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
INVO HOLDINGS 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2004

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)
INVO HEALTHCARE ASSOCIATES, LLC

1780 KENDARBREN DRIVE
JAMISON, PA 18929

2b Employer Identification Number (EIN)
32-0395173

2c Plan Sponsor's telephone number
215-489-8761

2d Business code (see instructions)
621399

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	DONNA ORLANDO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	DONNA ORLANDO
	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**	2059
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)**	1907
a(2) Total number of active participants at the end of the plan year	**6a(2)**	2707
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	166
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2873
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	2873
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	572
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	29
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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
INVO HOLDINGS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INVO HEALTHCARE ASSOCIATES, LLC

D Employer Identification Number (EIN)
32-0395173

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

CHARLES SCHWAB & CO., INC.

94-1737782

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

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

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

USI CONSULTING GROUP

06-1053228

(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?
11 15 17 37 50 64	NONE	24330	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHERNOFF DIAMOND & CO., LLC

11-2836994

(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?
11 15 17 37 50 64	NONE	11698	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB BANK

42-1558009

(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?
19 21 31	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	3620	Yes [ ] No [X]

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

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

(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 ☐

(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
CHARLES SCHWAB BANK	19 21 31	787
(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.	
CHERNOFF DIAMOND & CO., LLC 11-2836994	CUSTODIAL AND TRUSTEE FEES PAID BY CHERNOFF DIAMOND	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB BANK	19 21 31	2833
(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.	
USI CONSULTING GROUP 06-1053228	CUSTODIAL AND TRUSTEE FEES PAID BY USI CONSULTING GROUP	

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
INVO HOLDINGS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INVO HEALTHCARE ASSOCIATES, LLC

D Employer Identification Number (EIN)
32-0395173

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	36845	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	224129	1106
(2) Participant contributions	1b(2)		4485
(3) Other	1b(3)	1036219	22637
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	314500	558972
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	77399	150263
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8773188	13063115
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	10462280	13800578
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10462280	13800578

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)	25256	
	(B) Participants	2a(1)(B)	1598290	
	(C) Others (including rollovers)	2a(1)(C)	127218	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1750764
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6213	
	(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)	6426	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12639
	(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)	281391	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		281391
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2250321
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4295115
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	943426	
(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)		943426
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	36028	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		36028
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		979454
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3315661
l Transfers of assets:			
(1) To this plan	2l(1)		22637
(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: GETTRY MARCUS CPA, P.C. **(2)** EIN: 13-3418879

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		320468
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		3000000
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
INVO HOLDINGS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INVO HEALTHCARE ASSOCIATES, LLC

D Employer Identification Number (EIN)
32-0395173

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): 42-1558009

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_____

INVO HOLDINGS 401(K) PLAN

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2019 AND 2018

Invo Holdings 401(k) Plan

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Independent Auditor's Report

To the Trustee and Management of the Plan Sponsor
Invo Holdings 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Invo Holdings 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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Charles Schwab Bank, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that Charles Schwab Bank holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan administrator by the custodian 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 schedules, appearing on pages 14 to 17, as of December 31, 2019 and for the years ended December 31, 2019, 2018, and 2017, are required by the Department of Labor (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis, and are 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 these supplemental schedules.

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 schedules, other than that derived from the information certified by the custodians, has 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.

Gettry Marcus CPA, P.C.

Gettry Marcus CPA, P.C.
Woodbury, New York
October 14, 2020

Invo Holdings 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

	2019	2018
Assets		
Investments at fair value	$ 13,622,087	$ 9,124,533
Transfers receivable from merged plans	22,637	1,036,219
Receivables		
Contributions receivable - employer	1,106	224,129
Contributions receivable - participants	4,485	-
Notes receivable from participants	150,263	77,399
Total receivables	155,854	301,528
Net assets available for benefits	$ 13,800,578	$ 10,462,280

See notes to financial statements.

Invo Holdings 401(k) Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2019 and 2018

	2019	2018
Additions:		
Additions to net assets attributed to:		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	$ 2,250,321	$ (988,055)
Interest and dividends	287,604	202,879
Net investment income (loss)	2,537,925	(785,176)
Interest income on notes receivable from participants	6,426	3,559
Contributions		
Participants	1,598,290	1,390,554
Employer	25,256	225,176
Rollovers	127,218	539,325
Total contributions	1,750,764	2,155,055
Total additions	4,295,115	1,373,438
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants	943,426	1,297,219
Administrative expenses	36,028	31,664
Total deductions	979,454	1,328,883
Net increase	3,315,661	44,555
Transfers from affiliated plans	22,637	1,036,219
Net assets available for benefits:		
Beginning of year	10,462,280	9,381,506
End of year	$ 13,800,578	$ 10,462,280

See notes to financial statements.

Note 1 – Description of Plan

The following description of Invo Holdings 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, which was established January 1, 2004, is a defined contribution plan organized under Internal Revenue Code ("IRC") Section 401(k) with a cash or deferred arrangement and allows for discretionary employer matching and other contributions. Effective March 31, 2014, the Plan was restated to a volume submitter defined contribution plan. The Plan covers all employees except for union, leased and certain non-resident alien employees of Invo HealthCare Associates, LLC or any subsidiary or affiliate (collectively, the "Employer" or "Company") who has adopted the Plan and who have completed one month of eligible service and attained the age of 21. The Plan is subject to the provisions of ERISA. The trustee is responsible for oversight of the Plan. Management of the Company ("Management") determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's trustee.

Management and the trustee, as permitted by the Plan document, made the following decisions, elections and amendments to the Plan document:

Determined on August 1, 2017, to merge the Progressus Therapy, LLC 401(k) Retirement Savings Plan ("Progressus Plan") into the Plan. Accordingly, all the non-union, non-leased employees of Progressus Therapy, LLC who were participants of the Progressus Plan, became part of the Plan on December 31, 2017, which was effectuated on January 2, 2018. As a result, the participants assets merged into the Plan of $7,181,491 were actually transferred on January 2, 2018 and were reflected as transfers receivable from merged plans as of December 31, 2017.

Determined on December 31, 2018, to merge the Xcite Steps LLC 401(k) Profit Sharing Plan and Trust ("Xcite Plan") and PBC 401(k) Plan (the "PBC Plan") into the Plan both, with an effective date of December 31, 2018. The participant accounts and related net assets were transferred into the Plan on January 2, 2019 ($287,951 for the Xcite Plan) and on January 15, 2019 ($748,268 for the PBC Plan) and were reflected as transfers receivable from merged plans as of December 31, 2018.

Determined on December 31, 2019, to merge the ABA2DAY 401(k) Plan (the "ABA2DAY Plan") in the Plan with an effective date of December 31, 2019. The participant accounts and related net assets of $22,637 were transferred into the Plan on January 2, 2020 and were reflected as transfer receivable from the merged plan as of December 31, 2019.

The aforementioned transfers receivable from merged plans were reflected on the accompanying statements of net assets available for benefits as of December 31, 2019 and 2018, respectively.

On May 20, 2019, the Company acquired the assets of ABA In Action Inc. ("ABA") and accordingly, its employees were hired by the Company. Effective that date, the Plan was amended to waive eligibility requirements for employees who were employed by ABA.

Note 1 – Description of Plan (continued)

Contributions
Each year, participants may contribute to the Plan from 1 to 100% (in full percentage points) of their pretax earnings, as defined in the Plan, up to a maximum in accordance with Section 415(c) of the IRC and adjusted annually for inflation thereafter. Effective September 1, 2017, the Plan was amended to accept Roth Elective Deferrals made on behalf of participants. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans ("rollovers"). Participants direct the investment of their contributions, the employer contributions and rollovers into various investment options offered by the Plan. To be eligible for employer contributions, participants must complete one year of eligible service and attained the age of 21. For the year ended December 31, 2018, the Employer discretionary matching percentage was 33% of the first 6% of each participant's contributions. For the year ended December 31, 2019, the Plan Sponsor elected not to contribute the Employer discretionary matching contributions, except for Xcite Steps employees (see Note 9). For the years ended December 1, 2019 and 2018, Employer discretionary matching contributions amounted to $25,256 and $224,129, respectively. In addition, the Company made a QNEC contribution for 2017 of $1,047 during 2018. The Company may also make discretionary profit sharing and safe harbor contributions to the participants at the option of the Company. No such contributions were made during the years ended December 31, 2019 and 2018. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Participant Accounts
Each participant's account is credited with the participant's contributions and Company discretionary matching and safe harbor contributions as well as an allocation of (a) the Company's discretionary profit sharing contribution, if any (b) Plan earnings and losses, and (c) an allocation of Plan administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. Earnings (losses) are allocated by fund based on the ratio of a participant's account invested in a particular fund to all participants' investments in that fund. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting
Participants immediately vest 100% in their voluntary contributions, safe harbor and rollover contributions plus actual earnings thereon. Employer discretionary matching contributions and profit sharing contributions will vest on the basis of the participant's number of years of continuous service. A participant becomes 33% vested after one year of service, 66% vested after two years of service and 100% vested after three years of service. However, if an active participant dies or becomes totally and permanently disabled prior to attaining the normal retirement age, the participant's account becomes 100% vested. Participants from merged plans maintained their vesting status upon becoming part of the Plan.

Forfeitures
Forfeitures of non-vested benefits are used to reduce Plan expenses and employer contributions. Forfeited non-vested accounts totaled $5,658 and $6 at December 31, 2019 and 2018, respectively. For the years ended December 31, 2019 and 2018, forfeitures of $2,659 and $7,872, respectively, were used to offset Plan expenses ($1,302 in 2019 and $7,872 in 2018) and Company contributions ($1,357 in 2019 and $- in 2018).

Note 1 – Description of Plan (continued)

Payment of Benefits
On termination of service due to death, disability, retirement, or for other reasons, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Distributions are subject to the applicable provisions of the Plan agreement.

Notes Receivable from Participants
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. Loan terms range from one to five years or within a reasonable repayment period for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates that range from 4.25% to 6.50%. Principal and interest are paid ratably through bi-weekly payroll deductions. The Plan allows each participant to have up to two outstanding loans at any given time.

Note 2 – Summary of Significant Accounting Policies

Accounting Standards Update ("ASU")
On August 28, 2018, the Financial Accounting Standards Board ("FASB") issued ASU 2018-13, Disclosure Framework-Changes to the Disclosure Requirement for Fair Value Measurement (Topic 820). The ASU, which applies to all entities (including defined contribution plans), removes, modifies and adds fair value and/or Net Asset Value ("NAV") related disclosures. The ASU is effective for years beginning after December 15, 2019. Certain of these amendments are prospective changes with the balance to be applied retrospectively. Early adoption is permitted; however, certain components of this ASU can be early adopted without delay. The Trustee has not determined what impact the adoption of this ASU 2018-13 will have, if any, on its financial statements.

Basis of Accounting
The financial statements of the Plan are prepared on the accrual basis of accounting.

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

Investment Valuation and Income Recognition
The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Management of the Employer determines the Plan's valuation policies utilizing information provided by the Plan's investment adviser and trustee.

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.

Note 2 – Summary of Significant Accounting Policies (continued)

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 an accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses have been recorded as of December 31, 2019 and 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.

Payment of Benefits
Benefits are recorded when paid by the Plan.

Administrative Expenses
The Plan's expenses are paid by either the Plan or the Company as provided by the Plan agreement. Certain administrative expenses of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. Expenses that are paid by the Company are excluded from these financial statements. 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) of fair value of investments.

Note 3 – Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2019 and 2018, and net appreciation (depreciation) in the fair value of investments, and interest and dividends for the years then ended, was obtained and derived from information supplied to the Plan administrator and certified as complete and accurate by Charles Schwab Bank ("Charles Schwab") (the custodian of the Plan).

The assets of the Plan are invested at the direction of the participants in various investment funds at December 31, 2019 and 2018.

Note 4 – Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include:

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

Note 4 – Fair Value Measurements (continued)

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 observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology 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. The mutual funds held by the Plan are deemed to be actively traded.

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

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

	Investments at Fair Value at December 31, 2019			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Emerging Market Stock	$ 157,594	$ -	$ -	$ 157,594
Mid Cap Index	860,921	-	-	860,921
Small Cap Index	190,290	-	-	190,290
Bond Market Index	1,674,963	-	-	1,674,963
International Stock Index	3,469,664	-	-	3,469,664
Stock Market Index	6,147,319	-	-	6,147,319
500 Index	562,364	-	-	562,364
Money Market and cash	558,972	-	-	558,972
Total investments at fair value	$ 13,622,087	$ -	$ -	$ 13,622,087

Note 4 – Fair Value Measurements (continued)

	Investments at Fair Value at December 31, 2018			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Emerging Market Stock	$ 136,212	$ -	$ -	$ 136,212
Mid Cap Index	716,245	-	-	716,245
Small Cap Index	129,595	-	-	129,595
Bond Market Index	1,291,658	-	-	1,291,658
International Stock Index	2,266,115	-	-	2,266,115
Stock Market Index	3,934,963	-	-	3,934,963
500 Index	298,400	-	-	298,400
Money Market and cash	351,345	-	-	351,345
Total investments at fair value	$ 9,124,533	$ -	$ -	$ 9,124,533

Note 5 – 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 a plan termination, participants will become 100 percent vested in their employer contributions.

Note 6 – Tax Status

The Company adopted a Volume Submitter Profit Sharing Plan which received a favorable opinion letter dated March 31, 2014, in which the IRS stated that the volume submitter plan, as then designed, was in compliance with the applicable sections of the IRC. Although the Plan (i) has been amended, (ii) has accepted several merged plans and participants from those plans, and (iii) affected transfers from affiliated plans since receiving the determination letter (the latest transfer being January 2, 2020), the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax exempt.

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

Note 7 – Risks and Uncertainties

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

Note 8 – Related Party Transactions

The investments owned by the Plan are managed by Charles Schwab, the custodian of the Plan. Fees incurred by the Plan for those investment management services are included in net appreciation (depreciation) in fair value of investments, as they are paid by revenue sharing, rather than direct payment.

As described in Note 2, the Plan made direct payments to Charles Schwab of $3,620 and $2,415 for the years ended December 31, 2019 and 2018, respectively, which were not covered by revenue sharing. The Employer pays directly any other fees related to the Plan's operations.

Charles Schwab provides certain administrative services to the Plan pursuant to a Master Plan Services Agreement (MSA) between the Company and Charles Schwab. Charles Schwab receives revenue from mutual fund service providers for services Charles Schwab provides to the funds. This revenue is used to offset certain amounts owed to Charles Schwab for its administrative services to the Plan.

If the revenue received by Charles Schwab from such mutual fund service providers exceeds the amount owed under the MSA, Charles Schwab remits the excess to the Plan's trust on a quarterly basis. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. There were no excess amounts during 2019 and 2018. The Plan or Plan Sponsor may make a payment to Charles Schwab for administrative expenses not covered by revenue sharing.

Note 9 – Self Correction Program and Other Matters

Effective January 2, 2019, the Xcite Plan (Note 1) was merged into the Plan. Prior to said merger, the sponsor of the Xcite Plan generally provided matching contribution to the eligible employee participants of the Xcite Plan. During the year ended December 31, 2019 and through July 2020, the Company made Employer matching contributions to the Plan on behalf of the employee participants of the former Xcite Plan. However, these matching contributions were in amounts generally in excess of what the Company's Plan document provides for and is in contradiction of the Company's lack of a matching contribution for the balance of the Plan's participants for the year ended December 31, 2019. The Company and the Plan Trustee ("Plan management") are evaluating the effect of this error, has determined that the amount of the error approximates $26,994 for the year ended December 31, 2019, and is in the process of resolving this pursuant to the provisions of the VCP. Plan management is also evaluating what impacts, if any, this error has on the balance of the Plan's participants and is also evaluating what amendments may needed to the Plan document.

For the year ended December 31, 2019, gross wages of the employee participants of the former Exite Plan exceeded the amounts reported on the Company's census by $1,353,659. Plan management is evaluating the root cause of the variance and how to resolve any incorrect contributions, if any, that arose as a result of this situation.

As a result of the above anomalies of the former Xcite Plan, Plan management is also evaluating the impacts it could have on its discrimination testing.

Note 9 – Self Correction Program and Other Matters (continued)

For the years ended December 31, 2019 and 2018, there were delays by the Company in submitting employee contributions totaling $155,281 and $154,131, respectively, to the custodian. In January 2020, the Company corrected the untimely participant contributions for the year ended December 31, 2018 under the Voluntary Fiduciary Correction Program ("VFCP") and reimbursed the Plan for lost interest. The Company is in the process of correcting the untimely participant contributions for the year ended December 31, 2019 under the VFCP. The amount of the lost earnings that will be payable to the participants has not been determined, but the Company does not believe that it will be material to the accompanying financial statements.

For the years ended December 31, 2018 and 2017, there were delays by the Company in submitting employee contributions for certain participants totaling $2,436 and $8,620, respectively, to the custodian. The Company is in the process of calculating lost earnings under the self-correction program and expects to have the correction completed in 2020. The Company does not believe that the amount of the lost earing that will be payable to the participants will be material to the accompanying financial statements.

Note 10 – Subsequent Events

Coronavirus Aid, Relief and Economic Security Act
The Coronavirus Aid, Relief and Economic Security Act (the "CARES Act") was enacted on March 27, 2020. The CARES Act includes a number of relief provisions available to tax-qualified retirement plans. The provisions of the CARES Act may be effective and operationalized immediately (i.e., prior to amending the Plan document). The Plan has adopted certain measures included in the CARES Act as follows:

- Permit qualified individuals (as defined under the CARES Act) to request Coronavirus-Related Distributions up to $100,000 from their vested portion of the Plan between January 1, 2020 and December 31, 2020.

- For loans taken within 180 days after the enactment of the CARES Act (i.e., March 27, 2020), permit qualified CARES Act individuals to take loans from their account up to the lesser of 100% of their vested account balance or $100,000. In addition, permit any Plan loan repayment that comes due during the period March 27, 2020 through December 31, 2020 to be delayed for up to one year.

- Permit the delay of Required Minimum Distributions ("RMD") for a period of one year, with the delay applying to both 2019 distributions that were required to begin no later than April 1, 2020, and 2020 distributions, unless an employee elects to receive an RMD in 2020. Participants electing to receive a 2020 RMD amount are able to use the 60-day rollover option.

The timing and manner for formal plan amendments, as determined by the CARES Act, is for the Plan year ending December 31, 2022.

COVID-19 Pandemic
The impact of the COVID-19 pandemic outbreak continues to evolve. Said pandemic has adversely affected net global economic activity and has greatly contributed to a significant deterioration and then recovery in financial markets as of the date of these financial statements were issued. The potential that such instability in the financial markets could continue is more than remote as the near-term election cycle could accelerate such instability. Because the values of the Plan's investments have and will fluctuate in response to these changing market conditions, the impact of this situation on the Plan (and the Company) and its future results and financial position is not presently determinable.

Note 10 – Subsequent Events (continued)

General
The Plan has evaluated subsequent events for potential recognition or disclosure in the financial statements through October 14, 2020, the date the financial statements were available to be issued.

On December 23, 2019, Advanced Behavioral Systems LLC ("ABS"), an affiliate, agreed with the Company and Management to allow ABS to become a participating employer of the Plan effective January 10, 2020. As a result, former employees of ABS that have IRA accounts with ABS are eligible to rollover their ABS IRA accounts Into the Plan if they meet a two-year prior service eligibility requirement.

Supplementary Information

Invo Holdings 401(k) Plan
PN: 001 EIN: 32-0395173
Form 5500 Schedule H, Part IV, Line 4(a)
Schedule of Delinquent Participant Contributions
Year Ended December 31, 2019

Check Here If Late Participant Loan Repayments Are Included	Participant Contributions Transferred Late to Plan			Total That Constitute Nonexempt Prohibited Transactions			
	Date Withheld	Date Remitted	Amount	Contributions Not Corrected *	Contributions Corrected Outside VFCP	Contributions Pending Correction Under VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
✓	1/31/2019	2/13/2019	$ 19,559	$ 19,559	$ -	$ -	$ -
	2/10/2019	2/22/2019	5,616	5,616	-	-	-
	3/10/2019	3/21/2019	4,491	4,491	-	-	-
✓	3/14/2019	3/25/2019	16,974	16,974	-	-	-
	3/25/2019	4/3/2019	4,731	4,731	-	-	-
	4/10/2019	4/23/2019	4,584	4,584	-	-	-
	5/10/2019	5/21/2019	4,961	4,961	-	-	-
✓	5/23/2019	5/31/2019	17,728	17,728	-	-	-
	6/10/2019	6/24/2019	5,177	5,177	-	-	-
	6/25/2019	7/9/2019	5,323	5,323	-	-	-
	7/10/2019	7/22/2019	5,143	5,143	-	-	-
	7/25/2019	8/7/2019	4,808	4,808	-	-	-
✓	8/1/2019	8/9/2019	17,634	17,634	-	-	-
	8/25/2019	9/5/2019	4,698	4,698	-	-	-
	9/10/2019	9/17/2019	4,577	4,577	-	-	-
	9/25/2019	10/2/2019	5,045	5,045	-	-	-
	10/10/2019	10/18/2019	4,647	4,647	-	-	-
	11/10/2019	11/20/2019	4,993	4,993	-	-	-
	11/25/2019	12/11/2019	4,912	4,912	-	-	-
	12/10/2019	12/19/2019	4,956	4,956	-	-	-
	12/25/2019	1/6/2020	4,724	4,724	-	-	-
			$ 155,281	$ 155,281	$ -	$ -	$ -

* The Company is in the process of calculating lost earnings under VFCP and expects to have the correction completed in 2020.

Invo Holdings 401(k) Plan
PN: 001 EIN: 32-0395173
Form 5500 Schedule H, Part IV, Line 4(a)
Schedule of Delinquent Participant Contributions
Year Ended December 31, 2018

Check Here If Late Participant Loan Repayments Are Included	Participant Contributions Transferred Late to Plan			Total That Constitute Nonexempt Prohibited Transactions			
	Date Withheld	Date Remitted	Amount	Contributions Not Corrected *	Contributions Corrected Outside VFCP	Contributions Pending Correction Under VFCP	Total Fully Corrected Under VFCP and PTE 2002-51 **
✓	1/1/2018	4/5/2019	$ 2,436	$ 2,436	$ -	$ -	$ -
✓	1/11/2018	2/12/2018	4,519	-	-	-	4,519
✓	1/25/2018	2/12/2018	6,537	-	-	-	6,537
✓	1/5/2018	2/5/2018	36,036	-	-	-	36,036
✓	1/19/2018	2/5/2018	12,415	-	-	-	12,415
✓	2/2/2018	3/1/2018	31,272	-	-	-	31,272
✓	2/2/2018	3/12/2018	3,043	-	-	-	3,043
✓	2/16/2018	3/12/2018	39,271	-	-	-	39,271
✓	3/1/2018	3/12/2018	15,122	-	-	-	15,122
✓	3/8/2018	3/21/2018	5,916	-	-	-	5,916
			$ 156,567	$ 2,436	$ -	$ -	$ 154,131

* The Company is in the process of calculating lost earnings under the self correction program and expects to have the correction completed in 2020.

** In January 2020, the Company corrected the untimely participant contributions under the VFCP and reimbursed the Plan for lost interest.

Invo Holdings 401(k) Plan
PN: 001 EIN: 32-0395173
Form 5500 Schedule H, Part IV, Line 4(a)
Schedule of Delinquent Participant Contributions
Year Ended December 31, 2017

Check Here If Late Participant Loan Repayments Are Included	Participant Contributions Transferred Late to Plan			Total That Constitute Nonexempt Prohibited Transactions			
	Date Withheld	Date Remitted	Amount	Contributions Not Corrected *	Contributions Corrected Outside VFCP	Contributions Pending Correction Under VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
	1/1/2017	4/5/2019	$ 8,620	$ 8,620	$ -	$ -	$ -

* The Company is in the process of calculating lost earnings under the self correction program and expects to have the correction completed in 2020.

Invo Holdings 401(k) Plan
PN: 001 EIN: 32-0395173
Form 5500 Schedule H, Part IV, Line 4(i)
Schedule of Assets (Held at End of Year)
December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest collateral, par or maturity value	(d) Cost**	(e) Current Value
*	Registered Investment Company	Vanguard Emerging Mkts Stock Idx Adm		$ 157,594
*	Registered Investment Company	Vanguard Mid Cap Index Admiral		860,921
*	Registered Investment Company	Vanguard Small Cap Index Admiral		190,290
*	Registered Investment Company	Vanguard Total Bond Market Index Adm		1,674,963
*	Registered Investment Company	Vanguard Total Intl Stock Index Admiral		3,469,664
*	Registered Investment Company	Vanguard Total Stock Mkt Idx Adm		6,147,319
*	Registered Investment Company	Vanguard 500 Index Admiral		562,364
*	Registered Investment Company	Money Market and cash		558,972
				13,622,087
*	Notes receivable from participants	Interest rates ranging from 4.25% to 6.50%, various maturity dates, secured by participants' account balances.	--	150,263
	Total			$ 13,772,350

* Indicates an identified person known to be a party-in-interest to the Plan.

** Cost not required. (investments are participant directed)

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
Invo Holdings 401(k) Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2004

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)
Invo HealthCare Associates, LLC

1780 Kendarbren Drive

Jamison PA 18929

2b Employer Identification Number (EIN)
32-0395173

2c Plan Sponsor's telephone number
(215)489-8761

2d Business code (see instructions)
621399

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	Donna Orlando	10/14/20	Donna Orlando
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Donna Orlando	10/14/20	Donna Orlando
	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

EFAST2 Filing Authorization
for the 2019 Form 5500 and 8955-SSA

Invo Holdings 401(k) Plan
EIN / PN: 32-0395173 / 001

Plan Year Ending: 12/31/2019

Authorization of Practitioner to Electronically Sign and File

I hereby authorize USI Consulting Group to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500 and provide a scanned copy of that signature page to USI Consulting Group before the electronic filing can be initiated;
- USI Consulting Group will retain a copy of this written authorization in its records;
- USI Consulting Group will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- USI Consulting Group shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Donna Orlando
Donna Orlando (Employer / Plan Sponsor)

10/14/2020
Date

Invo Holdings 401(k) Plan
PN: 001 EIN: 32-0395173
Form 5500 Schedule H, Part IV, Line 4(i)
Schedule of Assets (Held at End of Year)
December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest collateral, par or maturity value	(d) Cost**	(e) Current Value
*	Registered Investment Company	Vanguard Emerging Mkts Stock Idx Adm		$ 157,594
*	Registered Investment Company	Vanguard Mid Cap Index Admiral		860,921
*	Registered Investment Company	Vanguard Small Cap Index Admiral		190,290
*	Registered Investment Company	Vanguard Total Bond Market Index Adm		1,674,963
*	Registered Investment Company	Vanguard Total Intl Stock Index Admiral		3,469,664
*	Registered Investment Company	Vanguard Total Stock Mkt Idx Adm		6,147,319
*	Registered Investment Company	Vanguard 500 Index Admiral		562,364
*	Registered Investment Company	Money Market and cash		558,972
				13,622,087
*	Notes receivable from participants	Interest rates ranging from 4.25% to 6.50%, various maturity dates, secured by participants' account balances.	--	150,263
	Total			$ 13,772,350

* Indicates an identified person known to be a party-in-interest to the Plan.

** Cost not required. (investments are participant directed)

Invo Holdings 401(k) Plan
PN: 001 EIN: 32-0395173
Form 5500 Schedule H, Part IV, Line 4(a)
Schedule of Delinquent Participant Contributions
Year Ended December 31, 2019

Check Here If Late Participant Loan Repayments Are Included	Participant Contributions Transferred Late to Plan			Total That Constitute Nonexempt Prohibited Transactions			
	Date Withheld	Date Remitted	Amount	Contributions Not Corrected *	Contributions Corrected Outside VFCP	Contributions Pending Correction Under VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
✓	1/31/2019	2/13/2019	$ 19,559	$ 19,559	$ -	$ -	$ -
	2/10/2019	2/22/2019	5,616	5,616	-	-	-
	3/10/2019	3/21/2019	4,491	4,491	-	-	-
✓	3/14/2019	3/25/2019	16,974	16,974	-	-	-
	3/25/2019	4/3/2019	4,731	4,731	-	-	-
	4/10/2019	4/23/2019	4,584	4,584	-	-	-
	5/10/2019	5/21/2019	4,961	4,961	-	-	-
✓	5/23/2019	5/31/2019	17,728	17,728	-	-	-
	6/10/2019	6/24/2019	5,177	5,177	-	-	-
	6/25/2019	7/9/2019	5,323	5,323	-	-	-
	7/10/2019	7/22/2019	5,143	5,143	-	-	-
	7/25/2019	8/7/2019	4,808	4,808	-	-	-
✓	8/1/2019	8/9/2019	17,634	17,634	-	-	-
	8/25/2019	9/5/2019	4,698	4,698	-	-	-
	9/10/2019	9/17/2019	4,577	4,577	-	-	-
	9/25/2019	10/2/2019	5,045	5,045	-	-	-
	10/10/2019	10/18/2019	4,647	4,647	-	-	-
	11/10/2019	11/20/2019	4,993	4,993	-	-	-
	11/25/2019	12/11/2019	4,912	4,912	-	-	-
	12/10/2019	12/19/2019	4,956	4,956	-	-	-
	12/25/2019	1/6/2020	4,724	4,724	-	-	-
			$ 155,281	$ 155,281	$ -	$ -	$ -

* The Company is in the process of calculating lost earnings under VFCP and expects to have the correction completed in 2020.

Invo Holdings 401(k) Plan
PN: 001 EIN: 32-0395173
Form 5500 Schedule H, Part IV, Line 4(a)
Schedule of Delinquent Participant Contributions
Year Ended December 31, 2018

Check Here If Late Participant Loan Repayments Are Included	Participant Contributions Transferred Late to Plan			Total That Constitute Nonexempt Prohibited Transactions			
	Date Withheld	Date Remitted	Amount	Contributions Not Corrected *	Contributions Corrected Outside VFCP	Contributions Pending Correction Under VFCP	Total Fully Corrected Under VFCP and PTE 2002-51 **
✓	1/1/2018	4/5/2019	$ 2,436	$ 2,436	$ -	$ -	$ -
✓	1/11/2018	2/12/2018	4,519	-	-	-	4,519
✓	1/25/2018	2/12/2018	6,537	-	-	-	6,537
✓	1/5/2018	2/5/2018	36,036	-	-	-	36,036
✓	1/19/2018	2/5/2018	12,415	-	-	-	12,415
✓	2/2/2018	3/1/2018	31,272	-	-	-	31,272
✓	2/2/2018	3/12/2018	3,043	-	-	-	3,043
✓	2/16/2018	3/12/2018	39,271	-	-	-	39,271
✓	3/1/2018	3/12/2018	15,122	-	-	-	15,122
✓	3/8/2018	3/21/2018	5,916	-	-	-	5,916
			$ 156,567	$ 2,436	$ -	$ -	$ 154,131

* The Company is in the process of calculating lost earnings under the self correction program and expects to have the correction completed in 2020.

** In January 2020, the Company corrected the untimely participant contributions under the VFCP and reimbursed the Plan for lost interest.

Invo Holdings 401(k) Plan
PN: 001 EIN: 32-0395173
Form 5500 Schedule H, Part IV, Line 4(a)
Schedule of Delinquent Participant Contributions
Year Ended December 31, 2017

Check Here If Late Participant Loan Repayments Are Included	Participant Contributions Transferred Late to Plan			Total That Constitute Nonexempt Prohibited Transactions			
	Date Withheld	Date Remitted	Amount	Contributions Not Corrected *	Contributions Corrected Outside VFCP	Contributions Pending Correction Under VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
	1/1/2017	4/5/2019	$ 8,620	$ 8,620	$ -	$ -	$ -

* The Company is in the process of calculating lost earnings under the self correction program and expects to have the correction completed in 2020.