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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [X] 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) _____

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
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.	10/15/2026	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1035
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)**	280
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	254
b	Retired or separated participants receiving benefits	**6b**	790
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1044
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	1044
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)**	1035
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	1044
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**	102

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

2C

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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).. . . . . [X] 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

CAPITAL RESEARCH AND MANAGEMENT COM

95-1411037

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

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

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

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

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

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

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

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

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

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

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

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	153701	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LOCAL 2 WELFARE FUND

11-1831226

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 30 30	RELATED ORGANIZATION	56257	Yes [ ] No [X]	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	37500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SUMMER LYDSEY

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	36800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RAYMOND JAMES & ASSOCIATES INC

59-1237041

(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 33 51 71 49 72	NONE	35442	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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	19600	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	18500	Yes [ ] No [X]	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?
20 50	TRUSTEE	18000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE MANDMARBLESTONE GROUP (MMG)

20-4780677

(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	6500	Yes [ ] No [X]	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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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	122088	283164
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	993674	959463
(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)	2598061	2799970
(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)	4908141	5745748
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e	4640	3403
1f Total assets (add all amounts in lines 1a through 1e)	1f	8626604	9791748
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		16327
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	67486	118538
1k Total liabilities (add all amounts in lines 1g through1j)	1k	67486	134865
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	8559118	9656883

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)	400431	
(B) Participants	2a(1)(B)	357799	
(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)		758230
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3068	
(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)		3068
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	41418	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	206384	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		247802
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	891054	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	811933	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		79121
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	240606	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		240606

		(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)		314327
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1643154
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	120542	
(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)		120542
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)	196561	
(2) Contract administrator fees	2i(2)	3750	
(3) Recordkeeping fees	2i(3)	19600	
(4) IQPA audit fees	2i(4)	18500	
(5) Investment advisory and investment management fees	2i(5)	35442	
(6) Bank or trust company trustee/custodial fees	2i(6)	248	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	44000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	18000	
(11) Other expenses	2i(11)	88746	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		424847
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		545389
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1097765
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: NOVAK FRANCELLA, LLC **(2)** EIN: 61-1436956

d The opinion of an independent qualified public accountant is **not attached** 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.)	**4a**	X		150251
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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 | 9

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	400431
b	Enter the amount contributed by the employer to the plan for this plan year	6b	400431
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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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, 2025

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2025 AND 2024

CONTENTS

	PAGE
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits - Modified Cash Basis	4
Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis	5
Notes to Financial Statements	6
Supplemental Information	
Schedules of Administrative Expenses - Modified Cash Basis	13
Schedule of Assets Held at End of Year	14
Schedule of Delinquent Participant Contributions	19

Novak Francella LLC | CERTIFIED PUBLIC ACCOUNTANTS

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, 2025 and 2024, 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, 2025 and 2024, 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 14, 2026

Building Services Local 2 Retirement Plan

Statements of Net Assets Available for Benefits
Modified Cash Basis

December 31, 2025 and 2024

	2025	2024
Assets		
Investments - at fair value	$ 8,692,717	$ 7,845,179
Cash	1,095,628	776,785
Other assets		
Property and equipment - net	3,403	4,640
Total assets	9,791,748	8,626,604
Liabilities and Net Assets		
Liabilities		
Withholdings	16,327	5,205
Due to affiliate	118,538	62,281
Total liabilities	134,865	67,486
Net assets available for benefits	$ 9,656,883	$ 8,559,118

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, 2025 and 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	$ 634,054	$ 395,640
Interest and dividends	250,870	224,660
Total investment income	884,924	620,300
Less investments expenses	(35,442)	(32,870)
Investment income - net	849,482	587,430
Contributions		
Employee	357,799	342,071
Employer	400,431	366,195
Total contributions	758,230	708,266
Total additions	1,607,712	1,295,696
Deductions		
Benefits paid to participants and beneficiaries	120,542	693,231
Administrative expenses	389,405	490,937
Total deductions	509,947	1,184,168
Net increase	1,097,765	111,528
Net assets available for benefits		
Beginning of year	8,559,118	8,447,590
End of year	$ 9,656,883	$ 8,559,118

See accompanying notes to financial statements.

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

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, 2025 and 2024, 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 $1,237 and $1,238 for the years ended December 31, 2025 and 2024, 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, 2025 and 2024, there were no transfers in or out of levels 1, 2 or 3.

	Fair Value Measurements at December 31, 2025			
	Total	Level 1	Level 2	Level 3
Mutual funds and exchange traded funds	$ 5,745,748	$ 5,745,748	$ -	$ -
Short-term investments	146,999	146,999	-	-
Common stock	2,799,970	2,799,970	-	-
	$ 8,692,717	$ 8,692,717	$ -	$ -

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Mutual funds and exchange traded funds	$ 4,908,142	$ 4,908,142	$ -	$ -
Short-term investments	338,977	338,977	-	-
Common stock	2,598,060	2,598,060	-	-
	$ 7,845,179	$ 7,845,179	$ -	$ -

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
- 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 Fund. 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 $56,527 and $61,857 for the years ended December 31, 2025 and 2024, respectively. As of December 31, 2025 and 2024, the Plan owed $118,114 and $61,857 for shared administrative expenses.

At December 31, 2025, the Plan owed $424 to the Union for 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 2025, certain contributing employers failed to timely remit voluntary employee contributions to the Plan totaling $130,542. 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, 2025 and 2024.

	2025	2024
Furniture and equipment	$ 24,287	$ 24,287
Computer software	14,208	14,208
	38,495	38,495
Less: accumulated depreciation	(35,092)	(33,855)
Property and equipment - net	$ 3,403	$ 4,640

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 14, 2026, 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, 2025 and 2024

	2025	2024
Salaries	$ 167,062	$ 233,049
Accounting and auditing	38,100	83,055
Legal	37,500	22,500
Rent	36,066	38,560
Pension contribution	29,499	19,666
Professional trustee	24,500	18,000
Insurance	18,184	16,489
Payroll taxes	13,170	18,437
Office	10,377	11,907
Repairs and maintenance	5,657	2,958
Pension administration	3,750	15,000
Utilities	2,941	3,433
Depreciation	1,237	1,238
Postage	733	1,710
Computer expenses	381	4,591
Bank charges	248	344
Total administrative expenses	$ 389,405	$ 490,937

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2025

Form 5500, Schedule H, Item 4i

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

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					(d)	(e)
	Identity of Issuer, Borrower, Lesser or Similar Party	Type	Maturity Date	Rate of Interest		Par / Maturity Value or Shares	Cost	Current Value
	Item 1c(1)-Short-term investments:							
*	RJ Bank Deposit Program	MMA	Demand	Var	%	146,999	$ 146,999	$ 146,999
	Item 1c(4)b-Common stocks:							
	Abbott Labs					126	13,375	15,787
	Abbvie Incorporated					48	7,415	10,968
	Accenture PLC Ireland Shs Cl A					60	18,590	16,098
	Adidas AG ADR					32	3,878	3,177
	Advanced Energy Industries					58	8,894	12,143
	Advanced Micro Devices Incorporated					51	9,482	10,922
	Aerovironment Incorporated					17	5,292	4,112
	Agree Rlty Corporation REIT					87	5,923	6,267
	AIA Group Limited Sponsored ADR					186	7,689	7,637
	AKZO Nobel N V Sponsrd Ads New					264	10,335	6,118
	Allegion PLC ORD SHS					34	4,767	5,413
	Alphabet Incorporated Cap Stk Class C					155	26,960	48,639
	Amadeus IT Group S A Unsponsored Ads					209	13,557	15,425
	Amazon Com Incorporated					227	39,645	52,396
	American Express Company					40	6,152	14,798
	Amphenol Corporation New Class A					57	7,273	7,703
	Analog Devices Incorporated					56	9,253	15,187
	Antero Resources Corporation					150	5,570	5,169
	AON PLC Shs Cl A					49	15,611	17,291
	API Group Corporation Com Stk					387	9,570	14,807
	Apple Incorporated					146	25,138	39,692
	Applied Indl Technologies Incorporated					22	5,402	5,649
	Applovin Corporation Com Class A					18	7,753	12,129
	Assurant Incorporated					40	8,510	9,634
	Atlantic UN Bankshares Corporation					236	8,469	8,331
	Atlas Copco AB SP ADR A New					440	7,365	7,925
	Axon Enterprise Incorporated					9	5,217	5,111
	Azenta Incorporated					118	5,299	3,925
	Banco Bradesco SA					1810	5,106	6,027
	Barclays PLC ADR					964	13,498	24,534
	Beiersdorf AG ADR					65	1,437	1,430
	Bio Rad Labs Incorporated Class A					25	11,706	7,575
	BJS Wholesale Club Hldgs Incorporated					121	9,506	10,894
	Blackrock Incorporated					12	13,061	12,844
	BNP Paribas Sponsored ADR					318	10,383	15,087
	Boeing Company					164	31,912	35,608
	Boston Scientific Corporation					50	5,127	4,768
	Bright Horizons Fam Sol In Del					72	7,601	7,301
	British Amern TOB OLC Sponsored ADR					233	7,811	13,192
	Broadcom Incorporated					108	10,118	37,379
	Burlingotn Stores Incorporated					42	10,697	12,132

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
	Identity of Issuer, Borrower, Lesser or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
Item 1c(4)b-Common stocks (continued):							
	Cadence Design System Incorporated				37	$ 9,384	$ 11,565
	Caterpillar Incorporated				24	10,172	13,749
	Cavco Industries Incorporated Del				24	7,185	14,178
	Chubb Limited				47	9,021	14,670
	Churchill Downs Incorporated				77	8,845	8,761
	Citigroup Incorporated				136	6,866	15,870
	CLP Holdings Limited Sponsored ADR				430	4,214	3,845
	Cognex Corporation				188	11,336	6,764
	Comfort Systems USA Incorporated				17	1,754	15,866
	Compagnie Financiere Richemont Spon ADR				517	8,198	11,228
	Conocophillips				195	17,028	18,254
	Constellation Energy Corporation				35	10,207	12,364
	Costco Wholesale Corporation New				11	6,297	9,486
	Coupang Incorporated Class A				91	2,628	2,147
	Credo Technology Group Holding Ordinary Shares				25	3,155	3,597
	CRH PLC Ord				103	10,241	12,854
	Crinetics Pharmaceuticals Incorporated				88	4,294	4,096
	Crowdstrike Hldgs Incorporated Class A				22	6,737	10,313
	CSL Limited Sponsored ADR				95	8,385	5,469
	Cullen Frost Bankers Incorporated				59	7,722	7,471
	Daiichi Sankyo Company				363	9,935	7,754
	Daikan Industries Limited Unsponsored Ads				698	13,852	8,942
	Datadog Incorporated Class A Com				42	5,623	5,712
	Disney Walt Company				92	10,075	10,467
	Dominion Energy Incorporated				314	19,665	18,397
	Dorman Products Incorporated				79	9,506	9,732
	Duke Energy Corporation New Com				152	15,012	17,816
	E ON SE Sponsored ADR				214	3,820	4,053
	Eagle Matls Incorporated				40	6,552	8,267
	Eastgroup Pptys Incorporated REIT				35	5,818	6,235
	Eaton Corporation PLC Shs				32	5,574	10,192
	Edwards Lifesciences Corporation				87	6,509	7,417
	Element Solutions Incorporated				362	9,093	9,046
	Elevance Health Incorporated				28	7,986	9,815
	Eli Liily & Company				28	14,175	30,091
	ENI S P A Sponsored ADR				369	10,635	14,000
	Entegris Incorporated				90	10,249	7,583
	Equifax Incorporated				51	10,779	11,066
	Erste Group BK A G Sponsored ADR				92	4,218	5,559
	Exxon Mobil Corporation				189	21,446	22,744
	Federal Signal Corporation				86	5,052	9,339
	Fujitsu Limited Unsponsored ADR				593	9,247	16,377
	Gates INDL Corporation PLC Ord Shs				483	7,238	10,370
	GE Aerospace Com New				42	7,863	12,937
	General Dynamics Corporation				55	12,421	18,516
	Gentherm Incorporated				131	8,636	4,764
	Glacier Bancorp Incorporated New				136	7,668	5,991
	Glencore PLC Unsponsord ADR				951	9,527	10,401
	Globus Med Incorporated Class A				114	6,982	9,953
	Goldman Sachs Group Incorporated				8	3,507	7,032
	Grand Canyon Incorporated				44	4,696	7,318
	Group 1 Automotive Incorporated				20	6,059	7,866
	Haleon PLC Spon ADS				947	9,387	9,574
	Halozyme Therapeutics Incorporated				99	4,655	6,663

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
	Identity of Issuer, Borrower, Lesser or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
Item 1c(4)b-Common stocks (continued):							
	Hamilton Lane Incorporated Class A				38	$ 5,301	$ 5,104
	HDFC Bank Limited Sponsored ADS				508	16,935	18,562
	Healthpeak Properties Inc				246	6,064	3,956
	Hilton Worldwide Hldgs Incorporated				23	5,575	6,607
	Hitachi Limited ADR 2 Com				663	8,506	20,735
	Idacorp Incorporated				72	8,202	9,112
	Illinois Tool Wks Incorporated				41	10,003	10,098
	Industria De Diseno Textil Ind				278	3,997	4,599
	ING Groep N.V. Sponsored ADR				143	2,561	4,004
	Insmed Incorporated Com				54	3,670	9,398
	Integer Hldgs Corporation				78	5,996	6,118
	Intercontinental Hotels Group Sponsored ADS				30	2,576	4,225
	Intuitive Surgical Incorporated Com New				12	3,349	6,796
	Ionis Pharmaceuticals Incorporated				80	6,154	6,329
	ITT Incorporated				78	8,277	13,534
	Jabil Incorporated				41	6,544	9,349
	James Hardie Industries Plc Ord Shs				210	5,301	4,358
	Jazz Pharmaceuticals PLC Shs USD				67	8,637	11,390
	Johnson & Johnson				64	10,087	13,245
	JPMorgan Chase & Company				100	15,539	32,222
	KDDI Corporation ADR				746	11,232	12,891
	Kimberly-Clark Corporation				97	10,106	9,786
	Kinsale Cap Group				20	5,424	7,822
	KKR & Company Incorporated				143	13,637	18,230
	KLA Corporation Com New				12	4,080	14,581
	Koninklijke KPN NV Sponsored ADR				1159	5,415	5,413
	LeGrand S A Unsponsored ADR				175	5,288	5,231
	Levi Strauss & Company New Class A Com Stk				336	7,131	6,969
	Lincoln Elec Hldgs Incorporated				31	4,082	7,429
	Linde PLC Shs				43	14,479	18,335
	London Stock Exchange Group PLC				419	10,552	12,613
	Lowes Companies Incorporated				52	11,882	12,540
	LVMH Moet Hennessy Lou Vuitton ADR				108	16,790	16,363
	Macom Tech Solutions Hldgs Incorporated				96	7,768	16,443
	Magnolia Oil & Gas Corporation Class A				285	6,472	6,239
	Manhattan Associates Incorporated				24	3,814	4,159
	Marriott International Incorporated New Class A				64	12,448	19,855
	Marsh & Mclennan Companies Incorporated				81	14,378	15,027
	Marzetti Company				37	5,976	6,084
	Mastercard Incorporated Class A				26	9,816	14,843
	Matador Res Company				93	5,527	3,947
	Mckesson Corporation				29	8,417	23,788
	Medpace Hldgs Incorporated				16	5,534	8,986
	Merck & Company Incorporated				20	2,096	2,105
	Meta Platforms Incorporated Class A				42	13,998	27,724
	MetLife				1410	56,339	111,305
	Michelin Compagnie General DE Unsponsord ADR				369	5,664	6,134
	Microsoft Corporation				86	27,909	41,591
	Mitsubishi Elec Corporation ADR				183	7,084	10,706
	Mizuho Financial Group Incorporated				1731	12,134	12,671
	Mondelez International Incorporated Class A				173	12,288	9,313
	Moog Incorporated Class A				41	8,038	9,986
	Morgan Stanley Com New				92	9,214	16,333
	MTU Aero Engines AG Unsponsord ADR				17	3,618	3,547

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
	Identity of Issuer, Borrower, Lesser or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
Item 1c(4)b-Common stocks (continued):							
	Nasdaq Incorporated				179	$ 12,076	$ 17,386
	Natera Incorporated				29	3,635	6,644
	National Grid PLC Sponsored ADR NE				189	13,624	14,619
	Natwest Group PLC Spons ADR				1,478	10,011	25,865
	Nestle S A Sponsored ADR				95	11,338	9,384
	Netflix Incorporated				174	8,997	16,314
	Neurocrine Biosciences Incorporated				74	7,197	10,495
	Nordson Corporation				46	11,984	11,060
	Novanta Incorporated				47	5,195	5,593
	Novo-Nordisk A S ADR				129	7,210	6,564
	Nvidia Corporation				370	9,685	69,005
	NXP Semiconductors N V				66	12,927	14,326
	Oracle Corporation				45	13,121	8,771
	Oreilley Automotive Incorporated				70	4,308	6,385
	Ovintiv Incorporated				113	5,333	4,428
	Paccar Incorporated				164	15,453	17,960
	Paylocity Hldg Corporation				43	10,931	6,558
	Pepsico Incorporated				60	9,939	8,611
	Performance Food Group Company				94	4,651	8,452
	Pernod Ricard SA Sponsored				448	9,489	7,693
	PG&E Corporation				228	3,873	3,664
	Pinnacle Finl Partners Incorporated				52	5,396	4,961
	Piper Sandler Companies				43	7,908	14,608
	Pool Corporation				18	5,604	4,118
	Portland General Elec Company Com New				130	6,406	6,239
	Powell Industries Incorporated				31	6,756	9,882
	Procore Technologies Incorporated				121	7,211	8,802
	Progressive Corporation				112	13,210	25,505
	Prologis Inc.				145	17,121	18,511
	Qiagen NV Com Shs				117	5,805	5,261
	Quaker Houghton				52	11,153	7,140
	RBC Bearings Incorporated				30	6,297	13,453
	Rio Tinto PLC Sponsored ADR				133	9,631	10,644
	Roche Hldgs AG Basel Sponsored ADR				492	22,211	25,477
	RPM International Incorporated				72	6,860	7,488
	RTX Corporation				94	7,760	17,240
	Ryanair Holdings PLC Sponsored ADR				95	3,469	6,858
	Sailpoint Incorporated				414	9,363	8,375
	Sanofi SA Sponsored ADR				259	12,428	12,551
	SAP SE Spon ADR				13	3,697	3,158
	Schneider Electric SE Unsponsord ADR				379	13,864	20,912
	Schneider National Incorporated Class B				188	4,880	4,988
	Servicenow Incorporated				60	7,460	9,191
	Servicetitan Incorporated SHS Class A				37	4,098	3,941
	Seven & I Hldgs Company Limited Unsponsord ADR				299	4,149	4,293
	Shin Etsu Chemical Company Limited ADR				339	6,114	5,269
	Shopify Incorporated Class A Sub Vtg Shs				61	7,773	9,819
	Sika AG Unsponsord ADR				165	4,388	3,386
	Simpson MFG Incorporated				34	5,833	5,490
	Siteone Landscape Supply Incorporated				59	9,200	7,349
	Snowflake Incorporated Com Shs				52	12,162	11,407
	Sony Group Corporation Sponsored ADR				421	10,762	10,778
	Southern Company				189	11,926	16,481
	Spotify Technology SA Shs				16	8,030	9,291

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
	Identity of Issuer, Borrower, Lesser or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
Item 1c(4)b-Common stocks (continued):							
	SPX Technologies Incorporated				34	$ 6,652	$ 6,802
	Stifel Finl Corporation				81	4,878	10,143
	Sun Cmntys Incorporated REIT				52	10,148	6,443
	Suzuki Motor Corporation Unsponsord ADR				61	2,722	3,634
	Symrise AG Unsponsord ADR				427	15,744	8,636
	Taiwan Semiconductor MFG				78	9,836	23,703
	Taiwan Semiconductor MFG Limited				38	7,601	11,548
	Tandem Diabetes Care Incorporated Com New				261	6,012	5,737
	Techtronic Industries Limited Sponsored ADR				112	12,369	6,468
	Tesla Incorporated				59	18,258	26,533
	Texas Instrs Incorporated				26	4,605	4,511
	Texas Roadhouse Incorporated				65	5,871	10,790
	Thales				65	3,865	3,509
	The Cigna Group				104	25,956	28,624
	Toast Incorporated Class A				102	4,470	3,622
	Tokyo Electron Limited Unspon ADR				61	6,542	6,678
	Toronto Dominion BK ONT				138	11,922	13,000
	Totalenergies SE				224	12,496	14,654
	Toyota Motor Corporation Ads				33	6,543	7,064
	Tri Pointe Homes Incorporated				165	6,930	5,193
	Uber Technologies Incorporated				34	2,092	2,778
	UBS Group AG Shs				436	10,608	20,191
	UMB Finl Corporation				65	6,549	7,476
	Union Pac Corporation				52	12,359	12,027
	Vericel Corporation				165	6,613	5,942
	Vertex Pharmaceuticals Incorporated				18	8,213	8,160
	Visa Incorporated Com Class A				35	7,805	12,274
	Voya Financial Incorporated				143	9,553	10,651
	Walmart Incorporated				108	8,409	12,031
	Wells Fargo Company New				233	18,619	21,715
	Wintrust Finl Corporation				62	4,565	8,669
	Wolters Kluwer N V Sponsored ADR				35	6,176	3,631
	Total common stock					2,154,263	2,799,970
Item 1c(13) Mutual funds and exchange traded funds:							
	Capital Group Fxd Income ETF				8,716	239,913	240,736
	Ishares TR Broad USD High				13,552	553,435	506,777
	Ishares TR Core Msci Eafe				3,804	293,741	340,306
	Ishares TR Core US Aggbd				33,259	3,599,944	3,321,909
	Ishares TR Msci USA Min Vol				3,332	260,296	313,741
	Vanguard High Dividend Yield ETF				2,360	261,181	338,707
	Vanguard Index Funds S&P 500 ETF SHS New				1,090	496,561	683,572
	Total mutual funds and exchange traded funds					5,705,071	5,745,748
	Total investments					$ 8,006,333	$ 8,692,717

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

Building Services Local 2 Retirement Plan

Schedule of Delinquent Participant Contributions

Year Ended December 31, 2025

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 $150,251			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	
	$ 150,251	$ -	$ -	$ -

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Building Services Local 2 Retirement Plan

Schedule of Delinquent Participant Contributions

Year Ended December 31, 2025

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 $150,251			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	
	$ 150,251	$ -	$ -	$ -

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 - 0069

2025

This Form Is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for: [X] 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 ..... ▶ [X]

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ [ ]

Part II Basic Plan Information - enter all requested information

1a Name of plan
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	X Lydia Stuart	10/15/2026	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1035
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)**	280
a (2)	Total number of active participants at the end of the plan year	**6a(2)**	254
b	Retired or separated participants receiving benefits	**6b**	790
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	1044
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	1044
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)**	1035
(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	1044
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**	102

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2C

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

9a Plan funding arrangement (check all that apply)
- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

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

b General Schedules
- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information - Small Plan)
- **(3)** [ ] **A** (Insurance Information) - Number Attached ____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 _____