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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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
VANGUARD INDUSTRIES EAST 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

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)
VANGUARD INDUSTRIES EAST, INC.

1172 AZALEA GARDEN ROAD
NORFOLK, VA 23502

2b Employer Identification Number (EIN) 54-1817115

2c Plan Sponsor's telephone number 757-857-3600

2d Business code (see instructions) 315990

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.	10/12/2021	MICHAEL HARRISON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2021	MICHAEL HARRISON
	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**	110
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)**	100
a(2) Total number of active participants at the end of the plan year	**6a(2)**	103
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	14
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	117
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	117
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	100
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
VANGUARD INDUSTRIES EAST 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VANGUARD INDUSTRIES EAST, INC.

D Employer Identification Number (EIN)
54-1817115

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
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(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
04-1590850	65935	MR 61995 - 2	96	01/01/2020	12/31/2020

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
0	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

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

(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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(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	
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) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	64053
c	Additions: (1) Contributions deposited during the year	7c(1)	13009		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	4599		
	(4) Transferred from separate account	7c(4)	295136		
	(5) Other (specify below)	7c(5)	8783		
	▶ LN INT, LN PRIN, LOAN DEFAULT				
	(6) Total additions			7c(6)	321527
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	385580
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	18770		
	(2) Administration charge made by carrier	7e(2)	1691		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	3585		
	▶ LN DISTRIB				
	(5) Total deductions			7e(5)	24046
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	361534

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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan	**B** Three-digit plan number (PN) ▶
VANGUARD INDUSTRIES EAST 401(K) PLAN	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
VANGUARD INDUSTRIES EAST, INC.	54-1817115

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)

MASSACHUSETTS MUTUAL LIFE INSURANCE

1295 STATE STREET
SPRINGFIELD, MA 01111

04-1590850

(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?
52 62 64 72	CONTRACT ADMINISTRATOR	26304	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

CAMPBELL ALBRECHT

20750 VENTURA BLVD, SUITE 200
WOODLAND HILLS, CA 91364

77-0536619

(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?
13 14	TPA		Yes [X] No [ ]	Yes [ ] No [X]	3843	Yes [ ] No [X]

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

CAMPBELL ALBRECHT

20750 VENTURA BLVD, SUITE 200
WOODLAND HILLS, CA 91364

77-0536619

(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?
13	TPA		Yes [X] No [ ]	Yes [ ] No [X]	960	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)

AMERICAN FUNDS

95-1411037

(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?
52	INVESTMENT PROVIDER		Yes [X] No [ ]	Yes [ ] No [X]		Yes [X] No [ ]

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

JANUS HENDERSON

84-0592523

(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?
52	INVESTMENT PROVIDER		Yes [X] No [ ]	Yes [ ] No [X]		Yes [ ] No [X]

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

FIDELITY INVESTMENTS

04-3365630

(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?
52	INVESTMENT PROVIDER		Yes [X] No [ ]	Yes [ ] No [X]		Yes [X] No [ ]

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

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

MFS INVESTMENT MANAGEMENT

04-3158862

(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?
52	INVESTMENT PROVIDER		Yes [X] No [ ]	Yes [ ] No [X]		Yes [X] No [ ]

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

ENVESTNET RETIREMENT SOLUTIONS, LLC

61-1732930

(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?
52	INVESTMENT ADVISOR		Yes [X] No [ ]	Yes [ ] No [X]		Yes [X] No [ ]

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

PGIM INVESTMENTS

22-3468527

(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?
52	INVESTMENT PROVIDER		Yes [X] No [ ]	Yes [ ] No [X]		Yes [X] No [ ]

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

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

FRANKLIN TEMPLETON

13-3151768

(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?
52	INVESTMENT PROVIDER		Yes [X] No [ ]	Yes [ ] No [X]		Yes [X] No [ ]

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

FIDELITY INVESTMENTS

04-2466841

(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?
52	INVESTMENT PROVIDER		Yes [X] No [ ]	Yes [ ] No [X]		Yes [X] No [ ]

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

KESTRA ADVISORY SERVICES, LLC

35-2552359

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT PROVIDER	13750	Yes [ ] No [X]	Yes [ ] No [X]		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)

AB FUNDS

13-4071393

(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?
52	INVESTMENT PROVIDER		Yes [X] No [ ]	Yes [ ] No [X]		Yes [X] No [ ]

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

VANGUARD

23-1945930

(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?
52	INVESTMENT PROVIDER		Yes [X] No [ ]	Yes [ ] No [X]		Yes [X] No [ ]

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

BLACKROCK

51-0318674

(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?
52	INVESTMENT PROVIDER		Yes [X] No [ ]	Yes [ ] No [X]		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)

THE HARTFORD

22-2937447

(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?
52	INVESTMENT PROVIDER		Yes [X] No [ ]	Yes [ ] No [X]		Yes [X] No [ ]

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

T ROWE PRICE

52-1827505

(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?
52	INVESTMENT PROVIDER		Yes [X] No [ ]	Yes [ ] No [X]		Yes [X] No [ ]

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

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

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
SEE ATTACHED		
(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.	
	COMMISSIONS AND FEES	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
VANGUARD INDUSTRIES EAST 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VANGUARD INDUSTRIES EAST, INC.

D Employer Identification Number (EIN)
54-1817115

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)	123301	129397
(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)	64053	361534
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	465209	383233
(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)	4424704	4892000
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	5077267	5766164
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	71	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	71	
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5077196	5766164

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)	129397	
	(B) Participants	2a(1)(B)	229341	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		358738
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2650	
	(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)	23949	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		26599
	(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)	121076	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		121076
	(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)		546299
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1052712
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	323690	
(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)		323690
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)		
(2) Contract administrator fees	2i(2)	2480	
(3) Investment advisory and management fees	2i(3)	37574	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		40054
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		363744
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		688968
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

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

(1) Name: JOHN, JACOB & VAYALUMKAL, LLP **(2)** EIN: 45-0499810

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
VANGUARD INDUSTRIES EAST 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VANGUARD INDUSTRIES EAST, INC.

D Employer Identification Number (EIN)
54-1817115

Part I Distributions

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

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

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

EIN(s): 04-1590850

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

VANGUARD INDUSTRIES EAST 401(k) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2020

VANGUARD INDUSTRIES EAST 401(k) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2020

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JOHN, JACOB & VAYALUMKAL, LLP

CERTIFIED PUBLIC ACCOUNTANTS

11 Broadway, Suite 1166
New York, NY 10004
Tel: 212-635-4155 Fax: 212-635-4156

Independent Auditor's Report

To the Trustees
Vanguard Industries East 401(k) Plan
Norfolk, Virginia

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Vanguard Industries East 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Reliance Trust Company ("Reliance") and Massachusetts Mutual Life Insurance Company ("MassMutual"), the trustees of the Plan,

except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that Reliance, and MassMutual hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from Reliance and MassMutual as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the Plan administrator by Reliance and MassMutual is complete and accurate.

Disclaimer of Opinion

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 H (Form 5500), Line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2020 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA 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 this supplemental schedule.

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 Reliance and MassMutual 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

John, Jacob & Vayalumkal, LLP

JOHN, JACOB & VAYALUMKAL, LLP
Certified Public Accountants

New York, NY
October 05, 2021

VANGUARD INDUSTRIES EAST 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31, 2020	DECEMBER 31, 2019
ASSETS		
Investments at Fair Value	$ 4,892,000	$ 4,424,704
Investments at Contract Value	361,534	64,053
Total Investments	5,253,534	4,488,757
Receivables:		
Employer Contribution	129,397	123,301
Notes Receivable from Participants	383,233	465,209
Total Receivables	512,630	588,510
Total Assets	5,766,164	5,077,267
LIABILITIES		
Other Liabilities	-	71
Total Liabilities	-	71
Net Assets Available for Benefits	$ 5,766,164	$ 5,077,196

See accompanying notes to the financial statements.

VANGUARD INDUSTRIES EAST 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2020

Additions:	
Investment income :	
Net appreciation in fair value of investments	$ 546,299
Dividends	121,076
Interest	2,650
	670,025
Interest income on notes receivable from participants	23,949
Contributions:	
Employer	129,397
Participants	229,341
	358,738
Total Additions	1,052,712
Deductions:	
Benefits paid to participants	323,690
Administrative expenses	40,054
Total Deductions	363,744
Net Increase	688,968
Net Assets Available for Benefits:	
Beginning of year	5,077,196
End of year	$ 5,766,164

See accompanying notes to the financial statements.

VANGUARD INDUSTRIES EAST 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020

1. DESCRIPTION OF THE PLAN

The following description of the Vanguard Industries East 401 (K) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan is a retirement plan under Internal Revenue Service Code Section 401(k) effective January 1, 1997 and was amended on January 01, 2003, October 01, 2005, January 01, 2009, November 01, 2013, August 15, 2015, October 09, 2019, and April 07, 2020.

All employees of Vanguard Industries East, Inc. (the "Company") who have attained the age of 18, completed 12 months of service, and worked at least 1,000 hours are eligible to participate in the Plan. The effective date of participation is the first day of each calendar month of the Plan Year, coincident with or next following satisfaction of the eligibility requirements.

The Plan is subject to the provisions of the Employees Retirement Income Security Act of 1974 (ERISA) and subsequent amendments.

Participant Contributions

Participants may elect to contribute to the Plan from his or her salary an amount not exceeding the limit specified under Code Section 402(g) in effect at the beginning of the taxable year ($19,500 for 2020, plus "catch-up" contribution of $6500 for eligible employees).

Employer Contributions

The Company matches the employee's contribution up to 4% of salary.

Participants Accounts

Each participant's account is credited with the participant's contributions, Company matching contributions and plan earnings. The plan benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

VANGUARD INDUSTRIES EAST 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020

1. DESCRIPTION OF THE PLAN (continued)

Vesting

Participants are immediately vested in their contributions, Company's contribution portion of their accounts and actual earnings thereon.

Investment Options

Upon enrollment in the Plan, a participant must direct his or her contributions in any investments offered by the Plan as listed in Schedule H, line 4i-Schedule of Assets (Held at End of Year)

Notes Receivable from Participants

Participants may borrow from their accounts up to 50% of his or her vested account balance up to a maximum of $50,000. The minimum loan amount is $1000. The notes are secured by the balance in the participants' accounts and bear interest at a rate determined by the plan administrator. The notes issued during the current year bear interest at 5.75%. Generally principal and interest are paid ratably through payroll deductions. All loans are required to be repaid within 5 years of the loan unless the purpose of the loan is to acquire a dwelling unit, which is to be used within a reasonable time as the principal residence of the participant.

Payment of Benefits

Upon retirement, disability, death or termination of employment, the participant shall become entitled to the total value of his or her vested account. Distributions will be paid in a lump sum either directly to the participant or in a rollover to an individual retirement account or another employer plan, based upon election of the participant, as defined in the Plan.

Participants may make withdrawals from their accounts prior to age 59 ½, in the case of hardship.

The Plan allows in-service distribution of all or a portion of participants' balances once a participant reaches age 59 ½.

Cash Outs of Accounts and Consent to Distribution

The balance of a terminated participant's account will be transferred to an IRA in situations where the participant is non-responsive to requests to remove their account balance from the plan. This transfer out of the plan will occur for unresponsive terminated participants with account balances of $1 to $5000.

Operating Expenses

Substantially all expenses of the Plan are paid by the Company. Loan fees are deducted directly from the participant's account.

Forfeited Accounts

At December 31, 2020 and 2019 forfeited accounts totaled $635 and $205 respectively and will be used to reduce future employer contributions or plan administrative expenses.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting using accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan managers to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

VANGUARD INDUSTRIES EAST 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020

Investment Valuation and Income Recognition

The Plan's investments (except for fully benefit-responsive investment contracts, which are reported at contract value) are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for a 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 in fair value of investments includes the Plan's gains and losses (realized and unrealized) 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 any accrued but unpaid interest. Interest income is recorded on accrual basis and related fees are recorded as administrative expenses. Delinquent loans are treated as distributions based on the terms of the plan document.

Payment of Benefits

Benefits to participants are recorded when paid.

Plan Expenses

The majority of administrative expenses are paid by the plan sponsor. Fees related to participant loans and investment redemptions are allocated to the specific participants. The plan sponsor bears all other costs related to administering and maintaining the Plan. Investment-related expenses are included in net appreciation in fair value of investments.

CARES Act

During 2020, the Plan adopted the provisions of the CARES Act, in connection with coronavirus disease 2019 ("COVID-19"). These special rules apply only for a limited duration and for qualified individuals. The rules provide for allowing

CARES Act distributions and loan deferments throughout the remainder of 2020. The CARES Act distribution allowed Plan participants to withdraw up to $100,000 due to adverse financial consequences from COVID-19. CARES Act loan deferments allowed impacted participants to suspend their 401(k) loan repayments through the remainder of 2020, with loans being re-amortized, and loan repayments resuming in 2021. In addition, required minimum distributions were suspended for 2020 except when there was a participant request and in cases where a participant's first minimum required distribution was for 2019, and was deferred until 2020. The Plan also allows re-contribution of withdrawals within three years.

3. TRUSTEES

The Plan entered into a group annuity contract for its participants starting January 04, 2016 with Massachusetts Mutual Life Insurance Company ("MassMutual"). Assets under this contract are held by MassMutual. Reliance Trust Company ("Reliance") acts as trustee for all other assets of the Plan.

MassMutual also provides the Plan recordkeeping and other administrative services.

4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2: Inputs to 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, or inputs that are derived principally from or corroborated

by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2020 and 2019.

Mutual Funds are 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 (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019

Assets at Fair Value as of December 31, 2020

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 4,892,000	$ -	$ -	$ 4,892,000
Investments at fair value	$ 4,892,000	$ -	$ -	$ 4,892,000

Assets at Fair Value as of December 31, 2019

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 4,424,704	$ -	$ -	$ 4,424,704
Investments at fair value	$ 4,424,704	$ -	$ -	$ 4,424,704

5. FULLY BENEFIT-RESPONSIVE CONTRACTS

The Plan entered into a fully benefit-responsive Guaranteed Interest Account (GIA) contract with Massachusetts Mutual Life Insurance Company, provided through a group annuity contract and as of December 31, 2020 contract value of these investments were $361,534 (2019 $64,053). Under the terms of the contract, a crediting rate is established for amounts invested in the GIA (01/01/20-06/30/20, 1.75% and 07/01/20-12/31/20, 1.25%) and participants may direct permitted withdrawal and/or transfer transactions of all or a portion of their account balance at contract value. Contract Value represents contributions plus credited interest less participant withdrawals and fees. Contract Value is also often referred to as "Book Value." This investment option is fully benefit responsive not withstanding the Contract provisions that limit the ability of the Plan to transact at Contract Value when a market value event occurs.

This 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 terms of the Plan. Contract Value, as reported to the Plan by MassMutual, 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 meet its financial obligations. The issuer's ability to meet its obligations may be affected by future economic and regulatory developments.

6. CERTIFIED INFORMATION

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Reliance and MassMutual have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

The Plan's independent auditor 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.

VANGUARD INDUSTRIES EAST 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020

	2020	2019
Mutual Funds(at Fair Value)	$ 4,892,000	$ 4,424,704
Guarenteed Interest Account(at Contract Value)	361,534	64,053
	5,253,534	4,488,757
Notes Receivable from Participants at cost	$ 383,233	$ 465,209

Investment income consisted of the following for the year ended December 31,2020

Net appreciation of the investments	$ 546,299
Dividends	121,076
Interest Income	2,650
Total Investment Income (loss)	$ 670,025
Interest Income on Notes Receivable from Participants	$ 23,949

7. PARTY-IN INTEREST TRANSACTIONS

During the year ended December 31, 2020, there were plan transactions involving parties-in-interest, as defined by ERISA. These transactions include loans to participants, the purchase and sale of investments, and the payment of administrative expenses. None of these transactions were prohibited transaction, as defined by ERISA.

8. PLAN TERMINATION

Although it has not expressed any intent to do so, Vanguard Industries East, Inc. has the right under the plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

VANGUARD INDUSTRIES EAST 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020

9. TAX STATUS

The trust established under the Plan to hold the Plan's assets is qualified in accordance with the appropriate section of the Internal Revenue Code and, accordingly, the Plan's net investment income is exempt from income taxes. Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. RISK AND UNCERTAINTIES

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

As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen which are likely to negatively impact investment income and other plan transactions. Other financial impact could occur though such potential impact is unknown at this time.

VANGUARD INDUSTRIES EAST 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020

11. SUBSEQUENT EVENTS

On January 1, 2021 Vanguard Industries West Inc., a wholly owned subsidiary merged with its parent, Vanguard Industries East Inc. As a result of this merger Vanguard Industries West Inc. Retirement Plan and Trust also merged with Vanguard Industries East 401(k) Plan and Trust.

Effective January 1, 2021 Empower Retirement LLC acquired the retirement business of MassMutual. Great-West Life & Annuity Insurance Company, an affiliate of Empower Retirement LLC will administer Group Annuity contract offered by MassMutual for the Plan from January 1, 2021.

Management has evaluated, for potential recognition and disclosure, events subsequent to the date of the statement of net assets available for benefits through October 05, 2021, the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE OF ASEETS HELD

1/26/2021

A Name of Plan	B Three-digit plan Number	
Vanguard Industries East 401(k) Plan		**001**
C Plan sponsor's name as shown on line 2a of Form 5500	**D Employer Identification Number**	
Vanguard Industries East Inc.	**541817115**	

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest,collateral, par, or maturity value	(d) Cost	(e) Current Value
*	MassMutual	Guaranteed Interest Account	361,534	361,534
*	AB Funds	AB Global Bond Fund	1,484	1,495
*	American Funds	Amer Funds EuroPacific Growth Fund	20,233	26,973
*	BlackRock	BlackRock Lifepath Index 2025 Fund	759,858	862,647
*	BlackRock	BlackRock Lifepath Index 2030 Fund	577,733	666,035
*	BlackRock	BlackRock Lifepath Index 2035 Fund	549,119	644,690
*	BlackRock	BlackRock Lifepath Index 2040 Fund	121,965	144,690
*	BlackRock	BlackRock Lifepath Index 2045 Fund	74,305	89,685
*	BlackRock	BlackRock Lifepath Index 2050 Fund	18,004	21,644
*	BlackRock	BlackRock Lifepath Index 2055 Fund	48,137	58,633
*	BlackRock	BlackRock Lifepath Index 2060 Fund	6,326	7,670
*	BlackRock	BlackRock Lifepath Index Rmnt Fund	746,070	815,957
*	Fidelity Investments	Fidelity 500 Index Fund	474,823	594,381
*	Fidelity Investments	Fidelity Mid Cap Index Fund	133,986	161,978
*	Fidelity Investments	Fidelity Small Cap Index Fund	76,521	100,063
*	Franklin/Templeton	Franklin Small Cap Value Fund	1,281	1,413
*	The Hartford	Hartford Midcap Fund	152,078	179,269
*	Janus Henderson	Janus Henderson Venture Fd	7,432	9,734
*	MFS Investment Management	MFS Mid Cap Value Fund	1,999	2,246
*	PGIM Investments	PGIM Total Return Bond Fund	251,193	253,337
*	MassMutual Premier	Holding Account - Prem U.S. Govt Mn	0	1
*	MassMutual Premier	Prem U.S. Govt Mny Mkt Fd (Barings)	0	635
*	T. Rowe Price	T. Rowe Price Blue Chip Growth Fund	186,370	248,823
	Participant Loans	3.250000 - 5.750000	0	383,233
		Fractions Adjusted		1
		Total Assets Held		5,636,767

Massachusetts Mutual Life Insurance Company (MassMutual®), 1295 State Street, Springfield, Massachusetts 01111-0001.
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RS-04787-02

Schedule of Assets Held for Investment Purposes attachment to Form 5500 Schedule H for the period of: 01/01/2020 - 12/31/2020

MR 61995 - 2

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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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
Vanguard Industries East 401(K) Plan

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 01/01/1997

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)

Vanguard Industries East, Inc.

1172 Azalea Garden Road

US Norfolk VA 23502

2b Employer Identification Number (EIN)
54-1817115

2c Plan Sponsor's telephone number
(757) 857-3600

2d Business code (see instructions)
315990

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

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

SIGN HERE		10/12/21	Michael Harrison
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/14/21	Michael Harrison
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

A Name of Plan	B Three-digit plan Number
Vanguard Industries East 401(k) Plan	**001**
C Plan sponsor's name as shown on line 2a of Form 5500	**D Employer Identification Number**
Vanguard Industries East Inc.	**541817115**

Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
AB Funds	134071393		AB Funds received estimated Investment Management Fees of 0.45% with respect to plan assets held in the AB Global Bond Fund (MR-2784).
American Funds	951411037		American Funds received estimated Investment Management Fees of 0.41% with respect to plan assets held in the Amer Funds EuroPacific Growth Fund (MR-1046).
BlackRock	510318674		BlackRock received estimated Investment Management Fees of 0.10% with respect to plan assets held in the BlackRock Lifepath Index Rmnt Fund (MR-CEU).
BlackRock	510318674		BlackRock received estimated Investment Management Fees of 0.11% with respect to plan assets held in the BlackRock Lifepath Index 2025 Fund (MR-CEW).
BlackRock	510318674		BlackRock received estimated Investment Management Fees of 0.11% with respect to plan assets held in the BlackRock Lifepath Index 2030 Fund (MR-CEX).
BlackRock	510318674		BlackRock received estimated Investment Management Fees of 0.12% with respect to plan assets held in the BlackRock Lifepath Index 2035 Fund (MR-CEY).
BlackRock	510318674		BlackRock received estimated Investment Management Fees of 0.12% with respect to plan assets held in the BlackRock Lifepath Index 2040 Fund (MR-CEZ).
BlackRock	510318674		BlackRock received estimated Investment Management Fees of 0.12% with respect to plan assets held in the BlackRock Lifepath Index 2045 Fund (MR-CFA).
BlackRock	510318674		BlackRock received estimated Investment Management Fees of 0.12% with respect to plan assets held in the BlackRock Lifepath Index 2050 Fund (MR-CFB).
BlackRock	510318674		BlackRock received estimated Investment Management Fees of 0.12% with respect to plan assets held in the BlackRock Lifepath Index 2055 Fund (MR-CFC).
BlackRock	510318674		BlackRock received estimated Investment Management Fees of 0.12% with respect to plan assets held in the BlackRock Lifepath Index 2060 Fund (MR-3501).
Envestnet Retirement Solutions, LLC	611732930		MassMutual paid Envestnet Retirement Solutions, LLC(ERS) an annual fee based on a tiered percentage of assets equal to 0.90 bps of the aggregate assets of all participating plans in the Fiduciary Assure Program with respect to ERSs investment advisory s
Fidelity Investments	043365630		Fidelity Investments received estimated Investment Management Fees of 0.02% with respect to plan assets held in the Fidelity 500 Index Fund (MR-4401).
Fidelity Investments	042466841		Fidelity Investments received estimated Investment Management Fees of 0.03% with respect to plan assets held in the Fidelity Mid Cap Index Fund (MR-4431).
Fidelity Investments	042466841		Fidelity Investments received estimated Investment Management Fees of 0.03% with respect to plan assets held in the Fidelity Small Cap Index Fund (MR-4412).
FranklinTempleton	133151768		Franklin Templeton received estimated Investment Management Fees of 0.59% with respect to plan assets held in the Franklin Small Cap Value Fund (MR-2596).
Janus Henderson	840592523		Janus Henderson received estimated Investment Management Fees of 0.64% with respect to plan assets held in the Janus Henderson Venture Fd (MR-2829).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 0.10% with respect to plan assets held in the Prem U.S. Govt Mny Mkt Fd (Barings) (MR-G).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Investment Management Fees of 0.35% with respect to plan assets held in the Prem U.S. Govt Mny Mkt Fd (Barings) (MR-G).
Massachusetts Mutual Life Insurance Company	041590850		Millennium Trust Company, LLC paid MassMutual a one-time referral fee of $50 for IRA rollovers with a balance of $10,000 or more, $40 with a balance of $500 or more but less than $10,000, $20 with a balance of $100 or more but less than $500, $0 less tha

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

MFS Investment Management	043158862	MFS Investment Management received estimated Investment Management Fees of 0.65% with respect to plan assets held in the MFS Mid Cap Value Fund (MR-2320).
PGIM Investments	223468527	PGIM Investments received estimated Investment Management Fees of 0.39% with respect to plan assets held in the PGIM Total Return Bond Fund (MR-2244).
T. Rowe Price	521827505	T. Rowe Price received estimated Investment Management Fees of 0.55% with respect to plan assets held in the T. Rowe Price Blue Chip Growth Fund (MR-3428).
The Hartford	222937447	The Hartford received estimated Investment Management Fees of 0.71% with respect to plan assets held in the Hartford Midcap Fund (MR-JGG).
Vanguard	231945930	Vanguard received estimated Investment Management Fees of 0.18% with respect to plan assets held in the Vanguard Equity-Income Fund (MR-1284).
Vanguard	231945930	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Vanguard Total Intl Stock Index Fd (MR-2066).

Vanguard Industries East 401(k) Plan

4/9/2021

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5500 Schedule C Service Provider Information for the period of: 01/01/2020 - 12/31/2020

The following information may be required for the preparation of Schedule C (Service Provider Information (Form 5500)) for the plan year indicated above.
Some of the information provided in this report may be information that was furnished to MassMutual via the Plan Year End Plan Census or if information is not provided it is anticipated that this information can be supplied from your own records.

Part I Service Provider Information

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

Yes **X 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.

Name **EIN**

2. Information on Other Service Providers Receiving Direct or Indirect Compensation

(a) Name and EIN or address of Service Provider

Name / (b) Service Codes	(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?
Massachusetts Mutual Life Insurance Company			041590850			
52 62 64 72	Contract Administrator	26303.91	Y	Y	0.00	Y
Kestra Advisory Services, LLC			352552359			
27	Investment Advisor	13750.00	N	N	0.00	N
Campbell Albrecht			770536619			
13 14	Third Party Administrator	0.00	Y	N	3842.67	N
Campbell Albrecht						
13	Third Party Administrator	0.00	Y	N	960.00	N

AB Funds			134071393			
52	Investment Provider	0.00	Y	N	0.00	Y
Vanguard			231945930			
52	Investment Provider	0.00	Y	N	0.00	Y
BlackRock			510318674			
52	Investment Provider	0.00	Y	N	0.00	Y
The Hartford			222937447			
52	Investment Provider	0.00	Y	N	0.00	Y
T. Rowe Price			521827505			
52	Investment Provider	0.00	Y	N	0.00	Y
American Funds			951411037			
52	Investment Provider	0.00	Y	N	0.00	Y
Janus Henderson			840592523			
52	Investment Provider	0.00	Y	N	0.00	Y
PGIM Investments			223468527			
52	Investment Provider	0.00	Y	N	0.00	Y
FranklinTempleton			133151768			

52	Investment Provider	0.00	Y	N	0.00	Y

Fidelity Investments 042466841

52	Investment Provider	0.00	Y	N	0.00	Y

Fidelity Investments 043365630

52	Investment Provider	0.00	Y	N	0.00	Y

MFS Investment Management 043158862

52	Investment Provider	0.00	Y	N	0.00	Y

Envestnet Retirement Solutions, LLC 611732930

27	Investment Advisor	0.00	Y	N	0.00	Y

3. Sources of Indirect Information

Name **EIN**

(b) Service Codes **(c) Enter Amount of Indirect Compensation**

AB Funds 134071393

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

AB Global Bond Fund 134071393 Basis points * plan assets

The Hartford 222937447

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Hartford Midcap Fund 222937447 Basis points * plan assets

Vanguard 231945930

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Vanguard Equity-Income Fund 231945930 Basis points * plan assets

Janus Henderson 840592523

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Janus Henderson Venture Fd 840592523 Basis points * plan assets

Vanguard 231945930

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Vanguard Total Intl Stock Index Fd 231945930 Basis points * plan assets

BlackRock 510318674

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

BlackRock Lifepath Index 2025 Fund 510318674 Basis points * plan assets

BlackRock 510318674

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

BlackRock Lifepath Index 2030 Fund 510318674 Basis points * plan assets

BlackRock 510318674

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

BlackRock Lifepath Index 2035 Fund 510318674 Basis points * plan assets

BlackRock 510318674

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

BlackRock Lifepath Index 2040 Fund 510318674 Basis points * plan assets

BlackRock 510318674

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
BlackRock Lifepath Index 2045 Fund 510318674 Basis points * plan assets

BlackRock 510318674

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
BlackRock Lifepath Index 2050 Fund 510318674 Basis points * plan assets

BlackRock 510318674

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
BlackRock Lifepath Index 2055 Fund 510318674 Basis points * plan assets

BlackRock 510318674

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
BlackRock Lifepath Index 2060 Fund 510318674 Basis points * plan assets

BlackRock 510318674

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
BlackRock Lifepath Index Rmnt Fund 510318674 Basis points * plan assets

Fidelity Investments 043365630

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Fidelity 500 Index Fund 043365630 Basis points * plan assets

PGIM Investments 223468527

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

PGIM Total Return Bond Fund 223468527 Basis points * plan assets

FranklinTempleton 133151768

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Franklin Small Cap Value Fund 133151768 Basis points * plan assets

Fidelity Investments 042466841

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Fidelity Mid Cap Index Fund 042466841 Basis points * plan assets

MFS Investment Management 043158862

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MFS Mid Cap Value Fund 043158862 Basis points * plan assets

American Funds 951411037

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

Amer Funds EuroPacific Growth Fund 951411037 Basis points * plan assets

T. Rowe Price 521827505

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

T. Rowe Price Blue Chip Growth Fund 521827505 Basis points * plan assets

Fidelity Investments 042466841

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Fidelity Small Cap Index Fund 042466841 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Millennium Trust Company, LLC 364400066 Referral Fee

Campbell Albrecht

13 960.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Massachusetts Mutual Life Insurance Company 041590850 Expense reimbursement to third party

Campbell Albrecht 770536619

13 2202.67

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Massachusetts Mutual Life Insurance Company 041590850 Expense reimbursement to third party

Campbell Albrecht 770536619

14 85.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Massachusetts Mutual Life Insurance Company 041590850 Expense reimbursement to third party

Campbell Albrecht 770536619

14 85.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Massachusetts Mutual Life Insurance Company 041590850 Expense reimbursement to third party

Campbell Albrecht 770536619

14 85.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Massachusetts Mutual Life Insurance Company 041590850 Expense reimbursement to third party

Campbell Albrecht 770536619

14 85.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Massachusetts Mutual Life Insurance Company 041590850 Expense reimbursement to third party

Campbell Albrecht 770536619

14 85.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Massachusetts Mutual Life Insurance Company 041590850 Expense reimbursement to third party

Campbell Albrecht 770536619

14 85.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Massachusetts Mutual Life Insurance Company 041590850 Expense reimbursement to third party

Campbell Albrecht 770536619

14 85.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Massachusetts Mutual Life Insurance Company 041590850 Expense reimbursement to third party

Campbell Albrecht 770536619

14 85.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Massachusetts Mutual Life Insurance Company 041590850 Expense reimbursement to third party

Campbell Albrecht 770536619

14 85.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Massachusetts Mutual Life Insurance Company 041590850 Expense reimbursement to third party

Campbell Albrecht	770536619	
14		125.00
(d) Name and EIN of source of indirect compensation	**(e) Describe the indirect compensation including any formula...**	
Massachusetts Mutual Life Insurance Company 041590850	Expense reimbursement to third party	
Campbell Albrecht	770536619	
14		125.00
(d) Name and EIN of source of indirect compensation	**(e) Describe the indirect compensation including any formula...**	
Massachusetts Mutual Life Insurance Company 041590850	Expense reimbursement to third party	
Campbell Albrecht	770536619	
14		125.00
(d) Name and EIN of source of indirect compensation	**(e) Describe the indirect compensation including any formula...**	
Massachusetts Mutual Life Insurance Company 041590850	Expense reimbursement to third party	
Campbell Albrecht	770536619	
14		125.00
(d) Name and EIN of source of indirect compensation	**(e) Describe the indirect compensation including any formula...**	
Massachusetts Mutual Life Insurance Company 041590850	Expense reimbursement to third party	
Campbell Albrecht	770536619	
14		125.00
(d) Name and EIN of source of indirect compensation	**(e) Describe the indirect compensation including any formula...**	
Massachusetts Mutual Life Insurance Company 041590850	Expense reimbursement to third party	
Campbell Albrecht	770536619	
14		125.00
(d) Name and EIN of source of indirect compensation	**(e) Describe the indirect compensation including any formula...**	
Massachusetts Mutual Life Insurance Company 041590850	Expense reimbursement to third party	
Campbell Albrecht	770536619	

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

14 125.00

(d) Name and EIN of source of indirect compensation
Massachusetts Mutual Life Insurance Company 041590850

(e) Describe the indirect compensation including any formula...
Expense reimbursement to third party

Envestnet Retirement Solutions, LLC 611732930

27 0.00

(d) Name and EIN of source of indirect compensation
Massachusetts Mutual Life Insurance Company 041590850

(e) Describe the indirect compensation including any formula...
Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

52 0.00

(d) Name and EIN of source of indirect compensation
Prem U.S. Govt Mny Mkt Fd (Barings) 043212059

(e) Describe the indirect compensation including any formula...
Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

(d) Name and EIN of source of indirect compensation
Prem U.S. Govt Mny Mkt Fd (Barings) 043212059

(e) Describe the indirect compensation including any formula...
Basis points * plan assets

A Name of Plan	B Three-digit plan Number
Vanguard Industries East 401(k) Plan	**001**
C Plan sponsor's name as shown on line 2a of Form 5500	**D Employer Identification Number**
Vanguard Industries East Inc.	**541817115**

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest,collateral, par, or maturity value	(d) Cost	(e) Current Value
*	MassMutual	Guaranteed Interest Account	361,534	361,534
*	AB Funds	AB Global Bond Fund	1,484	1,495
*	American Funds	Amer Funds EuroPacific Growth Fund	20,233	26,973
*	BlackRock	BlackRock Lifepath Index 2025 Fund	759,858	862,647
*	BlackRock	BlackRock Lifepath Index 2030 Fund	577,733	666,035
*	BlackRock	BlackRock Lifepath Index 2035 Fund	549,119	644,690
*	BlackRock	BlackRock Lifepath Index 2040 Fund	121,965	144,690
*	BlackRock	BlackRock Lifepath Index 2045 Fund	74,305	89,685
*	BlackRock	BlackRock Lifepath Index 2050 Fund	18,004	21,644
*	BlackRock	BlackRock Lifepath Index 2055 Fund	48,137	58,633
*	BlackRock	BlackRock Lifepath Index 2060 Fund	6,326	7,670
*	BlackRock	BlackRock Lifepath Index Rmnt Fund	746,070	815,957
*	Fidelity Investments	Fidelity 500 Index Fund	474,823	594,381
*	Fidelity Investments	Fidelity Mid Cap Index Fund	133,986	161,978
*	Fidelity Investments	Fidelity Small Cap Index Fund	76,521	100,063
*	Franklin/Templeton	Franklin Small Cap Value Fund	1,281	1,413
*	The Hartford	Hartford Midcap Fund	152,078	179,269
*	Janus Henderson	Janus Henderson Venture Fd	7,432	9,734
*	MFS Investment Management	MFS Mid Cap Value Fund	1,999	2,246
*	PGIM Investments	PGIM Total Return Bond Fund	251,193	253,337
*	MassMutual Premier	Holding Account - Prem U.S. Govt Mn	0	1
*	MassMutual Premier	Prem U.S. Govt Mny Mkt Fd (Barings)	0	635
*	T. Rowe Price	T. Rowe Price Blue Chip Growth Fund	186,370	248,823
	Participant Loans	3.250000 - 5.750000	0	383,233

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