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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
VBPP, LLP RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/13/2015

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)
VBPP, LLP

300 GARDEN CITY PLAZA
GARDEN CITY, NY 11530

2b Employer Identification Number (EIN)
47-2367027

2c Plan Sponsor's telephone number
516-282-3356

2d Business code (see instructions)
541110

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.	10/08/2020	JOHN BARKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2020	JOHN BARKER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b**	EIN
		4d	PN

5	Total number of participants at the beginning of the plan year	**5**	138
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)**	123
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	154
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	21
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	175
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	175
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	116
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2A 2E 2F 2H 2J 2K 3D

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
VBPP, LLP RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VBPP, LLP

D Employer Identification Number (EIN)
47-2367027

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
GREAT WEST LIFE & ANNUITY INSURANCE CO OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-1225432	60214	386802-01	0	01/01/2019	12/31/2019

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
5	0

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

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

JONATHAN PETERS
MORGAN STANLEY SMITH BARNEY LLC
2000 WESTCHESTER AVE
PURCHASE, NY 10577

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	2374
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☒ other (specify) ▶ GROUP ANNUITY CONTRACT

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	3077
c	Additions: (1) Contributions deposited during the year	7c(1)	1926		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	47		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	1973
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	5050
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1454		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	1221		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	2675
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2375

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
VBPP, LLP RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VBPP, LLP

D Employer Identification Number (EIN)
47-2367027

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

BLUE CHIP RETIREMENT PLANS, INC.

6737 W WASHINGTON ST
STE 1105
MILWAUKEE, WI 53214

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	TPA	225	Yes [X] No [ ]	Yes [ ] No [X]	1192	Yes [ ] No [X]

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

FIRST GREAT-WEST LIFE ANNUITY

8515 ORCHARD RD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	22315	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

INNOVATIVE BENEFIT CONSULTANTS

941 N PLUM GROVE RD STE D
SCHAUMBURG, IL 60173

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	TPA	150	Yes [X] No [ ]	Yes [ ] No [X]	1853	Yes [ ] No [X]

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

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

MORGAN STANLEY SMITH BARNEY LLC

1 NEW YORK PLZ 12TH FLOOR
ANNUITY AND INSURANCE OPERATION
NEW YORK, NY 10004

(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?
55	BROKER/ADVISOR		Yes [X] No [ ]	Yes [ ] No [X]	9321	Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BLUE CHIP RETIREMENT PLANS, INC.	99	1192

(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.
FIRST GREAT WEST LIFE & ANNUITY 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
INNOVATIVE BENEFIT CONSULTANTS	99	1853

(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.
FIRST GREAT WEST LIFE & ANNUITY 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY	55	9321

(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.
FIRST GREAT WEST LIFE & ANNUITY 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS

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

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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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
VBPP, LLP RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VBPP, LLP

D Employer Identification Number (EIN)
47-2367027

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	21384	37161
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	21386	14052
(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)		104406
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	211722	285428
(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)	1024	50574
(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)	2417199	4201150
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		2375
(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		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2672715	4695146
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2672715	4695146

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	446239	
	(B) Participants	2a(1)(B)	825804	
	(C) Others (including rollovers)	2a(1)(C)	24483	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1296526
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	11723	
	(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)	2873	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14596
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	203865	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		203865
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(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)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		605668
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2120655
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	71470	
(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)		71470
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)	4306	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	22448	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		26754
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		98224
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2022431
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 Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: MAYER HOFFMAN MCCANN CPAS **(2)** EIN: 43-1947695

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		267000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
VBPP, LLP RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VBPP, LLP

D Employer Identification Number (EIN)
47-2367027

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 84-1455663

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**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_____

VBPP, LLP RETIREMENT PLAN

Financial Statements

and

Supplementary Information

December 31, 2019

VBPP, LLP RETIREMENT PLAN

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Mayer Hoffman McCann CPAs
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An Independent CPA Firm

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INDEPENDENT AUDITOR'S REPORT

To the Trustees
VBPP, LLP Retirement Plan

Report on the 2019 Financial Statements

We were engaged to audit the accompanying financial statements of the VBPP, LLP Retirement Plan, which comprise the statement of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the 2019 Financial Statements

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

Auditor's Responsibility for the 2019 Financial Statements

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion for the 2019 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Great-West Trust Company, LLC and Great-West Life & Annuity Insurance Company of New York, the custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the custodians as of December 31, 2019 and for the year then ended, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion for the 2019 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2019 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Report on Compiled 2018 Financial Statements

Management is responsible for the accompanying financial statement of the Plan, which comprises the statement of net assets available for benefits as of December 31, 2018 and the related notes to the financial statements in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statement nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by plan management. Accordingly, we do not express an opinion, a conclusion, or provide any form of assurance on the financial statement.



New York, New York
October 14, 2020

VBPP, LLP RETIREMENT PLAN
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

	2019	2018
	(Audited)	*(Unaudited)*
Assets:		
Investments at fair value (Notes 3 and 4)	$ 4,605,036	$ 2,647,230
Investments at contract value (Notes 4 and 5)	2,375	3,076
Receivables:		
Employer contribution receivable	37,161	21,385
Notes receivable from participants (Note 4)	50,574	1,024
Total receivables	87,735	22,409
Net assets available for benefits	$ 4,695,146	$ 2,672,715

The accompanying notes are an integral part of these financial statements.

VBPP, LLP RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2019

Additions:	
Investment income (Note 4):	
Net appreciation in fair value of investments	$ 684,862
Dividends	124,671
Interest income	11,723
	821,256
Interest income on notes receivable from participants (Note 4)	2,873
Contributions:	
Participants	825,804
Participants' rollovers	24,483
Employer	446,239
	1,296,526
Total additions	2,120,655
Deductions:	
Benefits paid to participants	71,470
Administrative expenses	26,754
Total deductions	98,224
Net increase	2,022,431
Net assets available for benefits:	
Beginning of year	2,672,715
End of year	$ 4,695,146

The accompanying notes are an integral part of these financial statements.

Note 1 - Description of Plan

The following description of the VBPP, LLP Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan document or Summary Plan Description for a more complete description of the Plan's provisions, which are available from the plan administrator.

General

The Plan is a defined contribution plan, pursuant to Internal Revenue Code ("IRC") Section 401(k), sponsored by Vigorito, Barker, Patterson, Nichols & Porter LLP (the "Company") for the benefit of its full-time employees who have completed one month of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Each participant may contribute up to 100% of annual compensation as pre-tax or Roth contributions, as defined by the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Additionally, participants who are, or who attain, age fifty during any calendar year, and have met Internal Revenue Service ("IRS") maximum contribution levels, are allowed to make catch-up contributions to the Plan. The Company contributes 100% of the first 4% of base compensation that a participant contributes to the Plan as a safe-harbor matching contribution. Additional amounts may be contributed at the option of the Company to all participants who have completed one year of service and are employed on the last day of the plan year; however, none were made during the year ended December 31, 2019. Contributions are subject to certain IRC limitations.

Participant Investment Account Options

Participants direct their investment of their contributions as well as the Company's safe-harbor matching contribution into various investment options offering by the Plan. The Plan currently offers a variety of mutual funds and guaranteed investment fund as investment options for participants. The Company's discretionary contributions made in prior years are not participant directed and are invested by the Company's management.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's safe-harbor matching and discretionary contributions, plan earnings and administrative expenses. Allocations of discretionary contributions are based on compensation, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1 - Description of Plan (Continued)

Vesting

Participants are immediately vested in their contributions, rollover accounts and the Company's safe-harbor matching contributions, plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of their accounts, if any, is based on years of service according to the following schedule:

Years of Service	Vested Percentage
2	20%
3	40%
4	60%
5	80%
6	100%

Forfeitures

At December 31, 2019 and 2018, forfeited nonvested accounts totaled approximately $23,000 and $19,000, respectively. These accounts will be used to pay for plan expenses or to reduce future employer contributions as defined in the plan document.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000, up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a rate equal to the prime rate plus 1.0%, which is set as of the date of the loan. Principal and interest are paid ratably through periodic payroll deductions. Loans are to be repaid within five years, except for loans used to acquire a principal residence of the participant, which may be repaid over a period not to exceed thirty years.

Payment of Benefits

In the event of a participant's death, the participant or their beneficiary will receive a lump-sum amount equal to the value of the participant's entire interest in his or her account. For termination of service due to other reasons, the participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. The Plan has a mandatory cash-out threshold less than or equal to $5,000.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared under the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract which is reported at contract 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. See Note 3 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred. No allowance for credit losses has been recorded as of December 31, 2019 or 2018. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits

Benefits are recorded when paid.

Plan Expenses

Certain expenses of the Plan are paid by the Company and are not included in the statement of changes in net assets available for benefits. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments.

Note 3 - Fair Value Measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820*, Fair Value Measurement,* provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common stock and exchange-traded funds: Valued at the closing price reported on the active market on which the individual securities are traded.

Note 3 - Fair Value Measurements (Continued)

Interest-bearing cash: Valued at amortized cost, which approximates fair value.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2019 and 2018:

	Investments at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 4,170,680	$ -	$ -	$ 4,170,680
Common stock	285,428	-	-	285,428
Exchange-traded funds	30,470	-	-	30,470
Interest-bearing cash	14,052	-	-	14,052
Corporate bonds	-	104,406	-	104,406
	$ 4,500,630	$ 104,406	$ -	$ 4,605,036

	Investments at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
		(Unaudited)		
Mutual funds	$ 2,298,194	$ -	$ -	$ 2,298,194
Common stock	214,914	-	-	214,914
Exchange-traded funds	26,350	-	-	26,350
Interest-bearing cash	21,387	-	-	21,387
Corporate bonds	-	86,385	-	86,385
	$ 2,560,845	$ 86,385	$ -	$ 2,647,230

Note 4 - Information Prepared and Certified by the Custodians

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Great-West Trust Company, LLC and Great-West Life & Annuity Insurance Company of New York ("Great-West Life"), the custodians of the Plan, have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments at fair value[(1)]
- Fully benefit-responsive investment contract at contract value
- Notes receivable from participants
- Net appreciation in fair value of investments[(2)]
- Dividends and interest income[(2)]
- Interest income on notes receivable from participants
- Schedule of assets (held at end year)[(1)]

(1) Excluding investments of approximately $445,000 and $359,000 at December 31, 2019 and 2018, respectively.

(2) Excluding net appreciation in fair value of investments and dividend income of approximately $79,000 and $12,000, respectively, for the year ended December 31, 2019.

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Note 5 - Fully Benefit-Responsive Investment Contract

The Plan's investment in the Key Guaranteed Portfolio Fund is a benefit-responsive investment contract with Great-West Life who maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than zero percent. The crediting interest rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Note 5 - Fully Benefit-Responsive Investment Contract (Continued)

The contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the Plan. Contract value, as reported to the Plan by Great-West Life, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meets its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendment to the plan document (including complete or partial termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA or, (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that would limit the ability of the Plan to transact at contract value with the participants.

Note 6 - Nonparticipant-Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	December 31,	
	2019	2018
Net assets:		
Guaranteed investment contract	$ 2,375	$ 1,640
Mutual funds	10,955	9,799
Common stock	285,428	214,914
Exchange-traded funds	30,470	26,350
Corporate bonds	104,406	86,385
	$ 433,634	$ 339,088

Note 6 - Nonparticipant-Directed Investments (Continued)

	Year Ended December 31, 2019
Changes in net assets:	
Excess contributions	$ 705
Investment income	97,980
Administrative expenses	(4,139)
	$ 94,546

Note 7 - Plan Termination

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

Note 8 - Tax Status

The IRS has determined that the prototype 401(k) profit sharing plan is designed in accordance with applicable sections of the IRC and informed the prototype plan sponsor of such in a letter dated March 31, 2014. Although the Plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9 - Related Party and Party-in-Interest Transactions

Plan investments include a guaranteed investment contract managed by Great-West Life, the Plan's custodian, and therefore, the transactions qualify as party-in-interest transactions. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment. The Plan paid certain expenses related to the Plan's operations and investment activity to various service providers. These transactions are party-in-interest transactions. The plan sponsor pays directly any other fees related to the Plan's operations.

Note 10 - Risks and Uncertainties

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

Note 11 - Subsequent Events

In December 2019, the Setting Every Community Up for Retirement Enhancement (SECURE) Act was signed into law, related to required minimum distributions and the limitation of lifetime or stretch distributions to remain compliant under the applicable laws and regulations. These provisions are effective beginning January 1, 2020.

On March 11, 2020, the World Health Organization declared the outbreak of a coronavirus (COVID-19) a pandemic. The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. This pandemic has adversely affected global economic activity and greatly contributed to significant deterioration and instability in financial markets. As a result, there has been heightened market risk and the Plan's investment portfolio has incurred significant volatility in fair value since December 31, 2019. Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and the related impact on the Plan's liquidity cannot be determined at this time.

Additionally, on March 27, 2020, President Trump signed into law the Coronavirus Aid, Relief, and Economic Security ("CARES") Act. The CARES Act, among other things, includes relief provisions available to tax-qualified retirement plans and their participants. Plan management has evaluated the relief provisions available to plan participants under the CARES Act and has implemented the following provisions:

- Special coronavirus distributions up to $100,000
- Increased the available loan amount as described in Note 1 to the lesser of $100,000 or 100% of the participant's vested account balance
- Extended the period for loan repayments, if applicable, up to one year

The Plan is in the process of operationally being amended to implement certain changes permitted by the above law changes.

Subsequent events have been evaluated through October 14, 2020, the date these financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

VBPP, LLP RETIREMENT PLAN
(Supplementary Information)
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
as of December 31, 2019

EIN: 47-2367027
PN: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost[1]	(e) Current value
	Investments at fair value:			
	American Century Mid Cap Value R6	Mutual fund	[2]	$ 76,982
	American Funds Growth Fund of Amer R6	Mutual fund	[2]	186,587
	Causeway International Value Instl	Mutual fund	[2]	33,116
	Columbia Dividend Income Instl 3	Mutual fund	[2]	233,055
	Eaton Vance Floating Rate Fund	Mutual fund	$ 11,211	10,955
	Eaton Vance High Income Opportunities I	Mutual fund	[2]	34,710
	Invesco Oppeneheimer Discov Mdcp Grw R6	Mutual fund	[2]	135,367
	Janus Henderson Triton N	Mutual fund	[2]	189,107
	MFS International Growth R6	Mutual fund	[2]	196,234
	MFS Lifetime 2020 R6	Mutual fund	[2]	5,440
	MFS Lifetime 2025 R6	Mutual fund	[2]	301,247
	MFS Lifetime 2035 R6	Mutual fund	[2]	422,733
	MFS Lifetime 2045 R6	Mutual fund	[2]	500,546
	MFS Lifetime 2055 R6	Mutual fund	[2]	501,746
	Pimco Income Instl	Mutual fund	[2]	107,425
	Vaneck Emerging Markets I	Mutual fund	[2]	78,996
	Vanguard 500 Index Admiral	Mutual fund	[2]	484,148
	Vanguard FTSE All-Wld Ex-US Index Admiral	Mutual fund	[2]	3,857
	Vanguard Growth Index Admiral	Mutual fund	[2]	377,269
	Vanguard Mid Cap Index Fund Admiral	Mutual fund	[2]	183,485
	Vanguard Small Cap Index Admiral	Mutual fund	[2]	88,613
	Vanguard Total Intl Bd Index Admiral	Mutual fund	[2]	18,426
	Vanguard Value Index Admiral	Mutual fund	[2]	636
	Total mutual funds			4,170,680
	3M Company	Common stock	543	529
	Abott Laboratories	Common stock	1,606	1,998
	Accenture PLC Ireland CL A	Common stock	1,749	2,316
	Adidas AG	Common stock	802	1,140
	Adobe Inc.	Common stock	1,424	1,979
	Adyen NV Unsponsored ADR	Common stock	648	724
	Aia Group Ltd Spon ADR	Common stock	958	1,305
	Airbus SE Unsponsored ADR	Common stock	777	809
	Alibaba Group Hldg Ltd	Common stock	1,030	1,485
	Allstate Corp	Common stock	1,914	2,249
	Alphabet Inc. CL C	Common stock	3,391	4,011

[1] Cost information may be omitted for plan assets, which are participant directed.

[2] This data is based upon information which has been certified as complete and accurate by the custodians.

VBPP, LLP RETIREMENT PLAN
(Supplementary Information)
Schedule H, line 4i - Schedule of Assets (Held at End of Year) (Continued)
as of December 31, 2019

EIN: 47-2367027
PN: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost[1]	(e) Current value
	Amadeus IT Group SA ADR	Common stock	1,041	1,070
	Amazon Com Inc.	Common stock	1,620	1,848
	Amdocs Limited Ord	Common stock	733	866
	Amer Intl GP Inc. New	Common stock	1,492	1,797
	Ameren Corp.	Common stock	334	384
	American Electric Power Co	Common stock	378	473
	American Tower Reit Com	Common stock	1,064	1,609
	Amphenol Corp New CL A	Common stock	526	649
	ANSYS Inc.	Common stock	1,322	2,317
	Apple Inc	Common stock	3,511	4,698
	Aramark Holdings Corporation	Common stock	2,154	2,561
	Archer Daniels Midland	Common stock	1,766	1,761
	ASML Holding NV NY Reg New	Common stock	811	1,480
	Asos PLC Spon ADR	Common stock	389	495
	AT&T Inc	Common stock	1,863	2,345
	Automatic Data Processing Inc	Common stock	425	511
	Ball Corporation	Common stock	1,322	1,940
	Bank Of America Corp	Common stock	1,062	1,338
	Bank Of New York Mellon Corp	Common stock	1,692	1,862
	Baxter International Inc.	Common stock	331	418
	Blackrock Inc	Common stock	384	503
	Booking Holdings Inc	Common stock	1,786	2,054
	Bristol Myers Squibb Co	Common stock	644	834
	Broadcom Inc	Common stock	2,968	3,792
	Burberry Group PLC Spons ADR	Common stock	1,055	1,387
	Cardinal Helath Inc	Common stock	1,634	1,669
	CDW Corporation	Common stock	905	1,571
	Charles Schwab New	Common stock	731	809
	Check Point Software Tech LTD	Common stock	1,097	1,110
	Chevron Corp	Common stock	1,146	1,205
	Chubb LTD	Common stock	756	934
	Cigna Corp	Common stock	1,746	2,045
	Cisco SYS Inc	Common stock	2,779	2,974
	CME Group Inc	Common stock	577	602
	CMS Energy CP	Common stock	310	377
	Comcast Corp Class A	Common stock	987	1,259
	Conagra	Common stock	1,586	1,815
	Conocophillips	Common stock	2,516	2,471

[1] Cost information may be omitted for plan assets, which are participant directed.

VBPP, LLP RETIREMENT PLAN
(Supplementary Information)
Schedule H, line 4i - Schedule of Assets (Held at End of Year) (Continued)
as of December 31, 2019

EIN: 47-2367027
PN: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost[1]	(e) Current value
	Cooper Co Inc New	Common stock	1,844	2,249
	Credit Agricole SA UNSP ADR	Common stock	652	709
	Crown Castle INTL Corp	Common stock	216	284
	Cummins Inc	Common stock	130	179
	CVS Helath Corp Com	Common stock	1,774	2,006
	Danaher Corporation	Common stock	970	1,535
	Deere & Co	Common stock	166	173
	Dentsply Sirona Inc.	Common stock	964	1,528
	Diageo PLC Spon ADR New	Common stock	2,909	3,537
	Digital Ralty Trust Inc	Common stock	473	479
	Dollar Tree Inc	Common stock	1,348	1,505
	Dominion Energy Inc	Common stock	226	248
	Dow Inc	Common stock	317	328
	Dupont De Nemours Inc	Common stock	1,880	1,541
	Ecolab Inc	Common stock	894	1,158
	Edison International	Common stock	1,911	2,187
	Edward Lifesciences Corp	Common stock	592	933
	Elanco Animal Health Inc	Common stock	552	501
	Electronic Arts Inc	Common stock	1,042	1,183
	Eli Lilly& Co	Common stock	1,659	1,971
	Emerson Electric Co	Common stock	1,007	1,144
	Epiroc Aktiebolag ADR	Common stock	564	717
	Equity Residential	Common stock	1,444	1,780
	Erste Group Bank AG Spons ADR	Common stock	1,229	1,182
	Eversource Energy Com	Common stock	325	425
	Exxon Mobil	Common stock	789	698
	Fanuc Corporation UNSP ADR	Common stock	1,134	1,289
	Fidelity Natl Information SE	Common stock	1,239	1,530
	Fiserv Inc Wisconsin	Common stock	2,335	3,469
	Gilead Science	Common stock	278	260
	Givaudan SA ADR	Common stock	920	1,251
	Global Payment Inc	Common stock	1,808	3,104
	Halliburton Co	Common stock	2,301	1,982
	HDFC Bank LTD ADR	Common stock	605	824
	Henry Schein Inc	Common stock	890	934
	Hersey Company	Common stock	218	294
	Hexagon AB ADR	Common stock	61	56
	Home Depot Inc	Common stock	2,702	3,276

[1] Cost information may be omitted for plan assets, which are participant directed.

VBPP, LLP RETIREMENT PLAN
(Supplementary Information)
Schedule H, line 4i - Schedule of Assets (Held at End of Year) (Continued)
as of December 31, 2019

EIN: 47-2367027
PN: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost[1]	(e) Current value
	Honeywell International Inc	Common stock	864	1,062
	Hoya Corp Spons ADR	Common stock	493	868
	Icon PLC	Common stock	1,508	1,895
	Industia De Diseno Textil IND	Common stock	616	777
	Ingersoll-Rand PLC SHS	Common stock	480	665
	Intel Corp	Common stock	2,222	3,052
	Intercontinental Exchange Group	Common stock	1,488	1,851
	Intl Business Machines Corp	Common stock	957	938
	Johnson & Johnson	Common stock	3,903	4,084
	JP Morgan Chase & Co	Common stock	1,559	2,091
	Kao Corp	Common stock	909	1,144
	KBC Group NV Unspons ADR	Common stock	1,065	1,164
	Kimberly Clark Corp	Common stock	466	550
	Kla Corporation	Common stock	379	712
	Loreal Co ADR	Common stock	915	1,236
	Lam Research Corporation	Common stock	283	585
	Legrand SA	Common stock	1,032	1,322
	Linde PLC	Common stock	1,129	1,490
	Lockheed Martin Corp	Common stock	948	1,168
	London STK Exchange Group ADR	Common stock	908	1,717
	Lowes Companies Inc	Common stock	1,482	1,796
	LVMH Moet Hennessy Louis Vuitt	Common stock	946	1,492
	M&T Bank Corp	Common stock	166	167
	Marathon Oil Co	Common stock	2,184	1,765
	Markel Corp	Common stock	1,091	1,143
	Marsh & McLennan Cos Inc	Common stock	3,237	4,568
	Mastercard Inc CL A	Common stock	3,195	4,777
	Mc Donalds Corp	Common stock	354	395
	Medtronic PLC SHS	Common stock	1,615	1,929
	Merck & Co Inc New Com	Common stock	2,583	3,274
	Microsolf Corp	Common stock	4,615	6,939
	Mondelez INTL Inc Com	Common stock	1,590	2,093
	Monotaro Co LTD ADR	Common stock	405	510
	Motorola Solutions Inc	Common stock	1,126	1,128
	Nestle Spon ADR Rep SHR	Common stock	2,506	3,248
	Nextera Energy Inc	Common stock	350	484
	Nidec Corp	Common stock	939	1,026
	Nintendo Co LTD Adr New	Common stock	1,089	1,347

[1] Cost information may be omitted for plan assets, which are participant directed.

VBPP, LLP RETIREMENT PLAN

(Supplementary Information)

Schedule H, line 4i - Schedule of Assets (Held at End of Year) (Continued)

as of December 31, 2019

EIN: 47-2367027

PN: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost[1]	(e) Current value
	Northern Trust Corp	Common stock	212	212
	Northrop Grumman CP	Common stock	1,791	2,064
	Novartis AG ADR	Common stock	1,586	1,894
	Novo Nordisk A/S ADR	Common stock	863	1,158
	O'Reilly Automotive Inc New	Common stock	2,342	3,068
	Occidental Petroleum Corp DE	Common stock	2,133	1,442
	Oracle Corp	Common stock	1,382	1,536
	Packaging Corp Amer	Common stock	85	112
	Parker Hannifin Corp	Common stock	301	412
	Paypal Holdings Inc Com	Common stock	856	1,082
	Pepsico Inc NC	Common stock	2,743	3,280
	Pfizer Inc	Common stock	2,468	2,233
	Philip Morris INTL Inc	Common stock	711	681
	Ping An Insurance ADR	Common stock	883	1,071
	PNC FINL SVCS GP	Common stock	473	639
	Principal Finl Group Inc	Common stock	249	275
	Procter & Gamble	Common stock	757	999
	Progressive Corp Ohio	Common stock	1,655	1,593
	Raytheon Co	Common stock	2,939	3,516
	Rentokil Group PLC SP ADR	Common stock	932	1,524
	Roche Holdings ADR	Common stock	1,412	1,830
	Rogers Comm Inc CL B	Common stock	951	894
	Ross Stores Inc	Common stock	3,559	4,308
	Sap AG	Common stock	1,580	2,010
	Sherwin Williams Company Ohio	Common stock	1,181	1,751
	Shiseido LTD Spon ADR	Common stock	1,736	1,985
	Shopify Inc	Common stock	253	795
	Sociedad Quimica Y Minera ADS	Common stock	938	667
	Sonoco Products Co	Common stock	266	309
	Spotify Technology SA	Common stock	693	748
	Stanley Black & Decker Inc	Common stock	922	1,326
	Steris PLC	Common stock	1,388	1,981
	Stoneco LTD CL A	Common stock	750	798
	Suncor Energy Inc	Common stock	381	394
	T Rowe Price Group Inc	Common stock	309	366
	Taiwan Smcndcrt Mfg Co LTD ADR	Common stock	652	930
	Target Corporation	Common stock	371	513
	Technopro Holdings Inc ADR	Common stock	558	745

[1] Cost information may be omitted for plan assets, which are participant directed.

VBPP, LLP RETIREMENT PLAN
(Supplementary Information)
Schedule H, line 4i - Schedule of Assets (Held at End of Year) (Continued)
as of December 31, 2019

EIN: 47-2367027
PN: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost[1]	(e) Current value
	Teleflex Inc	Common stock	1,673	2,635
	Teleperformance SA Unsp ADR	Common stock	691	988
	Temenos AG Sponsored ADR	Common stock	806	944
	Texas Instruments	Common stock	765	1,026
	Thermo Fisher Scientific	Common stock	2,975	4,223
	Thomson Reuters Corp	Common stock	691	716
	TJX Cos Inc New	Common stock	3,777	4,335
	Tractor Supply Co	Common stock	346	374
	Truist Finl Corp	Common stock	1,905	2,309
	U S Bancorp Com New	Common stock	3,041	3,557
	Umicore SA ADR	Common stock	698	911
	Union Pacific Corp	Common stock	995	1,266
	United Parcel Ser Inc CL-B	Common stock	321	351
	Unitedhealth GP Inc	Common stock	264	294
	Valero Energy CP Dela New	Common stock	443	468
	Verisk Analytics	Common stock	806	1,045
	Verizon Communications	Common stock	2,115	2,210
	Visa Inc CL A	Common stock	2,064	2,819
	Walmart Inc	Common stock	1,590	1,901
	Walt Disney Co Holdings Co	Common stock	451	579
	Waste Mgmt Inc	Common stock	1,752	2,279
	Wec Energy Group Inc Com	Common stock	431	553
	Wells Fargo & Co New	Common stock	795	861
	White Mountain GRP Bermuda	Common stock	2,644	3,347
	Xcel Energy Inc	Common stock	302	381
	Zimmer Biomet Holdings Inc Com	Common stock	980	1,048
	Zoetis Inc Class-A	Common stock	1,083	1,588
	Total common stock			285,428
	Invesco High Inc 2024 Target	Exchange-traded fund	9,506	10,430
	Nuveen Credit Opp 2022 Target	Exchange-traded fund	9,522	10,030
	Nuveen High Income Nov 21 Tar	Exchange-traded fund	9,619	10,010
	Total exchange-traded funds			30,470
	Morgan Stanley Cash account	Interest-bearing cash account	14,052	14,052
	Citigroup Inc.	Corporate bond: $15,000, 6.125%, perpetual	15,335	15,605
	General Motors	Corporate bond: $15,000, 6.500%, perpetual	13,986	15,769
	American Airlines Group Inc.	Corporate bond: $15,000, 4.625%, due 3/1/2020	15,187	15,255

[1] Cost information may be omitted for plan assets, which are participant directed.

VBPP, LLP RETIREMENT PLAN
(Supplementary Information)
Schedule H, line 4i - Schedule of Assets (Held at End of Year) (Concluded)
as of December 31, 2019

EIN: 47-2367027
PN: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost[1]	(e) Current value
	Deutsche Bank AG/New York NY	Corporate bond: $15,000, 2.970%, due 7/13/2020		15,045	15,109
	Teva Pharmaceutical Finance Co BV	Corporate bond: $15,000, 3.650%, due 11/10/2021		14,513	14,758
	Synovus Financial Corp	Corporate bond: $10,000, 5.900%, due 2/7/2029		10,280	10,836
	Assurant Inc.	Corporate bond: $15,000, 7.000%, due 3/27/2048		15,469	17,074
	Total corporate bonds				104,406
	Fully benefit-responsive investment contract:				
*	Key Guaranteed Portfolio Fund	Guaranteed investment contract	[2]	2,375	2,375
*	Notes receivable from participants	Interest rate - 6.50%	[2]		50,574
					$ 4,657,985

* Represents a party-in-interest as defined by ERISA.

[1] Cost information may be omitted for plan assets, which are participant directed.

[2] This data is based upon information which has been certified as complete and accurate by the custodians.

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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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)

Part II Basic Plan Information --- enter all requested information

1a Name of plan
Vbpp, Llp Retirement Plan

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 03/13/2015

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)

Vbpp, Llp

300 Garden City Plaza

US Garden City NY 11530

2b Employer Identification Number (EIN) 47-2367027

2c Plan Sponsor's telephone number (516) 282-3356

2d Business code (see instructions) 541110

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	Signature of plan administrator	Date 10/8/20	John Barker Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date 10/8/20	John Barker Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [x] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and 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**	138
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)**	123
a(2) Total number of active participants at the end of the plan year	**6a(2)**	154
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	21
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	175
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	175
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	116
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2A 2E 2F 2H 2J 2K 3D

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

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

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

a Pension Schedules

(1) [x] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [x] **H** (Financial Information)

(2) [ ] **I** (Financial Information - Small Plan)

(3) [x] 1 **A** (Insurance Information)

(4) [x] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 _____

VBPP, LLP RETIREMENT PLAN
(Supplementary Information)
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
as of December 31, 2019

EIN: 47-2367027
PN: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost[1]	(e) Current value
	Investments at fair value:			
	American Century Mid Cap Value R6	Mutual fund	[2]	$ 76,982
	American Funds Growth Fund of Amer R6	Mutual fund	[2]	186,587
	Causeway International Value Instl	Mutual fund	[2]	33,116
	Columbia Dividend Income Instl 3	Mutual fund	[2]	233,055
	Eaton Vance Floating Rate Fund	Mutual fund	$ 11,211	10,955
	Eaton Vance High Income Opportunities I	Mutual fund	[2]	34,710
	Invesco Oppeneheimer Discov Mdcp Grw R6	Mutual fund	[2]	135,367
	Janus Henderson Triton N	Mutual fund	[2]	189,107
	MFS International Growth R6	Mutual fund	[2]	196,234
	MFS Lifetime 2020 R6	Mutual fund	[2]	5,440
	MFS Lifetime 2025 R6	Mutual fund	[2]	301,247
	MFS Lifetime 2035 R6	Mutual fund	[2]	422,733
	MFS Lifetime 2045 R6	Mutual fund	[2]	500,546
	MFS Lifetime 2055 R6	Mutual fund	[2]	501,746
	Pimco Income Instl	Mutual fund	[2]	107,425
	Vaneck Emerging Markets I	Mutual fund	[2]	78,996
	Vanguard 500 Index Admiral	Mutual fund	[2]	484,148
	Vanguard FTSE All-Wld Ex-US Index Admiral	Mutual fund	[2]	3,857
	Vanguard Growth Index Admiral	Mutual fund	[2]	377,269
	Vanguard Mid Cap Index Fund Admiral	Mutual fund	[2]	183,485
	Vanguard Small Cap Index Admiral	Mutual fund	[2]	88,613
	Vanguard Total Intl Bd Index Admiral	Mutual fund	[2]	18,426
	Vanguard Value Index Admiral	Mutual fund	[2]	636
	Total mutual funds			4,170,680
	3M Company	Common stock	543	529
	Abott Laboratories	Common stock	1,606	1,998
	Accenture PLC Ireland CL A	Common stock	1,749	2,316
	Adidas AG	Common stock	802	1,140
	Adobe Inc.	Common stock	1,424	1,979
	Adyen NV Unsponsored ADR	Common stock	648	724
	Aia Group Ltd Spon ADR	Common stock	958	1,305
	Airbus SE Unsponsored ADR	Common stock	777	809
	Alibaba Group Hldg Ltd	Common stock	1,030	1,485
	Allstate Corp	Common stock	1,914	2,249
	Alphabet Inc. CL C	Common stock	3,391	4,011

[1] Cost information may be omitted for plan assets, which are participant directed.

[2] This data is based upon information which has been certified as complete and accurate by the custodians.

VBPP, LLP RETIREMENT PLAN
(Supplementary Information)
Schedule H, line 4i - Schedule of Assets (Held at End of Year) (Continued)
as of December 31, 2019

EIN: 47-2367027
PN: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost[1]	(e) Current value
	Amadeus IT Group SA ADR	Common stock	1,041	1,070
	Amazon Com Inc.	Common stock	1,620	1,848
	Amdocs Limited Ord	Common stock	733	866
	Amer Intl GP Inc. New	Common stock	1,492	1,797
	Ameren Corp.	Common stock	334	384
	American Electric Power Co	Common stock	378	473
	American Tower Reit Com	Common stock	1,064	1,609
	Amphenol Corp New CL A	Common stock	526	649
	ANSYS Inc.	Common stock	1,322	2,317
	Apple Inc	Common stock	3,511	4,698
	Aramark Holdings Corporation	Common stock	2,154	2,561
	Archer Daniels Midland	Common stock	1,766	1,761
	ASML Holding NV NY Reg New	Common stock	811	1,480
	Asos PLC Spon ADR	Common stock	389	495
	AT&T Inc	Common stock	1,863	2,345
	Automatic Data Processing Inc	Common stock	425	511
	Ball Corporation	Common stock	1,322	1,940
	Bank Of America Corp	Common stock	1,062	1,338
	Bank Of New York Mellon Corp	Common stock	1,692	1,862
	Baxter International Inc.	Common stock	331	418
	Blackrock Inc	Common stock	384	503
	Booking Holdings Inc	Common stock	1,786	2,054
	Bristol Myers Squibb Co	Common stock	644	834
	Broadcom Inc	Common stock	2,968	3,792
	Burberry Group PLC Spons ADR	Common stock	1,055	1,387
	Cardinal Helath Inc	Common stock	1,634	1,669
	CDW Corporation	Common stock	905	1,571
	Charles Schwab New	Common stock	731	809
	Check Point Software Tech LTD	Common stock	1,097	1,110
	Chevron Corp	Common stock	1,146	1,205
	Chubb LTD	Common stock	756	934
	Cigna Corp	Common stock	1,746	2,045
	Cisco SYS Inc	Common stock	2,779	2,974
	CME Group Inc	Common stock	577	602
	CMS Energy CP	Common stock	310	377
	Comcast Corp Class A	Common stock	987	1,259
	Conagra	Common stock	1,586	1,815
	Conocophillips	Common stock	2,516	2,471

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VBPP, LLP RETIREMENT PLAN
(Supplementary Information)
Schedule H, line 4i - Schedule of Assets (Held at End of Year) (Continued)
as of December 31, 2019

EIN: 47-2367027
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(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost[1]	(e) Current value
	Cooper Co Inc New	Common stock	1,844	2,249
	Credit Agricole SA UNSP ADR	Common stock	652	709
	Crown Castle INTL Corp	Common stock	216	284
	Cummins Inc	Common stock	130	179
	CVS Helath Corp Com	Common stock	1,774	2,006
	Danaher Corporation	Common stock	970	1,535
	Deere & Co	Common stock	166	173
	Dentsply Sirona Inc.	Common stock	964	1,528
	Diageo PLC Spon ADR New	Common stock	2,909	3,537
	Digital Ralty Trust Inc	Common stock	473	479
	Dollar Tree Inc	Common stock	1,348	1,505
	Dominion Energy Inc	Common stock	226	248
	Dow Inc	Common stock	317	328
	Dupont De Nemours Inc	Common stock	1,880	1,541
	Ecolab Inc	Common stock	894	1,158
	Edison International	Common stock	1,911	2,187
	Edward Lifesciences Corp	Common stock	592	933
	Elanco Animal Health Inc	Common stock	552	501
	Electronic Arts Inc	Common stock	1,042	1,183
	Eli Lilly& Co	Common stock	1,659	1,971
	Emerson Electric Co	Common stock	1,007	1,144
	Epiroc Aktiebolag ADR	Common stock	564	717
	Equity Residential	Common stock	1,444	1,780
	Erste Group Bank AG Spons ADR	Common stock	1,229	1,182
	Eversource Energy Com	Common stock	325	425
	Exxon Mobil	Common stock	789	698
	Fanuc Corporation UNSP ADR	Common stock	1,134	1,289
	Fidelity Natl Information SE	Common stock	1,239	1,530
	Fiserv Inc Wisconsin	Common stock	2,335	3,469
	Gilead Science	Common stock	278	260
	Givaudan SA ADR	Common stock	920	1,251
	Global Payment Inc	Common stock	1,808	3,104
	Halliburton Co	Common stock	2,301	1,982
	HDFC Bank LTD ADR	Common stock	605	824
	Henry Schein Inc	Common stock	890	934
	Hersey Company	Common stock	218	294
	Hexagon AB ADR	Common stock	61	56
	Home Depot Inc	Common stock	2,702	3,276

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VBPP, LLP RETIREMENT PLAN
(Supplementary Information)
Schedule H, line 4i - Schedule of Assets (Held at End of Year) (Continued)
as of December 31, 2019

EIN: 47-2367027
PN: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost[1]	(e) Current value
	Honeywell International Inc	Common stock	864	1,062
	Hoya Corp Spons ADR	Common stock	493	868
	Icon PLC	Common stock	1,508	1,895
	Industia De Diseno Textil IND	Common stock	616	777
	Ingersoll-Rand PLC SHS	Common stock	480	665
	Intel Corp	Common stock	2,222	3,052
	Intercontinental Exchange Group	Common stock	1,488	1,851
	Intl Business Machines Corp	Common stock	957	938
	Johnson & Johnson	Common stock	3,903	4,084
	JP Morgan Chase & Co	Common stock	1,559	2,091
	Kao Corp	Common stock	909	1,144
	KBC Group NV Unspons ADR	Common stock	1,065	1,164
	Kimberly Clark Corp	Common stock	466	550
	Kla Corporation	Common stock	379	712
	Loreal Co ADR	Common stock	915	1,236
	Lam Research Corporation	Common stock	283	585
	Legrand SA	Common stock	1,032	1,322
	Linde PLC	Common stock	1,129	1,490
	Lockheed Martin Corp	Common stock	948	1,168
	London STK Exchange Group ADR	Common stock	908	1,717
	Lowes Companies Inc	Common stock	1,482	1,796
	LVMH Moet Hennessy Louis Vuitt	Common stock	946	1,492
	M&T Bank Corp	Common stock	166	167
	Marathon Oil Co	Common stock	2,184	1,765
	Markel Corp	Common stock	1,091	1,143
	Marsh & McLennan Cos Inc	Common stock	3,237	4,568
	Mastercard Inc CL A	Common stock	3,195	4,777
	Mc Donalds Corp	Common stock	354	395
	Medtronic PLC SHS	Common stock	1,615	1,929
	Merck & Co Inc New Com	Common stock	2,583	3,274
	Microsolf Corp	Common stock	4,615	6,939
	Mondelez INTL Inc Com	Common stock	1,590	2,093
	Monotaro Co LTD ADR	Common stock	405	510
	Motorola Solutions Inc	Common stock	1,126	1,128
	Nestle Spon ADR Rep SHR	Common stock	2,506	3,248
	Nextera Energy Inc	Common stock	350	484
	Nidec Corp	Common stock	939	1,026
	Nintendo Co LTD Adr New	Common stock	1,089	1,347

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VBPP, LLP RETIREMENT PLAN

(Supplementary Information)

Schedule H, line 4i - Schedule of Assets (Held at End of Year) (Continued)

as of December 31, 2019

EIN: 47-2367027

PN: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost[1]	(e) Current value
	Northern Trust Corp	Common stock	212	212
	Northrop Grumman CP	Common stock	1,791	2,064
	Novartis AG ADR	Common stock	1,586	1,894
	Novo Nordisk A/S ADR	Common stock	863	1,158
	O'Reilly Automotive Inc New	Common stock	2,342	3,068
	Occidental Petroleum Corp DE	Common stock	2,133	1,442
	Oracle Corp	Common stock	1,382	1,536
	Packaging Corp Amer	Common stock	85	112
	Parker Hannifin Corp	Common stock	301	412
	Paypal Holdings Inc Com	Common stock	856	1,082
	Pepsico Inc NC	Common stock	2,743	3,280
	Pfizer Inc	Common stock	2,468	2,233
	Philip Morris INTL Inc	Common stock	711	681
	Ping An Insurance ADR	Common stock	883	1,071
	PNC FINL SVCS GP	Common stock	473	639
	Principal Finl Group Inc	Common stock	249	275
	Procter & Gamble	Common stock	757	999
	Progressive Corp Ohio	Common stock	1,655	1,593
	Raytheon Co	Common stock	2,939	3,516
	Rentokil Group PLC SP ADR	Common stock	932	1,524
	Roche Holdings ADR	Common stock	1,412	1,830
	Rogers Comm Inc CL B	Common stock	951	894
	Ross Stores Inc	Common stock	3,559	4,308
	Sap AG	Common stock	1,580	2,010
	Sherwin Williams Company Ohio	Common stock	1,181	1,751
	Shiseido LTD Spon ADR	Common stock	1,736	1,985
	Shopify Inc	Common stock	253	795
	Sociedad Quimica Y Minera ADS	Common stock	938	667
	Sonoco Products Co	Common stock	266	309
	Spotify Technology SA	Common stock	693	748
	Stanley Black & Decker Inc	Common stock	922	1,326
	Steris PLC	Common stock	1,388	1,981
	Stoneco LTD CL A	Common stock	750	798
	Suncor Energy Inc	Common stock	381	394
	T Rowe Price Group Inc	Common stock	309	366
	Taiwan Smcndcrt Mfg Co LTD ADR	Common stock	652	930
	Target Corporation	Common stock	371	513
	Technopro Holdings Inc ADR	Common stock	558	745

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VBPP, LLP RETIREMENT PLAN
(Supplementary Information)
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as of December 31, 2019

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	Verizon Communications	Common stock	2,115	2,210
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	Waste Mgmt Inc	Common stock	1,752	2,279
	Wec Energy Group Inc Com	Common stock	431	553
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	White Mountain GRP Bermuda	Common stock	2,644	3,347
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	Zimmer Biomet Holdings Inc Com	Common stock	980	1,048
	Zoetis Inc Class-A	Common stock	1,083	1,588
	Total common stock			285,428
	Invesco High Inc 2024 Target	Exchange-traded fund	9,506	10,430
	Nuveen Credit Opp 2022 Target	Exchange-traded fund	9,522	10,030
	Nuveen High Income Nov 21 Tar	Exchange-traded fund	9,619	10,010
	Total exchange-traded funds			30,470
	Morgan Stanley Cash account	Interest-bearing cash account	14,052	14,052
	Citigroup Inc.	Corporate bond: $15,000, 6.125%, perpetual	15,335	15,605
	General Motors	Corporate bond: $15,000, 6.500%, perpetual	13,986	15,769
	American Airlines Group Inc.	Corporate bond: $15,000, 4.625%, due 3/1/2020	15,187	15,255

[1] Cost information may be omitted for plan assets, which are participant directed.

VBPP, LLP RETIREMENT PLAN
(Supplementary Information)
Schedule H, line 4i - Schedule of Assets (Held at End of Year) (Concluded)
as of December 31, 2019

EIN: 47-2367027
PN: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost[1]	(e) Current value
	Deutsche Bank AG/New York NY	Corporate bond: $15,000, 2.970%, due 7/13/2020		15,045	15,109
	Teva Pharmaceutical Finance Co BV	Corporate bond: $15,000, 3.650%, due 11/10/2021		14,513	14,758
	Synovus Financial Corp	Corporate bond: $10,000, 5.900%, due 2/7/2029		10,280	10,836
	Assurant Inc.	Corporate bond: $15,000, 7.000%, due 3/27/2048		15,469	17,074
	Total corporate bonds				104,406
	Fully benefit-responsive investment contract:				
*	Key Guaranteed Portfolio Fund	Guaranteed investment contract	[2]	2,375	2,375
*	Notes receivable from participants	Interest rate - 6.50%	[2]		50,574
					$ 4,657,985

* Represents a party-in-interest as defined by ERISA.

[1] Cost information may be omitted for plan assets, which are participant directed.

[2] This data is based upon information which has been certified as complete and accurate by the custodians.