

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>BUILDING SERVICES LOCAL 2 RETIREMENT PLAN & TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/1979</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>11-1820127</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>718-296-7017</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>813000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/01/1979</u>		2b Employer Identification Number (EIN) <u>11-1820127</u>		2c Plan Sponsor's telephone number <u>718-296-7017</u>		2d Business code (see instructions) <u>813000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
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2b Employer Identification Number (EIN) <u>11-1820127</u>											
2c Plan Sponsor's telephone number <u>718-296-7017</u>											
2d Business code (see instructions) <u>813000</u>											
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) <u>BUILDING SERVICES LOCAL 2</u> <u>82-01 ROCKAWAY BLVD., SUITE 130</u> <u>OZONE PARK, NY 11416-1213</u>											

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.	10/11/2022	LYDIA STUART
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 964
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) 305
a(2) Total number of active participants at the end of the plan year		6a(2) 311
b Retired or separated participants receiving benefits.....		6b 650
c Other retired or separated participants entitled to future benefits		6c
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 961
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e
f Total. Add lines 6d and 6e		6f 961
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 961
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).....		7 112
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2C 2E		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan BUILDING SERVICES LOCAL 2 RETIREMENT PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BUILDING SERVICES LOCAL 2	D Employer Identification Number (EIN) 11-1820127	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

DOUBLELINE FUND

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

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

FIRST TRUST ADVISORS ADVISORS LP

120 EAST LIBERTY DRIVE STE 400
WHEATON, IL 60187

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

PACIFIC INVESTMENT MANAGEMENT COMPA

650 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

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

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

LYDIA STUART

11-2623070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	106712	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOCAL 2 WELFARE FUND

11-1831226

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 30 30	RELATED ORGANIZATION	52325	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN SECURITIES, LLC

11-2623070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	33310	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BARNES, ICCARINO, & SHEPHERD LLP

11-2450206

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

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

NOVAK FRANCELLA LLC

61-1436956

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

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

CORPORATE RETIREMENT SERVICES

22-3507738

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 50	NONE	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

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	10100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAYMOND JAMES FINANCIAL, INC.

880 CARILLON PARKWAY
ST PETERBURG, FL 33716

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	8200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan BUILDING SERVICES LOCAL 2 RETIREMENT PLAN & TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BUILDING SERVICES LOCAL 2	D Employer Identification Number (EIN) 11-1820127	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	150049	291214
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		11460
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	630500	499262
(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)	66200	2935864
(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)	8964285	6394143
(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)	
e	Buildings and other property used in plan operation	1e	8880 4144
f	Total assets (add all amounts in lines 1a through 1e)	1f	9819914 10136087
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	76287 40479
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	76287 40479
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	9743627 10095608

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	293661
	(B) Participants	2a(1)(B)	323334
	(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)	616995
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	300
	(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)	300
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	2165
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	210470
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	212635
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	-190404
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-190404
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	221153
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	221153

		(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)		732829
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1593508
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	911862	
(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)		911862
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	58600	
(2) Contract administrator fees.....	2i(2)	15000	
(3) Investment advisory and management fees.....	2i(3)	41510	
(4) Other.....	2i(4)	214555	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		329665
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1241527
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		351981
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: NOVAK FRANCELLA,LLC

(2) EIN: 61-1436956

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a	X		261712

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>BUILDING SERVICES LOCAL 2 RETIREMENT PLAN & TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BUILDING SERVICES LOCAL 2</u>	D Employer Identification Number (EIN) <u>11-1820127</u>

Part I	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): <u>11-1820127</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	<u>323334</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>323334</u>	
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	<u>0</u>	
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☒ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2021

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2021 AND 2020

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INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the financial statements of the Building Services Local 2 Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2021 and 2020, 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, 2021 and 2020, and changes in its net assets available for benefits for the years then ended, in accordance with the 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 Building Services Local 2 Retirement 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 Building Services Local 2 Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information

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

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

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

Novak Francella LLC

New York, New York.
October 14, 2022

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS MODIFIED CASH BASIS

DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
INVESTMENTS - at fair value	<u>\$ 9,440,595</u>	<u>\$ 9,257,414</u>
CASH	<u>679,888</u>	<u>553,620</u>
OTHER ASSETS		
Property and equipment - net	4,144	8,880
Payroll withholding	<u>11,460</u>	<u>-</u>
Total other assets	<u>15,604</u>	<u>8,880</u>
Total assets	<u>10,136,087</u>	<u>9,819,914</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Payroll withholding	-	23,962
Due to affiliate	<u>40,479</u>	<u>52,325</u>
Total liabilities	<u>40,479</u>	<u>76,287</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 10,095,608</u></u>	<u><u>\$ 9,743,627</u></u>

See accompanying notes to financial statements.

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

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

YEARS ENDED DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 763,578	\$ 750,100
Interest and dividends	212,935	245,480
Total investment income	<u>976,513</u>	<u>995,580</u>
Less investments expenses	<u>(41,510)</u>	<u>(41,965)</u>
Investment income - net	<u>935,003</u>	<u>953,615</u>
Contributions		
Employee	293,661	266,945
Employer	323,334	291,496
Total contributions	<u>616,995</u>	<u>558,441</u>
Total additions	<u>1,551,998</u>	<u>1,512,056</u>
DEDUCTIONS		
Benefits paid to participants and beneficiaries	911,862	604,714
Administrative expenses	<u>288,155</u>	<u>300,410</u>
Total deductions	<u>1,200,017</u>	<u>905,124</u>
NET INCREASE	351,981	606,932
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>9,743,627</u>	<u>9,136,695</u>
End of year	<u><u>\$ 10,095,608</u></u>	<u><u>\$ 9,743,627</u></u>

See accompanying notes to financial statements.

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

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.

Forfeited Accounts - At December 31, 2021 and 2020, 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 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. United States Government securities are valued using pricing models maximizing the use of observable inputs for similar securities. Short-term investments are carried at cost which approximates fair value. The Plan's Board of Trustees, in conjunction with their investment custodian and consultant, determines the Plan's valuation policies. The Trustees are responsible for investing all assets in the Plan.

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

Payment of Benefits - Benefits are recorded when paid.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Property and Equipment - Property and equipment are carried at cost and includes office and computer equipment. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed on the straight-line method over the estimated useful lives of the assets, which is 5 years for office and computer equipment and 3 year for computer software. Depreciation and amortization totaled \$4,736 for the years ended December 31, 2021 and 2020.

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, 2021 and 2020, there were no transfers in or out of levels 1, 2 or 3.

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at December 31, 2020			
	Total	Level 1	Level 2	Level 3
Mutual funds and exchange traded funds	\$ 8,964,285	\$ 8,964,285	\$ -	\$ -
Short-term investments	226,929	226,929	-	-
Common stock	66,200	66,200	-	-
	<u>\$ 9,257,414</u>	<u>\$ 9,257,414</u>	<u>\$ -</u>	<u>\$ -</u>

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

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

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

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

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

Common Administrative Expenses

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

The Plan's share of common expenses was in the amounts of \$40,479 and \$52,325 for the years ended December 31, 2021 and 2020, respectively. As of December 31, 2021, and 2020, the Plan owed \$40,479 and \$52,325 for shared administrative expenses.

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

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

NOTE 8. RISKS AND UNCERTAINTIES

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

NOTE 9. DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2021, certain contributing employers failed to timely remit voluntary employee contributions to the Plan totaling. The Plan actively pursues delinquent employers as part of its collection procedures. The Plan has assessed interest on the delinquent participant contributions and is in the process of collecting that interest from the applicable employers. In addition, the Plan has notified the employers that they may be liable for an excise tax on these delinquent amounts. These transactions are denoted in the supplemental schedule of delinquent participant contributions.

NOTE 10. PROPERTY AND EQUIPMENT

The following is a summary of property and equipment as of December 31, 2021 and 2020.

	2021	2020
Furniture and equipment	\$ 18,099	\$ 18,099
Computer software	14,208	14,208
	<u>32,307</u>	<u>32,307</u>
Less: accumulated depreciation	(28,163)	(23,427)
Property and equipment - net	<u>\$ 4,144</u>	<u>\$ 8,880</u>

NOTE 11. DEPARTMENT OF LABOR INVESTIGATION

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

NOTE 12. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 14, 2022, 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, 2021 AND 2020

	2021	2020
Salaries	\$ 130,336	\$ 134,370
Accounting and auditing	28,600	28,900
Legal	30,000	42,000
Rent	28,483	30,441
Insurance	16,906	17,915
Payroll Taxes	11,494	11,526
Pension administration	15,000	8,500
Office	5,436	4,018
Utility	2,204	2,122
Postage	515	1,486
Pension contribution	9,067	10,882
Bank charges	1,537	1,252
Computer Expenses	399	-
Depreciation	4,736	4,736
Repairs & Maintenance	3,442	2,262
Total administrative expenses	<u>\$ 288,155</u>	<u>\$ 300,410</u>

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2021

Form 5500, Schedule H, Item 4i

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

(a)	(b)	(c)					(d)		(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value							
	Identity of Issuer, Borrower, Lesser or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares		Cost		Current Value
<u>Item 1c(1)-Short-term investments:</u>									
*	RJ Bank Deposit Program	MMA	Demand	Var %	110,588		\$ 110,588	\$	110,588
<u>Item 1c(4)b-Common stocks:</u>									
	Acadia Heal Thcare Co Inc				265,000		16,499		16,086
	Accenture Plc				50,000		18,345		20,728
	Adidas Ag				194,000		11,788		10,798
	Adobe Inc.				31,000		21,175		17,579
	Adyen Nv				448,000		12,387		11,777
	Aia Group Ltd				331,000		14,587		13,348
	Air Liquide Sa				264,000		9,143		9,206
	Airbnb Inc				47,000		8,614		7,825
	Akzo Nobel Nv				460,000		18,008		16,827
	Alphabet Inc				13,000		38,580		37,617
	Amadeus It Group Sa				199,000		13,306		13,497
	Amazon.Com Inc				11,000		39,760		36,678
	American Campus Communities Inc				159,000		8,489		9,109
	American Express Co				64,000		10,562		10,470
	Aon Plc				64,000		19,244		19,236
	Apple Inc				194,000		31,785		34,449
	Aptargroup Inc				73,000		9,521		8,941
	Artisan Partners Asset				91,000		4,481		4,335
	Atlantic Union Bankshares Corp				238,000		8,646		8,875
	Atlassian Corporation Plc				31,000		12,705		11,820
	Azenta Inc				77,000		9,139		7,939
	Bayer Ag				904,000		12,306		12,079
	Biohaven Pharmaceutical Holding				57,000		7,020		7,855
	Biontech Se				11,000		3,523		2,836
	Bio-Rad Laboratories Inc				22,000		16,876		16,623
	Bj'S Wholesale Club Holdings Inc				342,000		24,147		22,904
	Blackrock Inc				10,000		9,287		9,156
	Block Inc				52,000		11,038		8,399
	Bnp Paribas				602,000		19,963		20,802
	Booz Allen Hamilton Holding Corp				93,000		8,264		7,885
	Boston Scientific Corp				200,000		8,167		8,496
	Bp Plc				487,000		13,108		12,969
	Brambles Ltd				283,000		4,282		4,374
	Bright Horizons Family Solutions				62,000		7,579		7,805
	British American Tobacco Plc				187,000		6,477		6,996
	Burlington Stores Inc				32,000		8,479		9,328
	Carter'S Inc				68,000		7,160		6,883
	Catalent Inc				136,000		17,542		17,412

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lesser or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(4)b-Common stocks (cont.):</u>							
	Cavco Industries Inc				44,000	\$ 13,173	\$ 13,977
	Cerence Inc				163,000	13,563	12,492
	Chipotle Mexican Grill Inc				7,000	12,176	12,238
	Chubb Ltd				89,000	17,082	17,205
	Cigna Corp				88,000	18,734	20,207
	Citigroup Inc				282,000	19,077	17,030
	Clp Holdings Ltd				1,019,000	9,986	10,293
	Cognex Corp				161,000	12,755	12,519
	Colgate-Palmolive Co				113,000	8,788	9,643
	Columbus Mckinnon Corp				151,000	7,634	6,985
	Comcast Corp				487,000	25,217	24,511
	Comfort Systems Usa Inc				108,000	11,142	10,686
	Conoco Phillips				114,000	8,276	8,229
	Continental Ag				259,000	3,144	2,743
	Costco Wholesale Corp				16,000	8,686	9,083
	Credit Suisse Group Ag				1,133,000	10,980	10,922
	Crowdstrike Holdings Inc				41,000	9,903	8,395
	Daikin Industries Ltd				843,000	18,462	19,099
	Danaher Corp				56,000	17,708	18,424
	Danone Sa				583,000	7,385	7,239
	Devon Energy Corp				205,000	8,602	9,030
	Dexcom Inc				9,000	5,649	4,833
	Diageo Plc				119,000	24,859	26,197
	Diamondback Energy Inc				161,000	17,375	17,364
	Dominion Energy Inc				140,000	10,348	10,998
	Dorman Products Inc				96,000	11,730	10,849
	Duke Energy Corp				176,000	17,648	18,462
	Dupont De Nemours Inc				161,000	12,776	13,006
	Eagle Materials Inc				84,000	13,759	13,983
	Easterly Government Properties				420,000	9,005	9,626
	Eaton Corp Plc				88,000	15,329	15,208
	Element Solutions Inc				681,000	17,105	16,535
	Eli Lilly And Co				41,000	10,737	11,325
	Eni Spa				343,000	9,554	9,484
	Entegris Inc				109,000	16,859	15,105
	Experian Plc				58,000	2,759	2,853
	Exponent Inc				87,000	10,989	10,156
	Federal Signal Corp				307,000	14,447	13,305
	Fidelity National Information				65,000	7,067	7,095
	Five Below Inc				69,000	15,006	14,275
	Fujitsu Ltd				294,000	10,469	10,075
	Gartner Inc				41,000	13,494	13,707
	Gates Industrial Corp Plc				860,000	14,267	13,683
	Gentherm Inc				113,000	10,023	9,820
	Gibral Tar Industries Inc				166,000	12,895	11,069
	Glacier Bancorp Inc				131,000	7,800	7,428
	Glencore Plc				866,000	8,625	8,796
	Globant Sa				43,000	12,288	13,506
	Globus Medical Inc				121,000	8,297	8,736
	Goldman Sachs Group Inc				16,000	6,290	6,121
	Grand Canyon Education Inc				54,000	4,190	4,628
	Hdfc Bank Ltd				275,000	18,884	17,894

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lesser or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(4)b-Common stocks (cont.):</u>							
	Hexcel Corp				150,000	\$ 8,832	\$ 7,770
	Hitachi Ltd				189,000	24,247	20,450
	Honeywell International Inc				84,000	18,396	17,515
	Horizon Therapeutics Plc				163,000	17,219	17,565
	Hubspot Inc				20,000	15,818	13,183
	Hudson Pacific Properties Inc				351,000	9,522	8,673
	Idacorp Inc				95,000	10,403	10,764
	Illinois Tool Works Inc				64,000	15,606	15,795
	Ing Goep Nv				304,000	4,477	4,232
	Ingersoll Rand Inc				266,000	16,167	16,457
	Integer Holdings Corp				78,000	6,938	6,676
	Intuitive Surgical Inc				9,000	3,080	3,234
	Jazz Pharmaceuticals Plc				80,000	10,371	10,192
	Johnson & Johnson				156,000	25,063	26,687
	Jpmorgan Chase & Co				169,000	27,998	26,761
	Kbc Group Sa/Nv				148,000	6,250	6,350
	Kddi Corp				794,000	11,815	11,591
	Kemper Corp				94,000	5,606	5,526
	Kering Sa				92,000	7,351	7,396
	Kimberly-Clark-Corp				54,000	7,313	7,718
	Kinsale Capital				50,000	10,815	11,895
	Kkr & Co Inc				104,000	8,224	7,748
	Koninklijke Philips Nv				328,000	12,789	12,087
	Kubota Corp				187,000	20,166	20,733
	Lancaster Colony Corp				57,000	9,211	9,439
	Linde Plc				47,000	15,615	16,287
	Lithia Motors Inc				44,000	13,081	13,066
	Lockheed Martin Corp				20,000	6,904	7,108
	Lowe'S Companies Inc				49,000	12,462	12,666
	Lululemon Athletica Inc				18,000	8,382	7,046
	Lvmh Moet Hennessy Louis Vuitton				72,000	11,857	11,905
	Lvmh Moet Hennssy Louis Vuitton				134,000	22,067	22,157
	Manhattan Associates Inc				103,000	17,054	16,015
	Marriott International Inc				73,000	11,458	12,063
	Marsh & McLennan Compnaies Inc				79,000	13,486	13,732
	Mastercard Inc				29,000	9,409	10,420
	Match Group Inc				52,000	7,135	6,877
	Mckesson Corp				44,000	9,825	10,937
	Medtronic Corp				129,000	15,169	13,345
	Merk & Co Inc				191,000	15,333	14,638
	Meta Platforms Inc				38,000	13,141	12,781
	Metlife inc				1,410	56,339	88,111
	Microsoft Corp				95,000	32,632	31,950
	Mitsubishi Uf J Financial Group Inc				2,742,000	15,300	14,971
	Molina Healthcare Inc				40,000	12,185	12,723
	Morgan Stanley				201,000	20,131	19,730
	Nasdaq Inc				59,000	12,377	12,391
	Nestle Sa				140,000	18,389	19,581
	Nestle Sa				159,000	20,891	22,239
	Netease Sa				105,000	11,951	10,687
	Netflix Inc				30,000	20,003	18,073
	Neurocrine Biosciences Inc				92,000	7,926	7,836

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lesser or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(4)b-Common stocks (cont.):</u>							
	Nike Inc				71,000	\$ 12,446	\$ 11,834
	Nordson Corp				59,000	15,963	15,061
	Norrstrom Inc				209,000	6,708	4,728
	Northrop Grumman Corp				48,000	17,420	18,579
	Novartis Ag				63,000	5,222	5,511
	Novo Nordisk A/S				219,000	24,482	24,528
	Nvidia Corp				118,000	38,388	34,705
	Nxp Semiconductors Nv				44,000	9,838	10,022
	Okta Inc				12,000	2,773	2,690
	Paylocity Holding Corp				58,000	15,497	13,697
	Paypal Holdings Inc				35,000	6,684	6,600
	Pepsico Inc				44,000	7,255	7,643
	Performance Food Partners Inc				160,000	7,279	7,342
	Physicians Realty Trust				454,000	8,284	8,549
	Ping An Insurance (Group) Co. Of China Ltd				141,000	2,083	2,031
	Pinnacle Financial Partners Inc				163,000	16,914	15,567
	Pioneer Natural Resources Co				24,000	4,393	4,365
	Pipers Sandler Cos				83,000	15,265	14,816
	Pnc Financial Services Group Inc				48,000	9,887	9,625
	Polaris Inc				100,000	12,365	10,991
	Portland General Electric Co				158,000	8,017	8,361
	Power Integrations Inc				99,000	9,673	9,196
	Ppg Industries Inc				68,000	11,148	11,726
	Progressive Corp				169,000	15,655	17,348
	Prosus Nv				324,000	5,520	5,419
	Ps Business Parks Inc				35,000	6,402	6,446
	Quaker Houghton				47,000	11,882	10,847
	Rapid7 Inc				151,000	19,301	17,771
	Rbc Bearings Inc				74,000	15,531	14,946
	Reckitt Benckiser Group Plc				451,000	7,499	7,748
	Rithcie Bros Auctioneers Inc				149,000	10,593	9,130
	Roblox Corp				47,000	5,779	4,849
	Roche Holding Ag				475,000	23,378	24,704
	Rpm International Inc				110,000	10,480	11,110
	Ryanair Holdings Plc				86,000	8,877	8,800
	S&P Global Inc				11,000	5,090	5,191
	Salesforce.Com Inc				63,000	18,538	16,010
	Schneider Electric Se				652,000	23,850	25,574
	Schneider National Inc				219,000	5,694	5,893
	Sea Ltd				18,000	5,422	4,027
	Seven & Holdings Co Ltd				257,000	5,346	5,642
	Shopify Inc				18,000	29,245	24,815
	Signature Bank				77,000	25,927	24,907
	Silicon Laboratories Inc				74,000	15,045	15,275
	Smc Corp				96,000	3,222	3,234
	Snap Inc				162,000	7,922	7,619
	Snowflake Inc				20,000	7,276	6,775
	Softbank Group Corp				255,000	7,523	6,016
	Southern Co				282,000	17,794	19,340
	Spotify Technology Sa				7,000	1,771	1,638
	Stanley Black & Decker Inc				80,000	15,127	15,090
	Steris Plc				54,000	12,566	13,144

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lesser or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(4)b-Common stocks (cont.):</u>							
	Summit Hotel Properties Inc				638,000	\$ 5,952	\$ 6,227
	Sun Communities Inc				82,000	16,003	17,218
	Symrise Ag				506,000	18,657	18,744
	Syneos Health Inc				175,000	17,839	17,969
	Taiwan Semiconductor Manufacturing Co Ltd				237,000	29,886	28,513
	Target Corp				34,000	8,345	7,869
	Tc Energy Corp				188,000	8,999	8,755
	Techtronic Industries Co Ltd				156,000	17,229	15,527
	Tencent Holdings Ltd				97,000	6,015	5,683
	Tesla Inc				41,000	48,600	43,328
	Texas Instruments Inc				95,000	18,473	17,905
	Texas Roadhouse Inc				133,000	12,013	11,874
	The Estee Lauder Companies Inc				33,000	11,652	12,217
	The Home Depot Inc				20,000	8,207	8,300
	The Toro Co				130,000	13,683	12,988
	The Trade Desk Inc				70,000	7,213	6,415
	Thermo Fisher Scientific Inc				25,000	15,991	16,681
	Tjx Companies Inc				93,000	6,551	7,061
	Trane Technologies Plc				39,000	7,712	7,879
	Twilio Inc				16,000	4,511	4,213
	Uber Technologies Inc				273,000	11,464	11,447
	Ubs Group Ag				1,144,000	20,121.1	20,563.2
	Union Pacific Corp				78,000	19,138	19,651
	Unitedhealth Group Inc				12,000	5,290	6,026
	Vail Resorts Inc				22,000	7,529	7,214
	Visa Inc				46,000	9,041	9,969
	Voya Financial Inc				214,000	14,297	14,190
	Western Alliance Bancorp				186,000	21,798	20,023
	Workday Inc				16,000	4,470	4,371
	Yum China Holdings Inc				194,000	10,409	9,669
	Zebra Technologies Corp				27,000	16,425	16,070
	Zoominfo Technologies Inc				39,000	2,693	2,504
	Zurich Insurance Group Ag				422,000	17,792	18,545
	Total Common Stock					2,959,385	2,935,864
<u>Item 1c(13) Mutual funds and exchange traded funds:</u>							
	Ishares Broad USD High Yield Corp BD ETF				15,829	651,966	651,997
	Ishares Core 1-5 Year USD Bond ETF				16,575	838,995	835,877
	Ishares Core MSCI Eafe ETF				4,798	370,497	358,123
	Ishares Core US Aggregate Bond ETF				25,401	2,895,711	2,897,746
	Ishares JP Morgan USD EM MKTS BD				2,532	276,873	276,140
	Ishares MSCI USA MIN VOL Factor ETF				5,341	417,239	432,087
	Vnguard High Dividend Yield ETF				3,770	417,226	422,655
	Vanguard S&P 500 ETF				1,190	511,117	518,519
	Total mutual funds and exchange traded funds					6,379,624	6,393,143
	Total investments					\$ 9,449,596	\$ 9,439,595

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

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2021

Form 5500, Schedule H, Item 4j

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

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
*	J.P. Morgan Deposit Account A	\$ 2,189,924	N/A	N/A	\$ 2,189,924	N/A
*	J.P. Morgan Deposit Account A	N/A	\$ 2,416,853	\$ 2,416,853	2,416,853	\$ -
	PGIM High Yield Fund Class R6	67,253	N/A	N/A	67,253	N/A
	PGIM High Yield Fund Class R6	N/A	815,956	754,156	815,956	61,800
	iShares Core S&P 500 EFT	N/A	1,207,618	697,738	1,207,618	509,880
	Doubleline Total Return Bond Fund	39,140	N/A	N/A	39,140	N/A
	Doubleline Total Return Bond Fund	N/A	611,993	626,732	611,993	(14,739)
	Blackrock Strategic Income Opps	20,094	N/A	N/A	20,094	N/A
	Blackrock Strategic Income Opps	N/A	973,496	915,052	973,496	58,444
	Lord Abbett Short Duration Income Fund	45,540	N/A	N/A	45,540	N/A
	Lord Abbett Short Duration Income Fund	N/A	937,525	967,447	937,525	(29,922)
	PIMCO Income Fund	56,428	N/A	N/A	56,428	N/A
	PIMCO Income Fund	N/A	894,372	895,247	894,372	(875)
	iShares Expanded Tech - Software Sector ETF	N/A	500,405	227,720	500,405	272,685
	iShares Russell 1000 Growth EFT	N/A	726,421	352,310	726,421	374,111
	iShares Broad USD High Yield Corporate Bond ET	651,966	N/A	N/A	651,966	N/A
	Vanguard 500 Index Funds	511,117	N/A	N/A	511,117	N/A
	iShares Core 1-5 Year USD Bond ETF	838,995	N/A	N/A	838,995	N/A
	iShares Core U.S. Aggregate Bond ETF	2,895,711	N/A	N/A	2,895,711	N/A

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

BUILDING SERVICES LOCAL 2 RETIREMENT PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2021

Form 5500, Schedule H, 4a

E.I.N. 11-1820127

Plan No. 001

Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE-2002-51
	Contributions not corrected	Contributions Corrected Outside VFCP	Contributions Pending Corrections in VFCP	
Check here if late participant loan repayments are included:	\$ -	\$ 261,712	\$ -	\$ -

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, 2021

Form 5500, Schedule H, 4a

E.I.N. 11-1820127

Plan No. 001

Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE-2002-51
	Contributions not corrected	Contributions Corrected Outside VFCP	Contributions Pending Corrections in VFCP	
Check here if late participant loan repayments are included:	\$ -	\$ 261,712	\$ -	\$ -

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

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110
1210 - 0089**2021****This Form Is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2021 or fiscal plan year beginning **01/01/2021** and ending **12/31/2021**

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

Part II Basic Plan Information - enter all requested information

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

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

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

SIGN HERE		10/11/22	LYDIA STUART
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor**3b** Administrator's EIN**3c** Administrator's telephone number**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:**a** Sponsor's name**c** Plan Name**4b** EIN**4d** PN**5** Total number of participants at the beginning of the plan year**5** 964**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)** 305**a (2)** Total number of active participants at the end of the plan year**6a(2)** 311**b** Retired or separated participants receiving benefits**6b** 650**c** Other retired or separated participants entitled to future benefits**6c****d** Subtotal. Add lines 6a(2), 6b, and 6c**6d** 961**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e****f** Total. Add lines 6d and 6e**6f** 961**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g** 961**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** 112**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:**2C 2E****b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS