Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
VITALMD 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/2004

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)
VITALMD GROUP HOLDING, LLC

3225 AVIATION AVENUE
STE 700
MIAMI, FL 33133

2b Employer Identification Number (EIN)
54-2129332

2c Plan Sponsor's telephone number
305-273-4641

2d Business code (see instructions)
621111

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.	09/25/2020	ERICA EGUSQUIZA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/25/2020	ERICA EGUSQUIZA
	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**	2207
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)**	2029
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2213
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	220
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2435
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	2435
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2435
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 2A 2T 3D 2R 2S

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

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

A Name of plan
VITALMD 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VITALMD GROUP HOLDING, LLC

D Employer Identification Number (EIN)
54-2129332

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
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	64162	2435	01/01/2019	12/31/2019

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
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		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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

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

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

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

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

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

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

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

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

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

(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**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	0

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. Specify nature of costs ▶	**6d**	

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 ▶ SYNTHETIC GIC

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

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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

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

A Name of plan
VITALMD 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VITALMD GROUP HOLDING, LLC

D Employer Identification Number (EIN)
54-2129332

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
PRUDENTIAL RETIREMENT INSURANCE & ANNUITY CO.

(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
06-1050034	93629	075211	2435	01/01/2019	12/31/2019

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
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		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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

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

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

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

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

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

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

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

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

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

(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**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	27529769

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 ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

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

m ☐ Other (specify) ▶

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan
VITALMD 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VITALMD GROUP HOLDING, LLC

D Employer Identification Number (EIN)
54-2129332

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

(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

(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)

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

(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 15 37 50 64 65	NONE	143235	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

401K ADVISORS, INC.

33-0905143

(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?
26 27	NONE	108333	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VERISIGHT, INC

27-2037969

(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?
15	NONE	59202	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PRUDENTIAL INVESTMENT MANAGEMENT SE

13-4122960

(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?
63 71	NONE	1644	Yes [X] No [ ]	Yes [ ] No [X]	5836	Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

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

A Name of plan
VITALMD 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
VITALMD GROUP HOLDING, LLC

D Employer Identification Number (EIN)
54-2129332

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE LCG EQ IS

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1050034-828	P	26921561

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL ESTATE/COHEN&STEERS

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1050034-305	P	608208

a Name of MTIA, CCT, PSA, or 103-12 IE: PRU CORE PLUS BOND FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
23-6994310-165	C	32454695

a Name of MTIA, CCT, PSA, or 103-12 IE: PRU CORE INTERMEDIATE BOND FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
23-6994310-214	C	37575367

a Name of MTIA, CCT, PSA, or 103-12 IE: KEYBANK EB MANG GUARANTEED INV CON

b Name of sponsor of entity listed in (a): KEYBANK NATIONAL ASSOCIATION

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
34-6903863-002	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

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

A Name of plan
VITALMD 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VITALMD GROUP HOLDING, LLC

D Employer Identification Number (EIN)
54-2129332

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	91	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	578228	537613
(2) Participant contributions	1b(2)	23112	167347
(3) Other	1b(3)		21341
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	0	100711
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2312302	2473133
(9) Value of interest in common/collective trusts	1c(9)	57179963	68751736
(10) Value of interest in pooled separate accounts	1c(10)	20341823	27529769
(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)	75606398	103290026
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	5642346	6827098

			(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	161684263	209698774
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		2250
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	62995	9671
k	Total liabilities (add all amounts in lines 1g through1j)	1k	62995	11921
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	161621268	209686853

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)	8420180	
	(B) Participants	2a(1)(B)	10375312	
	(C) Others (including rollovers)	2a(1)(C)	2854917	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		21650409
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)	154818	
	(F) Other	2b(1)(F)	4243	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		159061
	(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)	1376870	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1376870
	(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)	7864	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		7864

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3843651
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		6138384
(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)		20989375
c Other income	2c		1223463
d Total income. Add all **income** amounts in column (b) and enter total	2d		55389077
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7051204	
(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)		7051204
f Corrective distributions (see instructions)	2f		20542
g Certain deemed distributions of participant loans (see instructions)	2g		1857
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	249889	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		249889
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7323492
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		48065585
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PINCHASIK YELEN MUSKAT STEIN, LLC **(2)** EIN: 27-4256127

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

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

A Name of plan
VITALMD 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VITALMD GROUP HOLDING, LLC

D Employer Identification Number (EIN)
54-2129332

Part I Distributions

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

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

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

EIN(s): 22-1211670

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

VITALMD 401(K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2019 AND 2018

C O N T E N T S

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Independent Auditor's Report

To the Administrative Committee of the
VitalMD 401(K) Plan

Report on the Financial Statements

We were engaged to audit the accompanying statements of VitalMD 401(K) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 our 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, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information referred to in Note C, which was certified by Newport Trust Company and Prudential Bank & Trust F.S.B., the trustees of the Plan, and Prudential Retirement Insurance and Annuity Company, an affiliated agent of Prudential Bank & Trust F.S.B., except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that Prudential Bank & Trust F.S.B. and Prudential Retirement Insurance and Annuity Company held the Plan’s investment assets and executed investment transactions from August 1, 2018 to December 31, 2019, and that Newport Trust Company held the Plan’s investment assets and executed investment transactions from January 1, 2018 to July 31, 2018. The plan administrator has obtained certifications from the trustees and an affiliated agent of a trustee as of and for the years ended December 31, 2019 and December 31, 2018, that the information provided to the plan administrator by the trustees and an affiliated agent of a trustee of the Plan, 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 assets held as of and for the year ended December 31, 2019, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustees, 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.

Pinchasik Yelen Muskat Stein, LLC

Miami, Florida
September 22, 2020

VITALMD 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31,

	2019	2018
ASSETS		
INVESTMENTS, AT FAIR VALUE (NOTE D)		
Mutual funds	$ 103,290,026	$ 75,606,398
Common collective trusts	32,454,695	30,120,507
Pooled separate accounts	27,529,769	20,341,823
Self-directed brokerage accounts	6,927,809	5,642,346
Total investments at fair value	170,202,299	131,711,074
INVESTMENT, AT CONTRACT VALUE (NOTE E)	36,297,041	27,059,456
RECEIVABLES		
Employer contributions	537,613	578,228
Participants contributions	167,347	23,112
Other employer contributions	21,341	-
Notes receivable from participants	2,473,133	2,312,302
Total receivables	3,199,434	2,913,642
CASH	-	91
Total assets	209,698,774	161,684,263
LIABILITIES		
Accrued expenses	2,250	62,995
Excess contributions payable	9,671	-
Total liabilities	11,921	62,995
NET ASSETS AVAILABLE FOR BENEFITS	$ 209,686,853	$ 161,621,268

See accompanying notes to the financial statements.

VITALMD 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31,

	2019	2018
ADDITIONS		
Additions to net assets attributed to:		
Net appreciation in fair value of investments	$ 32,206,980	$ -
Dividends	1,376,870	2,751,724
	33,583,850	2,751,724
Interest income on notes receivable from participants	154,818	116,910
Contributions:		
Employer	8,398,839	7,916,910
Participants	10,375,312	9,011,482
Participant rollovers	2,854,917	1,356,852
Other employer contributions	21,341	-
	21,650,409	18,285,244
Other income	-	33,854
Total additions	55,389,077	21,187,732
DEDUCTIONS		
Deductions from net assets attributed to:		
Net depreciation in fair value of investments	-	11,823,576
Benefits paid to participants	7,073,603	5,620,316
Administrative expenses	249,889	388,305
Total deductions	7,323,492	17,832,197
NET INCREASE IN PLAN ASSETS	48,065,585	3,355,535
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	161,621,268	158,265,733
End of year	$ 209,686,853	$ 161,621,268

See accompanying notes to the financial statements.

NOTE A - DESCRIPTION OF PLAN

The following description of the VitalMD 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 defined contribution plan covering all eligible employees of VitalMD Group Holding, LLC and its wholly owned LLCs (collectively referred to as the "Company") who have completed at least one (1) year of service and one thousand (1,000) hours and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Newport Trust Company served as the trustee and custodian of plan assets from January 1, 2018 and through the period ended July 31, 2018. Effective August 1, 2018, the Company transferred the Plan's assets to Prudential Bank & Trust F.S.B. and to an affiliated agent of Prudential Bank & Trust F.S.B, Prudential Retirement Insurance and Annuity Company, collectively referred to as "Prudential".

Contributions

Participant Contributions: Each year, participants may contribute up to 100% of pretax annual compensation, up to Internal Revenue Code (IRC) limits of $19,000 for the Plan year ended December 31, 2019 and $18,500 for the Plan year ended December 31, 2018, as defined in the Plan (elective deferral), in any combination of before-tax, Roth 401(k) (after-tax), and/or traditional after-tax contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions up to $6,000 for 2019 and 2018. Participants may also contribute rollover amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a variety of mutual funds, common collective trusts, pooled separate accounts and self-directed brokerage accounts. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate, with a default deferral rate set at 3% of eligible compensation. Contributions are automatically invested in a designated balanced fund until changed by the participant.

Company Safe Harbor Contributions: The Company contributes non-elective safe harbor contributions equal to 3% of compensation for all eligible employees in the Plan. Employees are required to complete one year of service prior to becoming eligible for Company safe harbor contributions.

Company Profit Sharing Contributions: Profit sharing amounts may be contributed at the option of the Company's Board of Members. During the years ended December 31, 2019 and 2018, the Company made a profit sharing contribution of approximately $3,301,000 and $2,793,000, respectively.

NOTE A - DESCRIPTION OF PLAN (Continued)

Contributions (Continued)

Contributions are subject to certain limitations imposed by applicable provisions of the Plan and the Internal Revenue Code of 1986, as amended ("IRC"), including compliance with applicable statutory limits and non-discrimination rules.

Participant Accounts

Each participant's account is credited with the participant's contribution and Company safe harbor contributions, as well as allocations of the Company's profit sharing contributions and Plan's net earnings.

Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions, the Company's safe harbor contributions plus actual earnings thereon and rollovers. Vesting in the Company's profit sharing contribution portion of their accounts is based on years of continuous service as follows:

Years of Service	Percentage Vested
Less than 2	0%
2 or more	100%

Vesting will be accelerated and participants will be 100% vested in the Company's matching contribution and earnings thereon upon reaching age 65, or as a result of death, or becoming totally disabled while an employee. A participant will be considered totally disabled for purposes of the Plan if he or she is eligible to receive long-term disability benefits under the Plan.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 and up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the participant's account and bear interest at rates which are commensurate with local prevailing rates at the time of the loan as determined by the Plan administrator. Principal and interest is paid ratably through regular payroll deductions.

NOTE A - DESCRIPTION OF PLAN (Continued)

Payment of Benefits

Prior to termination of employment, a participant may withdraw, subject to the Plan's notice requirements, all or any portion of the vested value of his or her account and the vested value of his or her Company contribution account if the participant has attained age fifty-nine and one-half ($59^{1/2}$) or becomes totally and permanently disabled, or all or a certain portion of the value of his or her participant account in the event of demonstrated financial hardship, subject to the Plan provisions.

A participant, after leaving the Company, can have the total of his or her vested account distributed in accordance with the provisions of the Plan. On termination of service for any reason, including disability or retirement, a participant may elect, if account balance exceeds $5,000, to receive either a lump-sum amount equal to the value of the participant's interest in his or her account, or remain in the Plan. If account balance is $5,000 or less, a participant will receive the value of his or her account as a lump-sum distribution.

Forfeited Accounts

Forfeitures of the non-vested portion of participant accounts related to the Company's contribution are used first to pay Plan expenses and then to offset future Company contributions**.** At December 31, 2019 and 2018, the forfeited non-vested accounts balance totaled $26,088 and $337 respectively. During the years ended December 31, 2019 and 2018, employer contributions and plan's expenses were reduced by $28,161 and $908 in unallocated forfeitures, respectively.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

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. Accordingly, actual results may differ from those estimates.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers. See Note D for discussion of fair value measurements.

The units of pooled separate accounts are stated at fair value as determined by the issuer of the account based on the net asset value of the underlying investments, as a practical expedient. Individual participant accounts invested in the pooled separate accounts are maintained on a unit value basis.

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.

All accounts are credited with earnings and gains on the underlying investments and charged for losses, participant withdrawals and certain administrative expenses.

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 the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 or 2018. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Other Employer Contributions

Corrective employer safe harbor contribution amounts, that were determined after year-end, are presented as other employer contributions (receivable) in the statement of net assets and as other employer contributions in the statement of changes in net assets available for benefits.

Excess Contributions Payable

Amounts payable to the employer and to participants totaling $9,657 and $14, respectively, in excess of amounts allowed are recorded as excess contributions payable, with a corresponding reduction to 2019 contributions. There were no excess contributions for the year ended December 31, 2018.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payment of Benefits

Benefits are recorded when paid.

Administrative Costs

The Company, which is a party-in-interest, is absorbing the costs of fiduciary bonding, financial statement audit fees, and certain fees charged by the Plan's trustee, but reserves the right to amend the Plan at any time, and allocate such fees to Plan participants. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments. All other administrative costs are paid by the Plan.

Subsequent Events

The date to which events occurring after December 31, 2019, the date of the most recent statement of net assets available for benefits, has been evaluated for possible adjustments to the financial statements or disclosure is September 22, 2020 which is the date on which the statements were available to be issued.

NOTE C - INFORMATION PREPARED AND CERTIFIED BY TRUSTEES AND AN AFFILIATED AGENT OF A TRUSTEE

The Company has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, all information pertaining to the investments, notes receivable from participants and related income, information in the notes to the financial statements and information in the supplemental schedule was certified by the Plan's Trustees, Newport Trust Company and Prudential Bank & Trust F.S.B., and Prudential Retirement Insurance and Annuity Company, an affiliated agent of Prudential Bank & Trust F.S.B., as complete and accurate as of and for the years ended December 31, 2019 and 2018. This information was not subject to audit procedures except for comparing it to the related information included in the financial statements and supplemental schedule of assets (held at end of year) as of December 31, 2019.

NOTE D - FAIR VALUE MEASUREMENT

Fair value represents 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. FASB ASC 820, Fair Value Measurements and Disclosures, provides a framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

NOTE D - FAIR VALUE MEASUREMENT (Continued)

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities ("Level 1" measurements), the next priority to quoted values based on observable inputs ("Level 2" measurements), and the lowest priority to unobservable inputs ("Level 3" measurements).

The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 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. For example, stocks listed on a recognized exchange or listed mutual funds.

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

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

NOTE D - FAIR VALUE MEASUREMENT (Continued)

Common collective trusts: A fund that is composed primarily of fully benefit-responsive investment contracts that is valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Pooled separate accounts: Accounts that are measured at the net asset value of the underlying investments, as a practical expedient, have not been classified in the fair value hierarchy.

Self-directed brokerage accounts: Accounts primarily consist of mutual funds and equity securities that are valued on the basis of readily determinable market prices.

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 tables set forth by level, within the fair value hierarchy, the Plan's fair value measurements at December 31, 2019 and 2018:

Investment Assets at Fair Value as of December 31, 2019

	Level 1	Level 2	Level 3	Total
Mutual funds	$103,290,026	$ -	$ -	$103,290,026
Self-directed brokerage accounts	6,927,809	-	-	6,927,809
Total assets in the fair value hierarchy	110,217,835	-	-	110,217,835
Common collective trust fund, at net asset value (*)	-	-	-	32,454,695
Pooled separate accounts, at net asset value (*)	-	-	-	27,529,769
Investments at fair value	$110,217,835	$ -	$ -	$170,202,299

NOTE D - FAIR VALUE MEASUREMENT (Continued)

Investment Assets at Fair Value as of December 31, 2018

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 75,606,398	$ -	$ -	$ 75,606,398
Self-directed brokerage accounts	5,642,346	-	-	5,642,346
Total assets in the fair value hierarchy	81,248,744	-	-	81,248,744
Common collective trust funds, at net asset value (*)	-	-	-	30,120,507
Pooled separate accounts, at net asset value (*)	-	-	-	20,341,823
Investments at fair value	$ 81,248,744	$ -	$ -	$131,711,074

(*) In accordance with Subtopic 820-10, certain investments that were measured at net assets value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2019 and 2018, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2019	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Common collective trust fund	$32,454,695	None	Daily	12 months
Pooled separate accounts	$27,529,769	None	Immediate	None

NOTE D - FAIR VALUE MEASUREMENT (Continued)

December 31, 2018	Fair Value	Unfunded Commitments	Frequency (If Currently Eligible)	Redemption Notice Period
Common collective trust funds	$30,120,507	None	Daily	12 months
Pooled separate accounts	$20,341,823	None	Immediate	None

NOTE E - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has as a fully benefit-responsive synthetic Guaranteed Investment Contract ("GIC") with Prudential. Prudential maintains contributions in a general account, which is credited with earnings and charged for participant withdrawals and administrative expenses. The GIC is included in the financial statements at contract value. The GIC issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer.

Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and fees. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

No events limit the ability of the Plan to transact at contract value so long as the Synthetic GIC contract remains in force.

Except for events which may result in termination for cause, as outlined in the Prudential Synthetic GIC contract, Prudential may not cause the contract to be terminated at an amount other than contract value.

NOTE F - RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

During the period from January 1, 2018 through July 31, 2018, the Plan invested in shares of a mutual fund managed by Charles Schwab Bank, who was the sub-custodian. Therefore, transactions involving this mutual fund qualify as party-in-interest transactions.

Certain Plan investments are shares of pooled separate accounts, a common collective trust and a GIC managed by Prudential. These transactions qualify as exempt party-in-interest transactions.

The Company, which is a party-in-interest, is absorbing the costs of fiduciary bonding, financial statement audit fees, and fees charged by the Plan’s trustee, but reserves the right to amend the Plan at any time, and allocate such fees to Plan participants.

NOTE G - PLAN TERMINATION

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

NOTE H - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the IRC. 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 Code and therefore believes that the Plan is qualified and the related trust is tax-exempt.

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

NOTE I - RISKS AND UNCERTAINTIES

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

NOTE J - SUBSEQUENT EVENTS

In March 2020, the World Health Organization categorized Coronavirus Disease 2019 ("COVID-19") as a pandemic, and the President of the United States declared the COVID-19 outbreak a national emergency. The COVID-19 pandemic has led to volatility in financial markets and has affected, and may continue to affect, the market prices of Plan assets. The potential economic impact brought by, and the duration of, COVID-19 is difficult to assess or predict and will depend on future developments that are highly uncertain and cannot be predicted.

SUPPLEMENTAL SCHEDULE

VITALMD 401(K) PLAN
EIN: 54-2129332
PLAN NUMBER 001

SCHEDULE OF ASSETS HELD AT END OF YEAR
(FORM 5500, SCHEDULE H, LINE 4i)

DECEMBER 31, 2019

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost of Asset	(e) Current Value
	American Funds Europacific Growth R6 Fund	Mutual Fund	$ 38,707,849	$ 41,067,009
	DFA Emerging Markets Core Equity I Fund	Mutual Fund	655,594	680,514
	DFA Inflation Protected Securities I Fund	Mutual Fund	86,757	89,139
	Fidelity Advanced Materials I Fund	Mutual Fund	80,307	72,243
	Fidelity Small Cap Index Premium	Mutual Fund	1,054,127	1,091,388
	Goldman Sachs International Small Cap Insights Fund	Mutual Fund	45,998	49,676
	Janus Henderson Venture Fund Class N	Mutual Fund	8,038,425	8,002,216
	Lord Abbet Bond Debenture Fund Class R6	Mutual Fund	605,219	612,849
	MassMutual Select Mid Cap Growth Fund	Mutual Fund	7,745,922	8,039,752
	Northern Mid Cap Index Fund	Mutual Fund	385,445	380,511
	Pgim Global Total Return R6 Fund	Mutual Fund	140,955	144,179
	Vanguard Interm-Term US Treasury Adm Fund	Mutual Fund	365,299	363,333
	Vanguard Large Cap Index Instl Fund	Mutual Fund	3,125,778	3,534,238
	Vanguard Small Cap Value Index Fund	Mutual Fund	7,496,889	7,782,857
	Vanguard Windsor Adm Fund	Mutual Fund	25,471,107	24,456,776
	Victory Sycamore Established Value Fund	Mutual Fund	6,966,904	6,923,346
			100,972,575	103,290,026
*	Pru Core Plus Bond Fund	Common Collective Trust	29,584,075	32,454,695
*	Prudential T. Rowe Price LCG EQ	Pooled Separate Account	$ 23,361,301	$ 26,921,561
*	Prudential Real Estate/Cohen & Steers	Pooled Separate Account	544,199	608,208
			23,905,500	27,529,769
			$ 154,462,150	163,274,490
*	**PRU CORE INTERMEDIATE BOND FUND**	Guaranteed Investment Contract		36,297,041
**	**SELF-DIRECTED BROKERAGE ACCOUNTS**			6,927,809
*	**NOTES RECEIVABLE FROM PARTICIPANTS**	Bearing interest at rates ranging from 4.25% to 7.25% and due through November 1, 2047		2,473,133
				$ 208,972,473

* Party-in-interest as defined by ERISA.
** Cost omitted for self-directed brokerage accounts.

VITALMD 401(K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2019 AND 2018

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Independent Auditor's Report

To the Administrative Committee of the
VitalMD 401(K) Plan

Report on the Financial Statements

We were engaged to audit the accompanying statements of VitalMD 401(K) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 our 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, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information referred to in Note C, which was certified by Newport Trust Company and Prudential Bank & Trust F.S.B., the trustees of the Plan, and Prudential Retirement Insurance and Annuity Company, an affiliated agent of Prudential Bank & Trust F.S.B., except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that Prudential Bank & Trust F.S.B. and Prudential Retirement Insurance and Annuity Company held the Plan’s investment assets and executed investment transactions from August 1, 2018 to December 31, 2019, and that Newport Trust Company held the Plan’s investment assets and executed investment transactions from January 1, 2018 to July 31, 2018. The plan administrator has obtained certifications from the trustees and an affiliated agent of a trustee as of and for the years ended December 31, 2019 and December 31, 2018, that the information provided to the plan administrator by the trustees and an affiliated agent of a trustee of the Plan, 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 assets held as of and for the year ended December 31, 2019, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustees, 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.

Pinchasik Yelen Muskat Stein, LLC

Miami, Florida
September 22, 2020

VITALMD 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31,

	2019	2018
ASSETS		
INVESTMENTS, AT FAIR VALUE (NOTE D)		
Mutual funds	$ 103,290,026	$ 75,606,398
Common collective trusts	32,454,695	30,120,507
Pooled separate accounts	27,529,769	20,341,823
Self-directed brokerage accounts	6,927,809	5,642,346
Total investments at fair value	170,202,299	131,711,074
INVESTMENT, AT CONTRACT VALUE (NOTE E)	36,297,041	27,059,456
RECEIVABLES		
Employer contributions	537,613	578,228
Participants contributions	167,347	23,112
Other employer contributions	21,341	-
Notes receivable from participants	2,473,133	2,312,302
Total receivables	3,199,434	2,913,642
CASH	-	91
Total assets	209,698,774	161,684,263
LIABILITIES		
Accrued expenses	2,250	62,995
Excess contributions payable	9,671	-
Total liabilities	11,921	62,995
NET ASSETS AVAILABLE FOR BENEFITS	$ 209,686,853	$ 161,621,268

See accompanying notes to the financial statements.

VITALMD 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31,

	2019	2018
ADDITIONS		
Additions to net assets attributed to:		
Net appreciation in fair value of investments	$ 32,206,980	$ -
Dividends	1,376,870	2,751,724
	33,583,850	2,751,724
Interest income on notes receivable from participants	154,818	116,910
Contributions:		
Employer	8,398,839	7,916,910
Participants	10,375,312	9,011,482
Participant rollovers	2,854,917	1,356,852
Other employer contributions	21,341	-
	21,650,409	18,285,244
Other income	-	33,854
Total additions	55,389,077	21,187,732
DEDUCTIONS		
Deductions from net assets attributed to:		
Net depreciation in fair value of investments	-	11,823,576
Benefits paid to participants	7,073,603	5,620,316
Administrative expenses	249,889	388,305
Total deductions	7,323,492	17,832,197
NET INCREASE IN PLAN ASSETS	48,065,585	3,355,535
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	161,621,268	158,265,733
End of year	$ 209,686,853	$ 161,621,268

See accompanying notes to the financial statements.

NOTE A - DESCRIPTION OF PLAN

The following description of the VitalMD 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 defined contribution plan covering all eligible employees of VitalMD Group Holding, LLC and its wholly owned LLCs (collectively referred to as the "Company") who have completed at least one (1) year of service and one thousand (1,000) hours and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Newport Trust Company served as the trustee and custodian of plan assets from January 1, 2018 and through the period ended July 31, 2018. Effective August 1, 2018, the Company transferred the Plan's assets to Prudential Bank & Trust F.S.B. and to an affiliated agent of Prudential Bank & Trust F.S.B, Prudential Retirement Insurance and Annuity Company, collectively referred to as "Prudential".

Contributions

Participant Contributions: Each year, participants may contribute up to 100% of pretax annual compensation, up to Internal Revenue Code (IRC) limits of $19,000 for the Plan year ended December 31, 2019 and $18,500 for the Plan year ended December 31, 2018, as defined in the Plan (elective deferral), in any combination of before-tax, Roth 401(k) (after-tax), and/or traditional after-tax contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions up to $6,000 for 2019 and 2018. Participants may also contribute rollover amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a variety of mutual funds, common collective trusts, pooled separate accounts and self-directed brokerage accounts. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate, with a default deferral rate set at 3% of eligible compensation. Contributions are automatically invested in a designated balanced fund until changed by the participant.

Company Safe Harbor Contributions: The Company contributes non-elective safe harbor contributions equal to 3% of compensation for all eligible employees in the Plan. Employees are required to complete one year of service prior to becoming eligible for Company safe harbor contributions.

Company Profit Sharing Contributions: Profit sharing amounts may be contributed at the option of the Company's Board of Members. During the years ended December 31, 2019 and 2018, the Company made a profit sharing contribution of approximately $3,301,000 and $2,793,000, respectively.

NOTE A - DESCRIPTION OF PLAN (Continued)

Contributions (Continued)

Contributions are subject to certain limitations imposed by applicable provisions of the Plan and the Internal Revenue Code of 1986, as amended ("IRC"), including compliance with applicable statutory limits and non-discrimination rules.

Participant Accounts

Each participant's account is credited with the participant's contribution and Company safe harbor contributions, as well as allocations of the Company's profit sharing contributions and Plan's net earnings.

Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions, the Company's safe harbor contributions plus actual earnings thereon and rollovers. Vesting in the Company's profit sharing contribution portion of their accounts is based on years of continuous service as follows:

Years of Service	Percentage Vested
Less than 2	0%
2 or more	100%

Vesting will be accelerated and participants will be 100% vested in the Company's matching contribution and earnings thereon upon reaching age 65, or as a result of death, or becoming totally disabled while an employee. A participant will be considered totally disabled for purposes of the Plan if he or she is eligible to receive long-term disability benefits under the Plan.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 and up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the participant's account and bear interest at rates which are commensurate with local prevailing rates at the time of the loan as determined by the Plan administrator. Principal and interest is paid ratably through regular payroll deductions.

NOTE A - DESCRIPTION OF PLAN (Continued)

Payment of Benefits

Prior to termination of employment, a participant may withdraw, subject to the Plan's notice requirements, all or any portion of the vested value of his or her account and the vested value of his or her Company contribution account if the participant has attained age fifty-nine and one-half ($59^{1/2}$) or becomes totally and permanently disabled, or all or a certain portion of the value of his or her participant account in the event of demonstrated financial hardship, subject to the Plan provisions.

A participant, after leaving the Company, can have the total of his or her vested account distributed in accordance with the provisions of the Plan. On termination of service for any reason, including disability or retirement, a participant may elect, if account balance exceeds $5,000, to receive either a lump-sum amount equal to the value of the participant's interest in his or her account, or remain in the Plan. If account balance is $5,000 or less, a participant will receive the value of his or her account as a lump-sum distribution.

Forfeited Accounts

Forfeitures of the non-vested portion of participant accounts related to the Company's contribution are used first to pay Plan expenses and then to offset future Company contributions**.** At December 31, 2019 and 2018, the forfeited non-vested accounts balance totaled $26,088 and $337 respectively. During the years ended December 31, 2019 and 2018, employer contributions and plan's expenses were reduced by $28,161 and $908 in unallocated forfeitures, respectively.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

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. Accordingly, actual results may differ from those estimates.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers. See Note D for discussion of fair value measurements.

The units of pooled separate accounts are stated at fair value as determined by the issuer of the account based on the net asset value of the underlying investments, as a practical expedient. Individual participant accounts invested in the pooled separate accounts are maintained on a unit value basis.

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.

All accounts are credited with earnings and gains on the underlying investments and charged for losses, participant withdrawals and certain administrative expenses.

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 the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 or 2018. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Other Employer Contributions

Corrective employer safe harbor contribution amounts, that were determined after year-end, are presented as other employer contributions (receivable) in the statement of net assets and as other employer contributions in the statement of changes in net assets available for benefits.

Excess Contributions Payable

Amounts payable to the employer and to participants totaling $9,657 and $14, respectively, in excess of amounts allowed are recorded as excess contributions payable, with a corresponding reduction to 2019 contributions. There were no excess contributions for the year ended December 31, 2018.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payment of Benefits

Benefits are recorded when paid.

Administrative Costs

The Company, which is a party-in-interest, is absorbing the costs of fiduciary bonding, financial statement audit fees, and certain fees charged by the Plan's trustee, but reserves the right to amend the Plan at any time, and allocate such fees to Plan participants. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments. All other administrative costs are paid by the Plan.

Subsequent Events

The date to which events occurring after December 31, 2019, the date of the most recent statement of net assets available for benefits, has been evaluated for possible adjustments to the financial statements or disclosure is September 22, 2020 which is the date on which the statements were available to be issued.

NOTE C - INFORMATION PREPARED AND CERTIFIED BY TRUSTEES AND AN AFFILIATED AGENT OF A TRUSTEE

The Company has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, all information pertaining to the investments, notes receivable from participants and related income, information in the notes to the financial statements and information in the supplemental schedule was certified by the Plan's Trustees, Newport Trust Company and Prudential Bank & Trust F.S.B., and Prudential Retirement Insurance and Annuity Company, an affiliated agent of Prudential Bank & Trust F.S.B., as complete and accurate as of and for the years ended December 31, 2019 and 2018. This information was not subject to audit procedures except for comparing it to the related information included in the financial statements and supplemental schedule of assets (held at end of year) as of December 31, 2019.

NOTE D - FAIR VALUE MEASUREMENT

Fair value represents 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. FASB ASC 820, Fair Value Measurements and Disclosures, provides a framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

NOTE D - FAIR VALUE MEASUREMENT (Continued)

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities ("Level 1" measurements), the next priority to quoted values based on observable inputs ("Level 2" measurements), and the lowest priority to unobservable inputs ("Level 3" measurements).

The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 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. For example, stocks listed on a recognized exchange or listed mutual funds.

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

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

NOTE D - FAIR VALUE MEASUREMENT (Continued)

Common collective trusts: A fund that is composed primarily of fully benefit-responsive investment contracts that is valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Pooled separate accounts: Accounts that are measured at the net asset value of the underlying investments, as a practical expedient, have not been classified in the fair value hierarchy.

Self-directed brokerage accounts: Accounts primarily consist of mutual funds and equity securities that are valued on the basis of readily determinable market prices.

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 tables set forth by level, within the fair value hierarchy, the Plan's fair value measurements at December 31, 2019 and 2018:

Investment Assets at Fair Value as of December 31, 2019

	Level 1	Level 2	Level 3	Total
Mutual funds	$103,290,026	$ -	$ -	$103,290,026
Self-directed brokerage accounts	6,927,809	-	-	6,927,809
Total assets in the fair value hierarchy	110,217,835	-	-	110,217,835
Common collective trust fund, at net asset value (*)	-	-	-	32,454,695
Pooled separate accounts, at net asset value (*)	-	-	-	27,529,769
Investments at fair value	$110,217,835	$ -	$ -	$170,202,299

NOTE D - FAIR VALUE MEASUREMENT (Continued)

Investment Assets at Fair Value as of December 31, 2018

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 75,606,398	$ -	$ -	$ 75,606,398
Self-directed brokerage accounts	5,642,346	-	-	5,642,346
Total assets in the fair value hierarchy	81,248,744	-	-	81,248,744
Common collective trust funds, at net asset value (*)	-	-	-	30,120,507
Pooled separate accounts, at net asset value (*)	-	-	-	20,341,823
Investments at fair value	$ 81,248,744	$ -	$ -	$131,711,074

(*) In accordance with Subtopic 820-10, certain investments that were measured at net assets value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2019 and 2018, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2019	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Common collective trust fund	$32,454,695	None	Daily	12 months
Pooled separate accounts	$27,529,769	None	Immediate	None

NOTE D - FAIR VALUE MEASUREMENT (Continued)

December 31, 2018	Fair Value	Unfunded Commitments	Frequency (If Currently Eligible)	Redemption Notice Period
Common collective trust funds	$30,120,507	None	Daily	12 months
Pooled separate accounts	$20,341,823	None	Immediate	None

NOTE E - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has as a fully benefit-responsive synthetic Guaranteed Investment Contract ("GIC") with Prudential. Prudential maintains contributions in a general account, which is credited with earnings and charged for participant withdrawals and administrative expenses. The GIC is included in the financial statements at contract value. The GIC issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer.

Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and fees. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

No events limit the ability of the Plan to transact at contract value so long as the Synthetic GIC contract remains in force.

Except for events which may result in termination for cause, as outlined in the Prudential Synthetic GIC contract, Prudential may not cause the contract to be terminated at an amount other than contract value.

NOTE F - RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

During the period from January 1, 2018 through July 31, 2018, the Plan invested in shares of a mutual fund managed by Charles Schwab Bank, who was the sub-custodian. Therefore, transactions involving this mutual fund qualify as party-in-interest transactions.

Certain Plan investments are shares of pooled separate accounts, a common collective trust and a GIC managed by Prudential. These transactions qualify as exempt party-in-interest transactions.

The Company, which is a party-in-interest, is absorbing the costs of fiduciary bonding, financial statement audit fees, and fees charged by the Plan’s trustee, but reserves the right to amend the Plan at any time, and allocate such fees to Plan participants.

NOTE G - PLAN TERMINATION

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

NOTE H - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the IRC. 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 Code and therefore believes that the Plan is qualified and the related trust is tax-exempt.

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

NOTE I - RISKS AND UNCERTAINTIES

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

NOTE J - SUBSEQUENT EVENTS

In March 2020, the World Health Organization categorized Coronavirus Disease 2019 ("COVID-19") as a pandemic, and the President of the United States declared the COVID-19 outbreak a national emergency. The COVID-19 pandemic has led to volatility in financial markets and has affected, and may continue to affect, the market prices of Plan assets. The potential economic impact brought by, and the duration of, COVID-19 is difficult to assess or predict and will depend on future developments that are highly uncertain and cannot be predicted.

SUPPLEMENTAL SCHEDULE

VITALMD 401(K) PLAN
EIN: 54-2129332
PLAN NUMBER 001

SCHEDULE OF ASSETS HELD AT END OF YEAR
(FORM 5500, SCHEDULE H, LINE 4i)

DECEMBER 31, 2019

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost of Asset	(e) Current Value
	American Funds Europacific Growth R6 Fund	Mutual Fund	$ 38,707,849	$ 41,067,009
	DFA Emerging Markets Core Equity I Fund	Mutual Fund	655,594	680,514
	DFA Inflation Protected Securities I Fund	Mutual Fund	86,757	89,139
	Fidelity Advanced Materials I Fund	Mutual Fund	80,307	72,243
	Fidelity Small Cap Index Premium	Mutual Fund	1,054,127	1,091,388
	Goldman Sachs International Small Cap Insights Fund	Mutual Fund	45,998	49,676
	Janus Henderson Venture Fund Class N	Mutual Fund	8,038,425	8,002,216
	Lord Abbet Bond Debenture Fund Class R6	Mutual Fund	605,219	612,849
	MassMutual Select Mid Cap Growth Fund	Mutual Fund	7,745,922	8,039,752
	Northern Mid Cap Index Fund	Mutual Fund	385,445	380,511
	Pgim Global Total Return R6 Fund	Mutual Fund	140,955	144,179
	Vanguard Interm-Term US Treasury Adm Fund	Mutual Fund	365,299	363,333
	Vanguard Large Cap Index Instl Fund	Mutual Fund	3,125,778	3,534,238
	Vanguard Small Cap Value Index Fund	Mutual Fund	7,496,889	7,782,857
	Vanguard Windsor Adm Fund	Mutual Fund	25,471,107	24,456,776
	Victory Sycamore Established Value Fund	Mutual Fund	6,966,904	6,923,346
			100,972,575	103,290,026
*	Pru Core Plus Bond Fund	Common Collective Trust	29,584,075	32,454,695
*	Prudential T. Rowe Price LCG EQ	Pooled Separate Account	$ 23,361,301	$ 26,921,561
*	Prudential Real Estate/Cohen & Steers	Pooled Separate Account	544,199	608,208
			23,905,500	27,529,769
			$ 154,462,150	163,274,490
*	**PRU CORE INTERMEDIATE BOND FUND**	Guaranteed Investment Contract		36,297,041
**	**SELF-DIRECTED BROKERAGE ACCOUNTS**			6,927,809
*	**NOTES RECEIVABLE FROM PARTICIPANTS**	Bearing interest at rates ranging from 4.25% to 7.25% and due through November 1, 2047		2,473,133
				$ 208,972,473

* Party-in-interest as defined by ERISA.

** Cost omitted for self-directed brokerage accounts.

VITALMD 401(K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2019 AND 2018

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Independent Auditor's Report

To the Administrative Committee of the
VitalMD 401(K) Plan

Report on the Financial Statements

We were engaged to audit the accompanying statements of VitalMD 401(K) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 our 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, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information referred to in Note C, which was certified by Newport Trust Company and Prudential Bank & Trust F.S.B., the trustees of the Plan, and Prudential Retirement Insurance and Annuity Company, an affiliated agent of Prudential Bank & Trust F.S.B., except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that Prudential Bank & Trust F.S.B. and Prudential Retirement Insurance and Annuity Company held the Plan’s investment assets and executed investment transactions from August 1, 2018 to December 31, 2019, and that Newport Trust Company held the Plan’s investment assets and executed investment transactions from January 1, 2018 to July 31, 2018. The plan administrator has obtained certifications from the trustees and an affiliated agent of a trustee as of and for the years ended December 31, 2019 and December 31, 2018, that the information provided to the plan administrator by the trustees and an affiliated agent of a trustee of the Plan, 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 assets held as of and for the year ended December 31, 2019, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustees, 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.

Pinchasik Yelen Muskat Stein, LLC

Miami, Florida
September 22, 2020

VITALMD 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31,

	2019	2018
ASSETS		
INVESTMENTS, AT FAIR VALUE (NOTE D)		
Mutual funds	$ 103,290,026	$ 75,606,398
Common collective trusts	32,454,695	30,120,507
Pooled separate accounts	27,529,769	20,341,823
Self-directed brokerage accounts	6,927,809	5,642,346
Total investments at fair value	170,202,299	131,711,074
INVESTMENT, AT CONTRACT VALUE (NOTE E)	36,297,041	27,059,456
RECEIVABLES		
Employer contributions	537,613	578,228
Participants contributions	167,347	23,112
Other employer contributions	21,341	-
Notes receivable from participants	2,473,133	2,312,302
Total receivables	3,199,434	2,913,642
CASH	-	91
Total assets	209,698,774	161,684,263
LIABILITIES		
Accrued expenses	2,250	62,995
Excess contributions payable	9,671	-
Total liabilities	11,921	62,995
NET ASSETS AVAILABLE FOR BENEFITS	$ 209,686,853	$ 161,621,268

See accompanying notes to the financial statements.

VITALMD 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31,

	2019	2018
ADDITIONS		
Additions to net assets attributed to:		
Net appreciation in fair value of investments	$ 32,206,980	$ -
Dividends	1,376,870	2,751,724
	33,583,850	2,751,724
Interest income on notes receivable from participants	154,818	116,910
Contributions:		
Employer	8,398,839	7,916,910
Participants	10,375,312	9,011,482
Participant rollovers	2,854,917	1,356,852
Other employer contributions	21,341	-
	21,650,409	18,285,244
Other income	-	33,854
Total additions	55,389,077	21,187,732
DEDUCTIONS		
Deductions from net assets attributed to:		
Net depreciation in fair value of investments	-	11,823,576
Benefits paid to participants	7,073,603	5,620,316
Administrative expenses	249,889	388,305
Total deductions	7,323,492	17,832,197
NET INCREASE IN PLAN ASSETS	48,065,585	3,355,535
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	161,621,268	158,265,733
End of year	$ 209,686,853	$ 161,621,268

See accompanying notes to the financial statements.

NOTE A - DESCRIPTION OF PLAN

The following description of the VitalMD 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 defined contribution plan covering all eligible employees of VitalMD Group Holding, LLC and its wholly owned LLCs (collectively referred to as the "Company") who have completed at least one (1) year of service and one thousand (1,000) hours and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Newport Trust Company served as the trustee and custodian of plan assets from January 1, 2018 and through the period ended July 31, 2018. Effective August 1, 2018, the Company transferred the Plan's assets to Prudential Bank & Trust F.S.B. and to an affiliated agent of Prudential Bank & Trust F.S.B, Prudential Retirement Insurance and Annuity Company, collectively referred to as "Prudential".

Contributions

Participant Contributions: Each year, participants may contribute up to 100% of pretax annual compensation, up to Internal Revenue Code (IRC) limits of $19,000 for the Plan year ended December 31, 2019 and $18,500 for the Plan year ended December 31, 2018, as defined in the Plan (elective deferral), in any combination of before-tax, Roth 401(k) (after-tax), and/or traditional after-tax contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions up to $6,000 for 2019 and 2018. Participants may also contribute rollover amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a variety of mutual funds, common collective trusts, pooled separate accounts and self-directed brokerage accounts. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate, with a default deferral rate set at 3% of eligible compensation. Contributions are automatically invested in a designated balanced fund until changed by the participant.

Company Safe Harbor Contributions: The Company contributes non-elective safe harbor contributions equal to 3% of compensation for all eligible employees in the Plan. Employees are required to complete one year of service prior to becoming eligible for Company safe harbor contributions.

Company Profit Sharing Contributions: Profit sharing amounts may be contributed at the option of the Company's Board of Members. During the years ended December 31, 2019 and 2018, the Company made a profit sharing contribution of approximately $3,301,000 and $2,793,000, respectively.

NOTE A - DESCRIPTION OF PLAN (Continued)

Contributions (Continued)

Contributions are subject to certain limitations imposed by applicable provisions of the Plan and the Internal Revenue Code of 1986, as amended ("IRC"), including compliance with applicable statutory limits and non-discrimination rules.

Participant Accounts

Each participant's account is credited with the participant's contribution and Company safe harbor contributions, as well as allocations of the Company's profit sharing contributions and Plan's net earnings.

Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions, the Company's safe harbor contributions plus actual earnings thereon and rollovers. Vesting in the Company's profit sharing contribution portion of their accounts is based on years of continuous service as follows:

Years of Service	Percentage Vested
Less than 2	0%
2 or more	100%

Vesting will be accelerated and participants will be 100% vested in the Company's matching contribution and earnings thereon upon reaching age 65, or as a result of death, or becoming totally disabled while an employee. A participant will be considered totally disabled for purposes of the Plan if he or she is eligible to receive long-term disability benefits under the Plan.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 and up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the participant's account and bear interest at rates which are commensurate with local prevailing rates at the time of the loan as determined by the Plan administrator. Principal and interest is paid ratably through regular payroll deductions.

NOTE A - DESCRIPTION OF PLAN (Continued)

Payment of Benefits

Prior to termination of employment, a participant may withdraw, subject to the Plan's notice requirements, all or any portion of the vested value of his or her account and the vested value of his or her Company contribution account if the participant has attained age fifty-nine and one-half ($59^{1/2}$) or becomes totally and permanently disabled, or all or a certain portion of the value of his or her participant account in the event of demonstrated financial hardship, subject to the Plan provisions.

A participant, after leaving the Company, can have the total of his or her vested account distributed in accordance with the provisions of the Plan. On termination of service for any reason, including disability or retirement, a participant may elect, if account balance exceeds $5,000, to receive either a lump-sum amount equal to the value of the participant's interest in his or her account, or remain in the Plan. If account balance is $5,000 or less, a participant will receive the value of his or her account as a lump-sum distribution.

Forfeited Accounts

Forfeitures of the non-vested portion of participant accounts related to the Company's contribution are used first to pay Plan expenses and then to offset future Company contributions**.** At December 31, 2019 and 2018, the forfeited non-vested accounts balance totaled $26,088 and $337 respectively. During the years ended December 31, 2019 and 2018, employer contributions and plan's expenses were reduced by $28,161 and $908 in unallocated forfeitures, respectively.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

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. Accordingly, actual results may differ from those estimates.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers. See Note D for discussion of fair value measurements.

The units of pooled separate accounts are stated at fair value as determined by the issuer of the account based on the net asset value of the underlying investments, as a practical expedient. Individual participant accounts invested in the pooled separate accounts are maintained on a unit value basis.

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.

All accounts are credited with earnings and gains on the underlying investments and charged for losses, participant withdrawals and certain administrative expenses.

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 the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 or 2018. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Other Employer Contributions

Corrective employer safe harbor contribution amounts, that were determined after year-end, are presented as other employer contributions (receivable) in the statement of net assets and as other employer contributions in the statement of changes in net assets available for benefits.

Excess Contributions Payable

Amounts payable to the employer and to participants totaling $9,657 and $14, respectively, in excess of amounts allowed are recorded as excess contributions payable, with a corresponding reduction to 2019 contributions. There were no excess contributions for the year ended December 31, 2018.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payment of Benefits

Benefits are recorded when paid.

Administrative Costs

The Company, which is a party-in-interest, is absorbing the costs of fiduciary bonding, financial statement audit fees, and certain fees charged by the Plan's trustee, but reserves the right to amend the Plan at any time, and allocate such fees to Plan participants. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments. All other administrative costs are paid by the Plan.

Subsequent Events

The date to which events occurring after December 31, 2019, the date of the most recent statement of net assets available for benefits, has been evaluated for possible adjustments to the financial statements or disclosure is September 22, 2020 which is the date on which the statements were available to be issued.

NOTE C - INFORMATION PREPARED AND CERTIFIED BY TRUSTEES AND AN AFFILIATED AGENT OF A TRUSTEE

The Company has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, all information pertaining to the investments, notes receivable from participants and related income, information in the notes to the financial statements and information in the supplemental schedule was certified by the Plan's Trustees, Newport Trust Company and Prudential Bank & Trust F.S.B., and Prudential Retirement Insurance and Annuity Company, an affiliated agent of Prudential Bank & Trust F.S.B., as complete and accurate as of and for the years ended December 31, 2019 and 2018. This information was not subject to audit procedures except for comparing it to the related information included in the financial statements and supplemental schedule of assets (held at end of year) as of December 31, 2019.

NOTE D - FAIR VALUE MEASUREMENT

Fair value represents 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. FASB ASC 820, Fair Value Measurements and Disclosures, provides a framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

NOTE D - FAIR VALUE MEASUREMENT (Continued)

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities ("Level 1" measurements), the next priority to quoted values based on observable inputs ("Level 2" measurements), and the lowest priority to unobservable inputs ("Level 3" measurements).

The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 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. For example, stocks listed on a recognized exchange or listed mutual funds.

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

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

NOTE D - FAIR VALUE MEASUREMENT (Continued)

Common collective trusts: A fund that is composed primarily of fully benefit-responsive investment contracts that is valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Pooled separate accounts: Accounts that are measured at the net asset value of the underlying investments, as a practical expedient, have not been classified in the fair value hierarchy.

Self-directed brokerage accounts: Accounts primarily consist of mutual funds and equity securities that are valued on the basis of readily determinable market prices.

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 tables set forth by level, within the fair value hierarchy, the Plan's fair value measurements at December 31, 2019 and 2018:

Investment Assets at Fair Value as of December 31, 2019

	Level 1	Level 2	Level 3	Total
Mutual funds	$103,290,026	$ -	$ -	$103,290,026
Self-directed brokerage accounts	6,927,809	-	-	6,927,809
Total assets in the fair value hierarchy	110,217,835	-	-	110,217,835
Common collective trust fund, at net asset value (*)	-	-	-	32,454,695
Pooled separate accounts, at net asset value (*)	-	-	-	27,529,769
Investments at fair value	$110,217,835	$ -	$ -	$170,202,299

NOTE D - FAIR VALUE MEASUREMENT (Continued)

Investment Assets at Fair Value as of December 31, 2018

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 75,606,398	$ -	$ -	$ 75,606,398
Self-directed brokerage accounts	5,642,346	-	-	5,642,346
Total assets in the fair value hierarchy	81,248,744	-	-	81,248,744
Common collective trust funds, at net asset value (*)	-	-	-	30,120,507
Pooled separate accounts, at net asset value (*)	-	-	-	20,341,823
Investments at fair value	$ 81,248,744	$ -	$ -	$131,711,074

(*) In accordance with Subtopic 820-10, certain investments that were measured at net assets value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2019 and 2018, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2019	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Common collective trust fund	$32,454,695	None	Daily	12 months
Pooled separate accounts	$27,529,769	None	Immediate	None

NOTE D - FAIR VALUE MEASUREMENT (Continued)

December 31, 2018	Fair Value	Unfunded Commitments	Frequency (If Currently Eligible)	Redemption Notice Period
Common collective trust funds	$30,120,507	None	Daily	12 months
Pooled separate accounts	$20,341,823	None	Immediate	None

NOTE E - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has as a fully benefit-responsive synthetic Guaranteed Investment Contract ("GIC") with Prudential. Prudential maintains contributions in a general account, which is credited with earnings and charged for participant withdrawals and administrative expenses. The GIC is included in the financial statements at contract value. The GIC issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer.

Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and fees. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

No events limit the ability of the Plan to transact at contract value so long as the Synthetic GIC contract remains in force.

Except for events which may result in termination for cause, as outlined in the Prudential Synthetic GIC contract, Prudential may not cause the contract to be terminated at an amount other than contract value.

NOTE F - RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

During the period from January 1, 2018 through July 31, 2018, the Plan invested in shares of a mutual fund managed by Charles Schwab Bank, who was the sub-custodian. Therefore, transactions involving this mutual fund qualify as party-in-interest transactions.

Certain Plan investments are shares of pooled separate accounts, a common collective trust and a GIC managed by Prudential. These transactions qualify as exempt party-in-interest transactions.

The Company, which is a party-in-interest, is absorbing the costs of fiduciary bonding, financial statement audit fees, and fees charged by the Plan’s trustee, but reserves the right to amend the Plan at any time, and allocate such fees to Plan participants.

NOTE G - PLAN TERMINATION

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

NOTE H - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the IRC. 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 Code and therefore believes that the Plan is qualified and the related trust is tax-exempt.

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

NOTE I - RISKS AND UNCERTAINTIES

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

NOTE J - SUBSEQUENT EVENTS

In March 2020, the World Health Organization categorized Coronavirus Disease 2019 ("COVID-19") as a pandemic, and the President of the United States declared the COVID-19 outbreak a national emergency. The COVID-19 pandemic has led to volatility in financial markets and has affected, and may continue to affect, the market prices of Plan assets. The potential economic impact brought by, and the duration of, COVID-19 is difficult to assess or predict and will depend on future developments that are highly uncertain and cannot be predicted.

SUPPLEMENTAL SCHEDULE

VITALMD 401(K) PLAN
EIN: 54-2129332
PLAN NUMBER 001

SCHEDULE OF ASSETS HELD AT END OF YEAR
(FORM 5500, SCHEDULE H, LINE 4i)

DECEMBER 31, 2019

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost of Asset	(e) Current Value
	American Funds Europacific Growth R6 Fund	Mutual Fund	$ 38,707,849	$ 41,067,009
	DFA Emerging Markets Core Equity I Fund	Mutual Fund	655,594	680,514
	DFA Inflation Protected Securities I Fund	Mutual Fund	86,757	89,139
	Fidelity Advanced Materials I Fund	Mutual Fund	80,307	72,243
	Fidelity Small Cap Index Premium	Mutual Fund	1,054,127	1,091,388
	Goldman Sachs International Small Cap Insights Fund	Mutual Fund	45,998	49,676
	Janus Henderson Venture Fund Class N	Mutual Fund	8,038,425	8,002,216
	Lord Abbet Bond Debenture Fund Class R6	Mutual Fund	605,219	612,849
	MassMutual Select Mid Cap Growth Fund	Mutual Fund	7,745,922	8,039,752
	Northern Mid Cap Index Fund	Mutual Fund	385,445	380,511
	Pgim Global Total Return R6 Fund	Mutual Fund	140,955	144,179
	Vanguard Interm-Term US Treasury Adm Fund	Mutual Fund	365,299	363,333
	Vanguard Large Cap Index Instl Fund	Mutual Fund	3,125,778	3,534,238
	Vanguard Small Cap Value Index Fund	Mutual Fund	7,496,889	7,782,857
	Vanguard Windsor Adm Fund	Mutual Fund	25,471,107	24,456,776
	Victory Sycamore Established Value Fund	Mutual Fund	6,966,904	6,923,346
			100,972,575	103,290,026
*	Pru Core Plus Bond Fund	Common Collective Trust	29,584,075	32,454,695
*	Prudential T. Rowe Price LCG EQ	Pooled Separate Account	$ 23,361,301	$ 26,921,561
*	Prudential Real Estate/Cohen & Steers	Pooled Separate Account	544,199	608,208
			23,905,500	27,529,769
			$ 154,462,150	163,274,490
*	**PRU CORE INTERMEDIATE BOND FUND**	Guaranteed Investment Contract		36,297,041
**	**SELF-DIRECTED BROKERAGE ACCOUNTS**			6,927,809
*	**NOTES RECEIVABLE FROM PARTICIPANTS**	Bearing interest at rates ranging from 4.25% to 7.25% and due through November 1, 2047		2,473,133
				$ 208,972,473

* Party-in-interest as defined by ERISA.

** Cost omitted for self-directed brokerage accounts.