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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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:
- [X] 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
HEALTH PLUS MANAGEMENT LLC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2018

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)
HEALTH PLUS MANANGEMENT LLC

50 CHARLES LINDBERG
BLVD SUITE 103
UNIONDALE, NY 11553-3654

2b Employer Identification Number (EIN)
90-0818246

2c Plan Sponsor's telephone number
516-294-4590

2d Business code (see instructions)
451120

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	LISA PATTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	243
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)**	243
a(2) Total number of active participants at the end of the plan year	**6a(2)**	236
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	12
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	248
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	248
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	78
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 2F 2G 2J 2K 2T 3D

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
HEALTH PLUS MANAGEMENT LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HEALTH PLUS MANANGEMENT LLC

D Employer Identification Number (EIN)
90-0818246

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	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	3814
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	171314
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	0	175128
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	0	175128

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)	0	
	(B) Participants	2a(1)(B)	188309	
	(C) Others (including rollovers)	2a(1)(C)	9831	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		198140
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(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)	0	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(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)	12518	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		12518
	(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)		0
	(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-28274
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		182384
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4356	
(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)		4356
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	2900	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2900
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7256
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		175128
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) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: GIAMBALVA, STALZER & COMPNAY **(2)** EIN: 11-3425754

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
HEALTH PLUS MANAGEMENT LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HEALTH PLUS MANANGEMENT LLC

D Employer Identification Number (EIN)
90-0818246

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): 16-1470238

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

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

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

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

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

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

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

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

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

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

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

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

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

HEALTH PLUS MANAGEMENT LLC
401(k) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2018

HEALTH PLUS MANAGEMENT LLC
401(k) PROFIT SHARING PLAN AND TRUST

TABLE OF CONTENTS

	Page
Independent Auditors' Report	1 - 2
Financial Statements:	
Statement of Net Assets Available for Benefits as of December 31, 2018 (Initial Plan Year)	3
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2018 (Initial Plan Year)	4
Notes to Financial Statements	5 - 10
Supplementary Information:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2018	11

Giambalvo, Stalzer & Company

Certified Public Accountants, P.C.

INDEPENDENT AUDITORS' REPORT

Robert Giambalvo, CPA
Herbert J. Stalzer, CPA
David T. Scheuer, CPA
George I. Victor, CPA
Alfonso Annunziata, CPA
Christopher G. Cheeseman, CPA
Owen L. Kilgannon, CPA
Ronald V. Eletto, Director
Edward M. Leitch, CPA
(1946-2017)

GS&CO.

GREAT RIVER
3500 Sunrise Highway
Suite 100, Building 200
Great River, NY 11739
Tel: 631.321.8000
Fax: 631.321.8075
www.gsco-cpas.com

BABYLON
107 Cooper Street
Babylon, NY 11702
Tel: 631.661.3200
Fax: 631.422.9795

ELMSFORD
75 N. Central Avenue
Elmsford, NY 10523
Tel: 914.592.3944
Fax: 914.592.3954

Member of msi Global Alliance
Independent Legal & Accounting Firms

To the Plan Administrator
Health Plus Management LLC 401(k) Profit Sharing Plan and Trust
Uniondale, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Health Plus Management LLC 401(k) Profit Sharing Plan and Trust, which comprise the statement of net assets available for benefits as of December 31, 2018, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Mid-Atlantic Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee

holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2018 and for the year ended December 31, 2018, that the information provided to the plan administrator by the trustee 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 of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2018, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Great River, New York
October 14, 2019

HEALTH PLUS MANAGEMENT LLC 401(k) PROFIT SHARING PLAN AND TRUST
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2018 (INITIAL PLAN YEAR)

	2018
Assets:	
Investments at fair value	$ 175,128
Receivables:	
Employer contributions	56,266
Net assets available for benefits	$ 231,394

See accompanying notes to the financial statements.

HEALTH PLUS MANAGEMENT LLC 401(k) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2018 (INITIAL PLAN YEAR)

	2018
Additions:	
Investment income (loss):	
Dividends	$ 12,518
Net depreciation in fair value of investments	(28,274)
Total Investment Loss	(15,756)
Contributions:	
Participant	188,309
Employer	56,266
Rollovers	9,831
Total Contributions	254,406
Total Additions	238,650
Deductions:	
Benefits paid to participants	4,356
Administrative expenses	2,900
Total Deductions	7,256
Net Increase	231,394
Net assets available for benefits:	
Beginning of year (initial plan year)	-
End of year	$ 231,394

See accompanying notes to the financial statements.

NOTE 1 - DESCRIPTION OF PLAN

The following description of Health Plus Management LLC (the "Company") 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.

A. General - The Plan is a defined contribution plan originally adopted on January 1, 2018 and amended effective January 25, 2018. The Plan was established to provide benefits to eligible employees of Health Plus Management, LLC (referred to hereafter as the "Company" or "Plan Sponsor") who are age eighteen or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

B. Contributions - Each year, participants may contribute an amount equal to a dollar amount or percentage of the contributing participant's compensation within statutory limits. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investments of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds as investment options for participants. The Company may, at its discretion, make an employer matching contribution to qualified participants of the Plan. For the year ended December 31, 2018 the Company elected to make a matching contribution equal to 100% of the first 1.5% of base compensation that a participant contributed to the Plan. Additionally, the Plan allows for discretionary profit-sharing contributions by the Company, subject to certain statutory limitations. For the year ended December 31, 2018, the Company did not make any profit-sharing contribution to the Plan.

C. Participant Accounts - Each participant's account is: (1) credited with the participant's contributions, Company matching contributions, if any, and earnings on the participant's investments; and (2) charged with an allocation of administrative expenses. Administrative expenses will be allocated either proportionally based on the value of the account balances or as an equal dollar amount based on the number of participants in the Plan, as defined by the Plan. The participant is entitled to the benefit provided from the participant's vested account.

D. Vesting - Participants are vested immediately in their contributions plus the actual earnings thereon. Vesting in the Company contributions are based upon completion of the following number of years of service:

Years of Service	Vesting Percentage
1	0%
2	20%
3	40%
4	70%
5	100%

NOTE 1 - DESCRIPTION OF PLAN *(Continued)*

E. Note Receivable from Participants - Participants may borrow from their fund accounts a minimum of $1,000, up to a maximum equal to the lesser of $50,000 or 95% of one-half of their vested account balance or 95% of their total vested account balance excluding the Roth Elective Deferral balance. The $50,000 maximum will be reduced by the highest outstanding loan balance during the one-year period ending on the day before the date the loan agreement becomes effective. Loan repayment terms may not exceed five years unless the loan is used to purchase a participant's residence, in which case repayment terms may not exceed ten years. The loans are secured by the balance in the participant's account. Principal and interest are paid ratably through biweekly payroll deductions. There were no loans issued or outstanding as of December 31, 2018.

F. Payment of Benefits - Upon termination of service other than death, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution or rollover into a qualifying individual retirement arrangement. Upon termination of service due to death, a beneficiary can directly rollover their portion of the individual account to an inherited individual retirement arrangement. Minimum distributions shall be made in accordance with Treasury Regulation Section 1.401(a)(9). If the value of a terminated participant's account is $5,000 or less, the Plan shall immediately distribute the participant's entire vested account balance in a lump sum or at the participant's election to another qualified retirement plan.

G. Forfeited Accounts - Forfeitures of terminated participant's non-vested matching contributions are segregated to a separate forfeiture account that will be used to reduce employer contributions, pay Plan expenses, or allocated to Participant's accounts at the discretion of the Plan Sponsor. As of December 31, 2018, there was no balance in the forfeiture account.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

A. Basis of Accounting - The financial statements of the Plan are prepared on the accrual basis of accounting, in conformity with accounting principles generally accepted in the United States of America.

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

C. Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

D. Notes Receivable from Participants - Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. There are no allowances for credit losses, as repayments of principal and interest are generally received through payroll deductions and the notes are fully collateralized by the participants' account balances.

E. Payment of Benefits - Benefits are recorded when paid.

F. Administrative Expenses – All expenses of maintaining the Plan are paid by either the Plan or the Company, at the Company's election. Fees related to the administration of notes receivable from participant's are charged directly to the participant's account and are included in administrative expenses.

G. Subsequent Events - The Plan has evaluated subsequent events through October 14, 2019, the date the financial statements were available to be issued.

NOTE 3 - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

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, Mid-Atlantic Trust Company, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate.

	2018
Investments, at fair value:	
Mutual funds	$ 175,128

	For the Year Ended December 31, 2018
Investment income (loss):	
Dividends	$ 12,518
Net depreciation in fair value of investments	(28,274)
Total investment loss:	$ (15,756)

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

Level 2
Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and 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 or liability fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The preceding method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements at December 31, 2018:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 175,128	$ -	$ -	$ 175,128
Total investments at fair value	$ 175,128	$ -	$ -	$ 175,128

NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS

Administrative fees related to investment management services paid by the Plan amounted to $2,900 that was paid to the Trustee for the year ended December 31, 2018.

NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

NOTE 7 - RISKS AND UNCERTAINTIES

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

NOTE 8 - TAX STATUS

The Company adopted a non-standardized prototype plan for which the Internal Revenue Service ("IRS") has issued an opinion letter dated April 10, 2014, covering the qualification of the Plan under the appropriate sections of the Internal Revenue Code ("IRC").

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability or (asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial

NOTE 8 - TAX STATUS (Continued)

statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits per the financial statements at December 31, 2018 to Schedule H of Form 5500:

Net assets available for benefits per the financial statement	$ 231,394
Less: Employer contribution receivable accrual	(56,266)
Net assets available for benefits per the Form 5500	$ 175,128

The following is a reconciliation of employer contributions received per the financial statements for the year ended December 31, 2018 to Schedule H of Form 5500:

Total employer contributions per the financial statement	$ 56,266
Less: Current year employer contribution receivable	(56,266)
Total employer contributions per the Form 5500	$ -

SUPPLEMENTARY INFORMATION

HEALTH PLUS MANAGEMENT LLC 401(k) PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2018

Employer Identification No. 90-0818246
Plan No. 001

(a)	(b) Identity of Issuer, 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
*	Vanguard Growth and Income Fund Admiral Shares	Mutual Fund		$ 28,643
*	John Hancock Funds Multi-Index 2050 Preservation Portfolio Class R6	Mutual Fund		28,382
*	Schwab S&P 500 Index Fund	Mutual Fund		23,516
*	Goldman Sachs Large Cap Growth Insights Fund Institutional Class	Mutual Fund		12,885
*	John Hancock Funds Multi-Index 2040 Preservation Portfolio Class R6	Mutual Fund		10,870
*	Vanguard Equity-Income Fund Admiral Shares	Mutual Fund		7,898
*	Janus Henderson Triton Fund Class I	Mutual Fund		6,688
*	Vanguard International Explorer Fund Investor Shares	Mutual Fund		6,489
*	Principal MidCap Fund R-5 Class	Mutual Fund		6,124
*	DFA U.S. Small Cap Portfolio Institutional Class	Mutual Fund		4,937
*	American Funds EuroPacific Growth Fund Class R-6	Mutual Fund		4,884
*	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual Fund		4,601
*	John Hancock Funds Multi-Index 2045 Preservation Portfolio Class R6	Mutual Fund		4,501
*	Federated U.S. Treasury Cash Reserve	Mutual Fund		3,814
*	DFA Emerging Markets Core Equity Portfolio Institutional Class	Mutual Fund		3,544
*	John Hancock Funds Multi-Index 2035 Preservation Portfolio Class R6	Mutual Fund		2,964
*	PGIM High Yield Fund- Class Z	Mutual Fund		2,671
*	Metropolitan West Total Return Bond Fund Class I	Mutual Fund		2,157
*	John Hancock Funds Multi-Index 2025 Preservation Portfolio Class R6	Mutual Fund		2,152
*	Vanguard Mortgage-Backed Securities Index Fund Admiral Shares	Mutual Fund		2,124
*	DFA International Core Equity Portfolio Institutional Class	Mutual Fund		1,889
*	John Hancock Funds Multi-Index Income Preservation Portfolio Class R6	Mutual Fund		1,150
*	Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares	Mutual Fund		857
*	Vanguard Short-Term Federal Fund Admiral Shares	Mutual Fund		595
*	John Hancock Funds Multi-Index 2020 Preservation Portfolio Class R6	Mutual Fund		435
*	John Hancock Funds Multi-Index 2030 Preservation Portfolio Class R6	Mutual Fund		307
*	John Hancock Funds Multi-Index 2060 Preservation Portfolio Class R6	Mutual Fund		51
		Total assets (held at end of year)		$ 175,128

* Denotes party in interest
** Column (d), cost, has been omitted, as all investments are participant directed.

See independent auditors' report.

HEALTH PLUS MANAGEMENT LLC
401(k) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2018

HEALTH PLUS MANAGEMENT LLC
401(k) PROFIT SHARING PLAN AND TRUST

TABLE OF CONTENTS

	Page
Independent Auditors' Report	1 - 2
Financial Statements:	
Statement of Net Assets Available for Benefits as of December 31, 2018 (Initial Plan Year)	3
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2018 (Initial Plan Year)	4
Notes to Financial Statements	5 - 10
Supplementary Information:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2018	11

Giambalvo, Stalzer & Company

Certified Public Accountants, P.C.

INDEPENDENT AUDITORS' REPORT

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3500 Sunrise Highway
Suite 100, Building 200
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Member of msi Global Alliance
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To the Plan Administrator
Health Plus Management LLC 401(k) Profit Sharing Plan and Trust
Uniondale, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Health Plus Management LLC 401(k) Profit Sharing Plan and Trust, which comprise the statement of net assets available for benefits as of December 31, 2018, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Mid-Atlantic Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee

holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2018 and for the year ended December 31, 2018, that the information provided to the plan administrator by the trustee 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 of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2018, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Great River, New York
October 14, 2019

HEALTH PLUS MANAGEMENT LLC 401(k) PROFIT SHARING PLAN AND TRUST
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2018 (INITIAL PLAN YEAR)

	2018
Assets:	
Investments at fair value	$ 175,128
Receivables:	
Employer contributions	56,266
Net assets available for benefits	$ 231,394

See accompanying notes to the financial statements.

HEALTH PLUS MANAGEMENT LLC 401(k) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2018 (INITIAL PLAN YEAR)

	2018
Additions:	
Investment income (loss):	
Dividends	$ 12,518
Net depreciation in fair value of investments	(28,274)
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Contributions:	
Participant	188,309
Employer	56,266
Rollovers	9,831
Total Contributions	254,406
Total Additions	238,650
Deductions:	
Benefits paid to participants	4,356
Administrative expenses	2,900
Total Deductions	7,256
Net Increase	231,394
Net assets available for benefits:	
Beginning of year (initial plan year)	-
End of year	$ 231,394

See accompanying notes to the financial statements.

NOTE 1 - DESCRIPTION OF PLAN

The following description of Health Plus Management LLC (the "Company") 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.

A. General - The Plan is a defined contribution plan originally adopted on January 1, 2018 and amended effective January 25, 2018. The Plan was established to provide benefits to eligible employees of Health Plus Management, LLC (referred to hereafter as the "Company" or "Plan Sponsor") who are age eighteen or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

B. Contributions - Each year, participants may contribute an amount equal to a dollar amount or percentage of the contributing participant's compensation within statutory limits. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investments of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds as investment options for participants. The Company may, at its discretion, make an employer matching contribution to qualified participants of the Plan. For the year ended December 31, 2018 the Company elected to make a matching contribution equal to 100% of the first 1.5% of base compensation that a participant contributed to the Plan. Additionally, the Plan allows for discretionary profit-sharing contributions by the Company, subject to certain statutory limitations. For the year ended December 31, 2018, the Company did not make any profit-sharing contribution to the Plan.

C. Participant Accounts - Each participant's account is: (1) credited with the participant's contributions, Company matching contributions, if any, and earnings on the participant's investments; and (2) charged with an allocation of administrative expenses. Administrative expenses will be allocated either proportionally based on the value of the account balances or as an equal dollar amount based on the number of participants in the Plan, as defined by the Plan. The participant is entitled to the benefit provided from the participant's vested account.

D. Vesting - Participants are vested immediately in their contributions plus the actual earnings thereon. Vesting in the Company contributions are based upon completion of the following number of years of service:

Years of Service	Vesting Percentage
1	0%
2	20%
3	40%
4	70%
5	100%

NOTE 1 - DESCRIPTION OF PLAN *(Continued)*

E. Note Receivable from Participants - Participants may borrow from their fund accounts a minimum of $1,000, up to a maximum equal to the lesser of $50,000 or 95% of one-half of their vested account balance or 95% of their total vested account balance excluding the Roth Elective Deferral balance. The $50,000 maximum will be reduced by the highest outstanding loan balance during the one-year period ending on the day before the date the loan agreement becomes effective. Loan repayment terms may not exceed five years unless the loan is used to purchase a participant's residence, in which case repayment terms may not exceed ten years. The loans are secured by the balance in the participant's account. Principal and interest are paid ratably through biweekly payroll deductions. There were no loans issued or outstanding as of December 31, 2018.

F. Payment of Benefits - Upon termination of service other than death, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution or rollover into a qualifying individual retirement arrangement. Upon termination of service due to death, a beneficiary can directly rollover their portion of the individual account to an inherited individual retirement arrangement. Minimum distributions shall be made in accordance with Treasury Regulation Section 1.401(a)(9). If the value of a terminated participant's account is $5,000 or less, the Plan shall immediately distribute the participant's entire vested account balance in a lump sum or at the participant's election to another qualified retirement plan.

G. Forfeited Accounts - Forfeitures of terminated participant's non-vested matching contributions are segregated to a separate forfeiture account that will be used to reduce employer contributions, pay Plan expenses, or allocated to Participant's accounts at the discretion of the Plan Sponsor. As of December 31, 2018, there was no balance in the forfeiture account.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

A. Basis of Accounting - The financial statements of the Plan are prepared on the accrual basis of accounting, in conformity with accounting principles generally accepted in the United States of America.

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

C. Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

D. Notes Receivable from Participants - Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. There are no allowances for credit losses, as repayments of principal and interest are generally received through payroll deductions and the notes are fully collateralized by the participants' account balances.

E. Payment of Benefits - Benefits are recorded when paid.

F. Administrative Expenses – All expenses of maintaining the Plan are paid by either the Plan or the Company, at the Company's election. Fees related to the administration of notes receivable from participant's are charged directly to the participant's account and are included in administrative expenses.

G. Subsequent Events - The Plan has evaluated subsequent events through October 14, 2019, the date the financial statements were available to be issued.

NOTE 3 - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

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, Mid-Atlantic Trust Company, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate.

	2018
Investments, at fair value:	
Mutual funds	$ 175,128

	For the Year Ended December 31, 2018
Investment income (loss):	
Dividends	$ 12,518
Net depreciation in fair value of investments	(28,274)
Total investment loss:	$ (15,756)

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

Level 2
Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and 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 or liability fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The preceding method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements at December 31, 2018:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 175,128	$ -	$ -	$ 175,128
Total investments at fair value	$ 175,128	$ -	$ -	$ 175,128

NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS

Administrative fees related to investment management services paid by the Plan amounted to $2,900 that was paid to the Trustee for the year ended December 31, 2018.

NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

NOTE 7 - RISKS AND UNCERTAINTIES

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

NOTE 8 - TAX STATUS

The Company adopted a non-standardized prototype plan for which the Internal Revenue Service ("IRS") has issued an opinion letter dated April 10, 2014, covering the qualification of the Plan under the appropriate sections of the Internal Revenue Code ("IRC").

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability or (asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial

NOTE 8 - TAX STATUS (Continued)

statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits per the financial statements at December 31, 2018 to Schedule H of Form 5500:

Net assets available for benefits per the financial statement	$ 231,394
Less: Employer contribution receivable accrual	(56,266)
Net assets available for benefits per the Form 5500	$ 175,128

The following is a reconciliation of employer contributions received per the financial statements for the year ended December 31, 2018 to Schedule H of Form 5500:

Total employer contributions per the financial statement	$ 56,266
Less: Current year employer contribution receivable	(56,266)
Total employer contributions per the Form 5500	$ -

SUPPLEMENTARY INFORMATION

HEALTH PLUS MANAGEMENT LLC 401(k) PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2018

Employer Identification No. 90-0818246
Plan No. 001

(a)	(b) Identity of Issuer, 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
*	Vanguard Growth and Income Fund Admiral Shares	Mutual Fund		$ 28,643
*	John Hancock Funds Multi-Index 2050 Preservation Portfolio Class R6	Mutual Fund		28,382
*	Schwab S&P 500 Index Fund	Mutual Fund		23,516
*	Goldman Sachs Large Cap Growth Insights Fund Institutional Class	Mutual Fund		12,885
*	John Hancock Funds Multi-Index 2040 Preservation Portfolio Class R6	Mutual Fund		10,870
*	Vanguard Equity-Income Fund Admiral Shares	Mutual Fund		7,898
*	Janus Henderson Triton Fund Class I	Mutual Fund		6,688
*	Vanguard International Explorer Fund Investor Shares	Mutual Fund		6,489
*	Principal MidCap Fund R-5 Class	Mutual Fund		6,124
*	DFA U.S. Small Cap Portfolio Institutional Class	Mutual Fund		4,937
*	American Funds EuroPacific Growth Fund Class R-6	Mutual Fund		4,884
*	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual Fund		4,601
*	John Hancock Funds Multi-Index 2045 Preservation Portfolio Class R6	Mutual Fund		4,501
*	Federated U.S. Treasury Cash Reserve	Mutual Fund		3,814
*	DFA Emerging Markets Core Equity Portfolio Institutional Class	Mutual Fund		3,544
*	John Hancock Funds Multi-Index 2035 Preservation Portfolio Class R6	Mutual Fund		2,964
*	PGIM High Yield Fund- Class Z	Mutual Fund		2,671
*	Metropolitan West Total Return Bond Fund Class I	Mutual Fund		2,157
*	John Hancock Funds Multi-Index 2025 Preservation Portfolio Class R6	Mutual Fund		2,152
*	Vanguard Mortgage-Backed Securities Index Fund Admiral Shares	Mutual Fund		2,124
*	DFA International Core Equity Portfolio Institutional Class	Mutual Fund		1,889
*	John Hancock Funds Multi-Index Income Preservation Portfolio Class R6	Mutual Fund		1,150
*	Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares	Mutual Fund		857
*	Vanguard Short-Term Federal Fund Admiral Shares	Mutual Fund		595
*	John Hancock Funds Multi-Index 2020 Preservation Portfolio Class R6	Mutual Fund		435
*	John Hancock Funds Multi-Index 2030 Preservation Portfolio Class R6	Mutual Fund		307
*	John Hancock Funds Multi-Index 2060 Preservation Portfolio Class R6	Mutual Fund		51
		Total assets (held at end of year)		$ 175,128

* Denotes party in interest
** Column (d), cost, has been omitted, as all investments are participant directed.

See independent auditors' report.