc Corp				77	2,584	2,069
	Snowflake Inc				29	8,064	5,771
	Softbank Group Corp				204	6,018	4,553
	Southern Co				189	11,926	13,253
	Stifel Financial Corp				98	5,899	6,777
	Sun Communities Inc				64	12,490	8,554

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lesser or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
	<u>Item 1c(4)b-Common stocks (cont.):</u>						
	Symrise Ag				427	\$ 15,744	\$ 11,750
	Taiwan Semiconductor Manufacturing Co Ltd				137	17,276	14,248
	Tandem Diabetes Care Inc				206	5,435	6,093
	Target Corp				87	13,105	12,391
	Tenaris				106	3,543	3,685
	Techtronic Industries Co Ltd				112	12,368	6,673
	Tesla Inc				60	21,911	14,909
	Texas Roadhouse Inc				99	8,942	12,101
	The Toro Co				81	8,525	7,775
	The Trade Desk Inc				41	2,885	2,950
	Tjx Companies Inc				48	3,044	4,503
	Total Energies				224	12,496	15,092
	Totoya Motor				16	2,604	2,934
	Uber Technologies Inc				145	5,661	8,928
	Ubs Group Ag				641	11,273	19,807
	Union Pacific Corp				64	15,303	15,720
	UnitedHealth Group Inc				15	7,524	7,897
	Vail Resorts Inc				24	7,347	5,123
	Vericel Corp				103	4,013	3,668
	Vertex Pharmaceuticals Inc				14	4,354	5,695
	Visa Inc				52	10,852	13,538
	Voya Financial Inc				173	11,558	12,622
	Wintust Financial Corp				86	6,341	7,976
	Woodside Energy Group				266	5,663	5,610
	Zebra Technologies Corp				27	15,363	7,380
	Zurich Insurance Group Ag				331	14,137	17,287
	Total common stock					<u>2,159,341</u>	<u>2,295,811</u>
	<u>Item 1c(13) Mutual funds and exchange traded funds:</u>						
	Ishares Broad USD High Yield Corp BD ETF				13,552	553,435	492,615
	Ishares Core MSCI Eafe ETF				3,804	293,741	267,611
	Ishares Core US Aggregate Bond ETF				29,487	3,225,103	2,926,586
	Ishares JP Morgan USD EM MKTS BD				2,008	219,574	178,832
	Ishares MSCI USA MIN VOL Factor ETF				33,332	260,296	259,996
	Vanguard High Dividend Yield ETF				2,360	261,181	263,447
	Vanguard S&P 500 ETF				945	405,887	412,776
	Total mutual funds and exchange traded funds					<u>5,219,217</u>	<u>4,801,863</u>
	Total investments					<u>\$ 7,541,734</u>	<u>\$ 7,260,850</u>

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

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2023

Form 5500, Schedule H, 4a

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

Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions \$142,616			Total Fully Corrected Under VFCP and PTE-2002-51
Check here if late participant loan repayments are included:	Contributions not corrected	Contributions Corrected Outside VFCP	Contributions Pending Corrections in VFCP	
	\$ -	\$ 142,616	\$ -	\$ -

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

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

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1510-0110
1510-0089**2023****This Form Is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

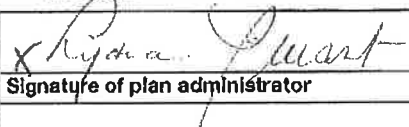
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ☒ ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II Basic Plan Information - enter all requested information

1a Name of plan BUILDING SERVICES LOCAL 2 RETIREMENT PLAN & TRUST	1b Three-digit plan number (PN) ▶ 001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (Include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BUILDING SERVICES LOCAL 2 82-01 ROCKAWAY BLVD., SUITE 130 OZONE PARK NY 11416-1213	1c Effective date of plan 10/01/1979 2b Employer identification number (EIN) 11-1820127 2c Plan sponsor's telephone number 718-296-7017 2d Business code (see instructions) 813000

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

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

SIGN HERE 	10/2/24	LYDIA STUART
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		
Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

3a Plan administrator's name and address ☒ Same as Plan Sponsor**3b** Administrator's EIN**3c** Administrator's telephone number**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:**4b** EIN**4d** PN**a** Sponsor's name**c** Plan Name**5** Total number of participants at the beginning of the plan year**5** 1015**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)** 287**a (2)** Total number of active participants at the end of the plan year**6a(2)** 275**b** Retired or separated participants receiving benefits**6b** 717**c** Other retired or separated participants entitled to future benefits**6c****d** Subtotal. Add lines 6a(2), 6b, and 6c**6d** 992**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e****f** Total. Add lines 6d and 6e**6f** 992**g (1)** Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)**6g(1)** 1015**(2)** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g(2)** 992**h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested**6h****7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7** 122**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:**2C** 2E**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS