Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PARADIGM MANAGEMENT TEAM LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1996

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)
PARADIGM MANAGEMENT TEAM, LLC

220 N. MAIN ST.
GAINESVILLE, FL 32601

2b Employer Identification Number (EIN) 20-3697047

2c Plan Sponsor's telephone number 352-375-2152

2d Business code (see instructions) 531390

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2021	TIMOTHY BLAKEMORE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	398
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)**	334
a(2) Total number of active participants at the end of the plan year	**6a(2)**	322
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	82
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	404
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**	**6f**	405
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	247
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	42
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:

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

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

A Name of plan
PARADIGM MANAGEMENT TEAM LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PARADIGM MANAGEMENT TEAM, LLC

D Employer Identification Number (EIN)
20-3697047

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 64 65	RECORDKEEPER	17095	Yes [X] No [ ]	Yes [X] No [ ]	0	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 [ ]

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
(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 H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

A Name of plan
PARADIGM MANAGEMENT TEAM LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PARADIGM MANAGEMENT TEAM, LLC

D Employer Identification Number (EIN)
20-3697047

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	313445	336075
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	264278	160244
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10966665	12621556
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	11544388	13117875
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	11544388	13117875

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)**	728670	
	(B) Participants	**2a(1)(B)**	1004692	
	(C) Others (including rollovers)	**2a(1)(C)**	2749	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		1736111
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	863	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	0	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	14149	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		15012
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	0	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	662827	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		662827
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	0	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	0	
	(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)**	0	
	(B) Other	**2b(5)(B)**	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1724776
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		4138726
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2502496	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2502496
f Corrective distributions (see instructions)	2f		45648
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	17095	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		17095
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2565239
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1573487
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

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

(1) Name: JAMES MOORE & CO **(2)** EIN: 59-3204548

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

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

A Name of plan
PARADIGM MANAGEMENT TEAM LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PARADIGM MANAGEMENT TEAM, LLC

D Employer Identification Number (EIN)
20-3697047

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

PARADIGM MANAGEMENT TEAM LLC 401(K) PLAN

FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

SUPPLEMENTAL SCHEDULE
DECEMBER 31, 2020

PARADIGM MANAGEMENT TEAM LLC 401(K) PLAN
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DECEMBER 31, 2020 AND 2019

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James Moore
Certified Public Accountants and Consultants

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator,
Paradigm Management Team LLC 401(k) Plan:

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Trust Management Company, the trustee of the Plan, except for comparing such information with the related information included in the 2020 financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2020, that the information provided to the plan administrator by the trustee is complete and accurate.

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Disclaimer of Opinion

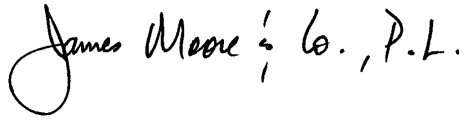
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statements. Accordingly, we do not express an opinion on the accompanying 2020 financial statements.

Other Matter

The financial statements of the plan as of December 31, 2019 were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the custodian. Their report, dated September 4, 2020, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the 2020 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Gainesville, Florida
September 22, 2021

PARADIGM MANAGEMENT TEAM LLC 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019

	2020	2019
Assets		
Investments:		
Money market	$ 336,075	$ 313,445
Mutual funds	12,621,556	10,966,665
Total investments	12,957,631	11,280,110
Notes receivable from participants	160,244	264,278
Total assets	13,117,875	11,544,388
Liabilities		
Participant refunds payable	47,855	45,648
Net assets available for benefits	$ 13,070,020	$ 11,498,740

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

PARADIGM MANAGEMENT TEAM LLC 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2020

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 1,724,776
Interest and dividends	663,690
Total investment income	2,388,466
Interest income on notes receivable from participants	14,149
Contributions:	
Employer	728,670
Participant	956,837
Rollover	2,749
Total contributions	1,688,256
Total additions	4,090,871
Deductions from net assets attributed to:	
Benefits paid to participants	2,502,496
Administrative fees	17,095
Total deductions	2,519,591
Net increase in net assets	1,571,280
Net assets available for benefits, beginning of year	11,498,740
Net assets available for benefits, end of year	$ 13,070,020

The accompanying notes to financial statements
are an integral part of this statement.

(1) **Description of Plan:**

The following description of the Paradigm Management Team LLC 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

(a) **General**—The Plan is a defined contribution 401(k) plan covering substantially all employees of Paradigm Management Team, LLC (the Company) who are full-time and have a minimum of three months of service on the Plan entrance date as defined by the Plan agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

(b) **Contributions**—Each year, participants may contribute up to the lesser of 60% of eligible compensation, as defined by the Plan, or the maximum amount allowed as defined by the Secretary of the Treasury. Participants who have attained age 50 as of the entry date are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Company may contribute to the Plan on an annual basis at its discretion. For the year ended December 31, 2020, the Company contributed 100% of the participant's elective deferral contributions to the Plan up to 10% of the participants' qualified compensation.

(c) **Participant's accounts**—Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's matching contribution (if any) and (b) plan net earnings or losses. The Company currently offers 45 mutual funds and 1 money market fund as investment options for participants. Participants may change their investment options daily. The benefit to which a participant is entitled is the participant's vested account balance.

(d) **Vesting**—Participants are vested immediately in their contributions plus actual earnings thereon. Participants are vested in the Company's contribution portion of their accounts based on years of service. A participant begins vesting after two years of credited service and is 100% vested after six years of credited service. Participants become immediately 100% vested in the Company's contribution upon death or disability.

(e) **Notes receivable from participants**—Participants may borrow from their account a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balances. For loans qualifying under the Disaster Relief Act, TCJA, and the BBA, the limit may be increased to $100,000 or 100% of their vested account balances. The loans are secured by the vested balance in the participant's account and bear interest at rates ranging from 4.25% to 6.50% and generally repaid over five years. Principal and interest are paid ratably through payroll deductions. Participants may only have one loan outstanding at any given time.

(f) **Payment of benefits**—Upon termination of service, retirement, disability, or death, participants may receive a distribution equal to their vested account balance. Distributions under $1,000 are settled with lump-sum distributions. Participants with a balance greater than $1,000 may elect a distribution, a rollover distribution to an IRA, a rollover distribution to another qualified plan, or leave their balances in the Plan. The participant's contributions may also be withdrawn for certain hardship situations as defined by ERISA.

(1) **Description of Plan:** (Continued)

(g) **Forfeited accounts**—As of December 31, 2020 and 2019, forfeited non-vested accounts totaled $98,164 and $85,269 respectively. These accounts will be used to reduce future employer contributions or pay administrative expenses of the Plan. In 2020, $145,707 of forfeited non-vested accounts were applied as employer contributions and administrative expenses.

(h) **Administrative expenses**—The fund administrative expenses reduce the value of account balances of participants in the Plan. However, the Company has elected to pay certain significant operating expenses of the Plan, such as audit fees, on behalf of the Plan. The remaining plan administration and investment management fees reduce the participants' account balances. Expenses relating to specific participant transactions (i.e., loan setup, distribution request, etc.) are charged directly against the appropriate participant's account.

(i) **Coronavirus Aid, Relief, and Economic Security Act (CARES Act)**—In response to the COVID-19 pandemic, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was passed by Congress and signed into law on March 27, 2020. The CARES Act provided emergency assistance and health care response for individuals, families, and businesses affected by the coronavirus pandemic. Section 2202 of the CARES Act contained the following special rules for retirement plans:

Loan deferment – Qualified individuals were able to elect to defer payment of loan payments due between March 27, 2020 and December 31, 2020, with the deferred loans re-amortized in January 2021.

Coronavirus-related distributions (CRDs) – Qualified individuals were able to elect distributions from an eligible retirement plan of up to $100,000 during the period from January 1, 2020 through December 31, 2020. These distributions were not subject to the normally applicable 10% tax for in-service withdrawals made prior to attaining age 59-1/2 and were able to be included ratably in income over a three-year period. Qualified individuals also were able to elect to repay the distributions to the plan over a three-year period.

(2) **Summary of Significant Accounting Policies:**

(a) **Basis of presentation**—The financial statements of the Plan are prepared using the accrual method of accounting.

(b) **Investment valuation and income recognition**—Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for details regarding fair value measurements. Interest and dividends are recorded when paid. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(c) **Notes receivable from participants**—Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. For terminated employees, delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

(2) **Summary of Significant Accounting Policies:** (Continued)

(d) **Excess contributions payable**—Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The plan distrusted the 2020 excess contributions to the applicable participants before March 15, 2021.

(e) **Payment of benefits**—Benefits are recorded against participant accounts when paid.

(f) **Use of estimates**—The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

(g) **Subsequent events**—The Plan has evaluated events and transactions for potential recognition or disclosure in the financial statements through September 22, 2021, the date the financial statements were available to be issued. The plan was amended in April of 2021 to remove the age requirement to participate in the plan. The plan was amended in August of 2021 to exclude part-time and temporary employees from participating in the plan.

(3) **Information Certified by the Trustee:**

All investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2020 and 2019, loans, and the net appreciation in fair value of investments and interest and dividend income for the year ended December 31, 2020, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Fidelity Management Trust Company (Fidelity), the trustee of the Plan.

(4) **Investments and Fair Value Measurements:**

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

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

Level 2 – Inputs to the valuation methodology include: (1) quoted market prices for similar assets or liabilities in active markets, (2) quoted prices for identical or similar assets or liabilities in inactive markets, (3) inputs other than quoted prices that are observable for the asset or liability, and (4) 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.

(4) **Investments and Fair Value Measurements:** (Continued)

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. During the year ended December 31, 2020, money market funds are classified in level 1.

Money market – Valued at the net asset value (NAV) of shares held by the Plan at year-end. The NAV is based on the underlying market value of the fund's investments and other assets less the liabilities.

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 NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables summarize the assets and liabilities of the Plan for which fair values are determined on a recurring basis:

Description	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Fair Value
December 31, 2020:				
Investments:				
Money market	$ 336,075	$ -	$ -	$ 336,075
Mutual funds	12,621,556	-	-	12,621,556
Total investments at fair value	$ 12,957,631	$ -	$ -	$ 12,957,631
December 31, 2019:				
Investments:				
Money market	$ 313,445	$ -	$ -	$ 313,445
Mutual funds	10,966,665	-	-	10,966,665
Total investments at fair value	$ 11,280,110	$ -	$ -	$ 11,280,110

For the year ended December 31, 2020, there were no transfers between Levels 2 and 3.

(4) **Investments and Fair Value Measurements:** (Continued)

Investment earnings for amounts held in registered investment companies reflect a combination of interest income, dividend income, realized gains and losses and unrealized gains and losses depending on the composition of the underlying investments held by the separate account. Contributions made by the Employer shall be applied or invested in accordance with participant-directed allocations. During the year ended December 31, 2020, the Plan's investments in mutual funds (including investments bought, sold and held during the year) appreciated in fair value by $1,724,776. For the year ended December 31, 2020, there were no purchases, issues, or transfers in or out of Level 3.

(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 plan termination, participants would become 100% vested in their employer contributions.

(6) **Tax Status:**

The Plan adopted a prototype plan that obtained a favorable determination letter from the Internal Revenue Service dated June 30, 2020. A favorable determination letter qualifies the Plan under Section 401(a) of the Internal Revenue Code (IRC) and is therefore not subject to tax under present income tax law. Once qualified, the Plan is required to operate in conformity with the Internal Revenue Code (IRC) to maintain its qualification. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and has no income subject to unrelated business income tax. The Plan is subject to routine audits by taxing jurisdictions for the last three years; however, there are currently no audits for any tax periods in progress.

(7) **Risk and Uncertainties:**

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

(8) **Parties-in-Interest:**

Fidelity is the custodian of the plan assets and Raymond James and Associates is investment advisor of the Plan, and each party derives fees based on the asset values, which are included in the net depreciation in fair value of investments. Fidelity also provides third party administrative services to the Plan, which are included in administrative expenses.

(9) **Reconciliation of Financial Statements to Schedule H of Form 5500:**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	December 31, 2020	December 31, 2019
Net assets available for benefits per the financial statements	$ 13,070,020	$ 11,498,740
Add: Participant refunds payable at year-end	47,855	45,648
Net assets available for benefits per Schedule H of Form 5500	$ 13,117,875	$ 11,544,388

The following is a reconciliation of participant refunds payable per the financial statements to Form 5500:

	December 31, 2020	December 31, 2019
Participant refunds payable per the financial statements	$ 47,855	$ 45,648
Less: Participant refunds payable at year-end	(47,855)	(45,648)
Participant refunds payable per Schedule H of Form 5500	$ -	$ -

The following is a reconciliation of participants' contributions per the financial statements for the year ended December 31, 2020, to Schedule H of Form 5500:

Participants' contributions per the financial statements	$ 956,837
Add: Participant refunds payable, end of year	47,855
Participants' contributions per Schedule H of Form 5500	$ 1,004,692

The following is a reconciliation of corrective distributions per the financial statements for the year ended December 31, 2020, to Schedule H of Form 5500:

Corrective distributions per the financial statements	$ -
Add: Participant refunds payable, beginning of year	45,648
Corrective distributions per Schedule H of Form 5500	$ 45,648

The following reconciling items affect the change in net assets available for benefits for the year ended December 31, 2020:

Participant contributions per the financial statements	$ 956,837
Add: Participant refunds payable	47,855
Participant contributions per Schedule H of Form 5500	$ 1,004,692

SUPPLEMENTAL SCHEDULE

PARADIGM MANAGEMENT TEAM LLC 401(K) PLAN
EMPLOYER IDENTIFICATION NUMBER (EIN) 59-3351706, PLAN #001
FORM 5500, SCHEDULE H, PART IV, LINE 4i-SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
DECEMBER 31, 2020

(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
	Money market, at fair value			
*	Fidelity U.S. Government Reserves	Money market		$ 336,075
	Mutual funds, at fair value			
*	Fidelity Puritan	Mutual fund		79,745
*	Fidelity Value Strategy	Mutual fund		3,859
*	Fidelity Contrafund	Mutual fund		186,799
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*	Fidelity Freedom 2040	Mutual fund		691,466
*	Fidelity Freedom 2005	Mutual fund		4,945
*	Fidelity Freedom 2015	Mutual fund		48,347
*	Fidelity Freedom 2025	Mutual fund		197,072
*	Fidelity Freedom 2035	Mutual fund		832,547
*	Fidelity Small Cap Value	Mutual fund		25,008
*	Fidelity Freedom 2045	Mutual fund		921,050
*	Fidelity Freedom 2050	Mutual fund		637,032
*	Fidelity US Bond IDX	Mutual fund		107,785
*	Fidelity 500 Index	Mutual fund		563,163
*	Fidelity Freedom 2055	Mutual fund		742,216
*	Fidelity Total Market Index	Mutual fund		373,873
*	Fidelity Intl Index	Mutual fund		49,963
*	Fidelity EXTD MKT IDX	Mutual fund		71,059
*	Fidelity Freedom 2060	Mutual fund		457,616
*	Fidelity INTM TR BD IDX	Mutual fund		780
*	Fidelity LT TR BD IDX	Mutual fund		20,780
*	Fidelity ST TR BD IDX	Mutual fund		7,229
*	Fidelity Freedom 2065	Mutual fund		8,734
				12,621,556
	Participant loans	Interest Rate Range 4.25% to 6.50%***	-0-	160,244
	Total assets			$ 13,117,875

* Column (a) is applicable if the party involved is a party-in-interest. See Note 8 for discussion of parties-in-interest.

** Cost information is not required as investments are participant-directed under an individual account plan.

*** This rate varies based upon the prime rate plus a margin of two percent at the time of the loan. Payments are made through payroll deductions over a maximum 60-month period.

See accompanying notes to financial statements.

PARADIGM MANAGEMENT TEAM LLC 401(K) PLAN

FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

SUPPLEMENTAL SCHEDULE
DECEMBER 31, 2020

PARADIGM MANAGEMENT TEAM LLC 401(K) PLAN
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DECEMBER 31, 2020 AND 2019

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James Moore
Certified Public Accountants and Consultants

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator,
Paradigm Management Team LLC 401(k) Plan:

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Trust Management Company, the trustee of the Plan, except for comparing such information with the related information included in the 2020 financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2020, that the information provided to the plan administrator by the trustee is complete and accurate.

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Disclaimer of Opinion

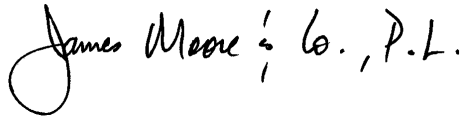
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statements. Accordingly, we do not express an opinion on the accompanying 2020 financial statements.

Other Matter

The financial statements of the plan as of December 31, 2019 were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the custodian. Their report, dated September 4, 2020, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the 2020 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Gainesville, Florida
September 22, 2021

PARADIGM MANAGEMENT TEAM LLC 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019

	2020	2019
Assets		
Investments:		
Money market	$ 336,075	$ 313,445
Mutual funds	12,621,556	10,966,665
Total investments	12,957,631	11,280,110
Notes receivable from participants	160,244	264,278
Total assets	13,117,875	11,544,388
Liabilities		
Participant refunds payable	47,855	45,648
Net assets available for benefits	$ 13,070,020	$ 11,498,740

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

PARADIGM MANAGEMENT TEAM LLC 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2020

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 1,724,776
Interest and dividends	663,690
Total investment income	2,388,466
Interest income on notes receivable from participants	14,149
Contributions:	
Employer	728,670
Participant	956,837
Rollover	2,749
Total contributions	1,688,256
Total additions	4,090,871
Deductions from net assets attributed to:	
Benefits paid to participants	2,502,496
Administrative fees	17,095
Total deductions	2,519,591
Net increase in net assets	1,571,280
Net assets available for benefits, beginning of year	11,498,740
Net assets available for benefits, end of year	$ 13,070,020

The accompanying notes to financial statements
are an integral part of this statement.

(1) **Description of Plan:**

The following description of the Paradigm Management Team LLC 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

(a) **General**—The Plan is a defined contribution 401(k) plan covering substantially all employees of Paradigm Management Team, LLC (the Company) who are full-time and have a minimum of three months of service on the Plan entrance date as defined by the Plan agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

(b) **Contributions**—Each year, participants may contribute up to the lesser of 60% of eligible compensation, as defined by the Plan, or the maximum amount allowed as defined by the Secretary of the Treasury. Participants who have attained age 50 as of the entry date are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Company may contribute to the Plan on an annual basis at its discretion. For the year ended December 31, 2020, the Company contributed 100% of the participant's elective deferral contributions to the Plan up to 10% of the participants' qualified compensation.

(c) **Participant's accounts**—Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's matching contribution (if any) and (b) plan net earnings or losses. The Company currently offers 45 mutual funds and 1 money market fund as investment options for participants. Participants may change their investment options daily. The benefit to which a participant is entitled is the participant's vested account balance.

(d) **Vesting**—Participants are vested immediately in their contributions plus actual earnings thereon. Participants are vested in the Company's contribution portion of their accounts based on years of service. A participant begins vesting after two years of credited service and is 100% vested after six years of credited service. Participants become immediately 100% vested in the Company's contribution upon death or disability.

(e) **Notes receivable from participants**—Participants may borrow from their account a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balances. For loans qualifying under the Disaster Relief Act, TCJA, and the BBA, the limit may be increased to $100,000 or 100% of their vested account balances. The loans are secured by the vested balance in the participant's account and bear interest at rates ranging from 4.25% to 6.50% and generally repaid over five years. Principal and interest are paid ratably through payroll deductions. Participants may only have one loan outstanding at any given time.

(f) **Payment of benefits**—Upon termination of service, retirement, disability, or death, participants may receive a distribution equal to their vested account balance. Distributions under $1,000 are settled with lump-sum distributions. Participants with a balance greater than $1,000 may elect a distribution, a rollover distribution to an IRA, a rollover distribution to another qualified plan, or leave their balances in the Plan. The participant's contributions may also be withdrawn for certain hardship situations as defined by ERISA.

(1) **Description of Plan:** (Continued)

(g) **Forfeited accounts**—As of December 31, 2020 and 2019, forfeited non-vested accounts totaled $98,164 and $85,269 respectively. These accounts will be used to reduce future employer contributions or pay administrative expenses of the Plan. In 2020, $145,707 of forfeited non-vested accounts were applied as employer contributions and administrative expenses.

(h) **Administrative expenses**—The fund administrative expenses reduce the value of account balances of participants in the Plan. However, the Company has elected to pay certain significant operating expenses of the Plan, such as audit fees, on behalf of the Plan. The remaining plan administration and investment management fees reduce the participants' account balances. Expenses relating to specific participant transactions (i.e., loan setup, distribution request, etc.) are charged directly against the appropriate participant's account.

(i) **Coronavirus Aid, Relief, and Economic Security Act (CARES Act)**—In response to the COVID-19 pandemic, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was passed by Congress and signed into law on March 27, 2020. The CARES Act provided emergency assistance and health care response for individuals, families, and businesses affected by the coronavirus pandemic. Section 2202 of the CARES Act contained the following special rules for retirement plans:

Loan deferment – Qualified individuals were able to elect to defer payment of loan payments due between March 27, 2020 and December 31, 2020, with the deferred loans re-amortized in January 2021.

Coronavirus-related distributions (CRDs) – Qualified individuals were able to elect distributions from an eligible retirement plan of up to $100,000 during the period from January 1, 2020 through December 31, 2020. These distributions were not subject to the normally applicable 10% tax for in-service withdrawals made prior to attaining age 59-1/2 and were able to be included ratably in income over a three-year period. Qualified individuals also were able to elect to repay the distributions to the plan over a three-year period.

(2) **Summary of Significant Accounting Policies:**

(a) **Basis of presentation**—The financial statements of the Plan are prepared using the accrual method of accounting.

(b) **Investment valuation and income recognition**—Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for details regarding fair value measurements. Interest and dividends are recorded when paid. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(c) **Notes receivable from participants**—Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. For terminated employees, delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

(2) **Summary of Significant Accounting Policies:** (Continued)

(d) **Excess contributions payable**—Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The plan distrusted the 2020 excess contributions to the applicable participants before March 15, 2021.

(e) **Payment of benefits**—Benefits are recorded against participant accounts when paid.

(f) **Use of estimates**—The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

(g) **Subsequent events**—The Plan has evaluated events and transactions for potential recognition or disclosure in the financial statements through September 22, 2021, the date the financial statements were available to be issued. The plan was amended in April of 2021 to remove the age requirement to participate in the plan. The plan was amended in August of 2021 to exclude part-time and temporary employees from participating in the plan.

(3) **Information Certified by the Trustee:**

All investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2020 and 2019, loans, and the net appreciation in fair value of investments and interest and dividend income for the year ended December 31, 2020, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Fidelity Management Trust Company (Fidelity), the trustee of the Plan.

(4) **Investments and Fair Value Measurements:**

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

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

Level 2 – Inputs to the valuation methodology include: (1) quoted market prices for similar assets or liabilities in active markets, (2) quoted prices for identical or similar assets or liabilities in inactive markets, (3) inputs other than quoted prices that are observable for the asset or liability, and (4) 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.

(4) **Investments and Fair Value Measurements:** (Continued)

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. During the year ended December 31, 2020, money market funds are classified in level 1.

Money market – Valued at the net asset value (NAV) of shares held by the Plan at year-end. The NAV is based on the underlying market value of the fund's investments and other assets less the liabilities.

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 NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables summarize the assets and liabilities of the Plan for which fair values are determined on a recurring basis:

Description	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Fair Value
December 31, 2020:				
Investments:				
Money market	$ 336,075	$ -	$ -	$ 336,075
Mutual funds	12,621,556	-	-	12,621,556
Total investments at fair value	$ 12,957,631	$ -	$ -	$ 12,957,631
December 31, 2019:				
Investments:				
Money market	$ 313,445	$ -	$ -	$ 313,445
Mutual funds	10,966,665	-	-	10,966,665
Total investments at fair value	$ 11,280,110	$ -	$ -	$ 11,280,110

For the year ended December 31, 2020, there were no transfers between Levels 2 and 3.

(4) **Investments and Fair Value Measurements:** (Continued)

Investment earnings for amounts held in registered investment companies reflect a combination of interest income, dividend income, realized gains and losses and unrealized gains and losses depending on the composition of the underlying investments held by the separate account. Contributions made by the Employer shall be applied or invested in accordance with participant-directed allocations. During the year ended December 31, 2020, the Plan's investments in mutual funds (including investments bought, sold and held during the year) appreciated in fair value by $1,724,776. For the year ended December 31, 2020, there were no purchases, issues, or transfers in or out of Level 3.

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SUPPLEMENTAL SCHEDULE

PARADIGM MANAGEMENT TEAM LLC 401(K) PLAN
EMPLOYER IDENTIFICATION NUMBER (EIN) 59-3351706, PLAN #001
FORM 5500, SCHEDULE H, PART IV, LINE 4i-SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
DECEMBER 31, 2020

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*	Fidelity Short Term Bond	Mutual fund		54,832
*	Fidelity Freedom 2040	Mutual fund		691,466
*	Fidelity Freedom 2005	Mutual fund		4,945
*	Fidelity Freedom 2015	Mutual fund		48,347
*	Fidelity Freedom 2025	Mutual fund		197,072
*	Fidelity Freedom 2035	Mutual fund		832,547
*	Fidelity Small Cap Value	Mutual fund		25,008
*	Fidelity Freedom 2045	Mutual fund		921,050
*	Fidelity Freedom 2050	Mutual fund		637,032
*	Fidelity US Bond IDX	Mutual fund		107,785
*	Fidelity 500 Index	Mutual fund		563,163
*	Fidelity Freedom 2055	Mutual fund		742,216
*	Fidelity Total Market Index	Mutual fund		373,873
*	Fidelity Intl Index	Mutual fund		49,963
*	Fidelity EXTD MKT IDX	Mutual fund		71,059
*	Fidelity Freedom 2060	Mutual fund		457,616
*	Fidelity INTM TR BD IDX	Mutual fund		780
*	Fidelity LT TR BD IDX	Mutual fund		20,780
*	Fidelity ST TR BD IDX	Mutual fund		7,229
*	Fidelity Freedom 2065	Mutual fund		8,734
				12,621,556
	Participant loans	Interest Rate Range 4.25% to 6.50%***	-0-	160,244
	Total assets			$ 13,117,875

* Column (a) is applicable if the party involved is a party-in-interest. See Note 8 for discussion of parties-in-interest.

** Cost information is not required as investments are participant-directed under an individual account plan.

*** This rate varies based upon the prime rate plus a margin of two percent at the time of the loan. Payments are made through payroll deductions over a maximum 60-month period.

See accompanying notes to financial statements.