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. . . . . ▶ [X]

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
SABER HEALTHCARE 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1991

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)
SABER HEALTHCARE GROUP, L.L.C

23700 COMMERCE PARK
BEACHWOOD, OH 44122

2b Employer Identification Number (EIN) 02-0542620

2c Plan Sponsor's telephone number 216-292-5706

2d Business code (see instructions) 623000

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.	10/15/2021	LUCY STINGER
	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**	8134
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)**	7844
a(2) Total number of active participants at the end of the plan year	**6a(2)**	8776
b Retired or separated participants receiving benefits	**6b**	4
c Other retired or separated participants entitled to future benefits	**6c**	314
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	9094
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	9094
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1495
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	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)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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	**B** Three-digit plan number (PN) ▶
SABER HEALTHCARE 401(K) PROFIT SHARING PLAN	003
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
SABER HEALTHCARE GROUP, L.L.C	02-0542620

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

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

UBS FINANCIAL SERVICES INC

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	40731	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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 60 64 65	RECORDKEEPER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ALGER SM CAP FOCUS I - UMB FUND SE 39-1657495	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AM CENT MD CP VAL A - AMERICAN CEN 44-0619208	0.60%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
CB INTL GRTH A - BNY MELLON INVEST P.O. BOX 9793 PROVIDENCE, RI 02940	0.50%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
CRLN E MID CAP GR A - U.S. BANK N. 31-0841368	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DELAWARE EMRG MKTS A - DELAWARE IN 2005 MARKET STREET PHILADELPHIA, PA 19103	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
HTFD DIV & GRTH R4 - HARTFORD ADMI 41-0679409	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
INVESCO STBL VAL II P.O. BOX 219078 KANSAS CITY, MO 09078	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIMCO INCOME A - DST ASSET MANAGER 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.45%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP BLUE CHIP GR ADV - T. ROWE PRI 52-2269240	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
WA CORE PLUS BOND A - BNY MELLON I P.O. BOX 9793 PROVIDENCE, RI 02940	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
SABER HEALTHCARE 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SABER HEALTHCARE GROUP, L.L.C

D Employer Identification Number (EIN)
02-0542620

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STBL VAL II

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-1142974-001	C	937323

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
SABER HEALTHCARE 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SABER HEALTHCARE GROUP, L.L.C

D Employer Identification Number (EIN)
02-0542620

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	101
(2) Participant contributions	1b(2)	0	70758
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	4794
(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)	1088864	948357
(9) Value of interest in common/collective trusts	1c(9)	579830	937323
(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)	39710457	45941285
(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**	41379151	47902618
	Liabilities			
g	Benefit claims payable	**1g**	0	13960
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	159071	276189
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	159071	290149
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	41220080	47612469

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)**	6546	
	(B) Participants	**2a(1)(B)**	4414718	
	(C) Others (including rollovers)	**2a(1)(C)**	802165	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		5223429
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	0	
	(B) U.S. Government securities	**2b(1)(B)**	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)**	59656	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		59656
	(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)**	2314497	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		2314497
	(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)		4283469
c Other income	2c		42401
d Total income. Add all **income** amounts in column (b) and enter total	2d		11923452
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5238752	
(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)		5238752
f Corrective distributions (see instructions)	2f		159071
g Certain deemed distributions of participant loans (see instructions)	2g		87327
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)	45913	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		45913
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5531063
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6392389
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] 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: HW & CO. **(2)** EIN: 34-1663157

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		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**		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
SABER HEALTHCARE 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SABER HEALTHCARE GROUP, L.L.C

D Employer Identification Number (EIN)
02-0542620

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_____

Saber Healthcare 401(k) Profit Sharing Plan

YEARS ENDED DECEMBER 31, 2020 AND 2019

HW&Co.®
CPAs & Advisors

SABER HEALTHCARE 401(k) PROFIT SHARING PLAN

YEARS ENDED DECEMBER 31, 2020 AND 2019

CONTENTS

	Page
Independent auditor's report	1-2
Financial statements:	
Statements of net assets available for benefits	3
Statements of changes in net assets available for benefits	4
Notes to financial statements	5-12
Supplemental schedule; December 31, 2020	
Schedule H, Line 4i – schedule of assets (held at end of year)	13

Independent Auditor's Report

Board of Trustees
Saber Healthcare 401(k) Profit Sharing Plan
Cleveland, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Saber Healthcare 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, 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 these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by TD Ameritrade Trust Company (January 1, 2019 through December 31, 2019), the custodian of the Plan and Fidelity Management Trust Company (April 1, 2019 through December 31, 2020), the trustee 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 the custodian/trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian/trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the custodian/trustee is complete and accurate

Disclaimer of Opinion

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

Other Matter – Supplemental Schedule

The supplemental schedule on page 13 as of December 31, 2020 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Cleveland, Ohio
October 12, 2021

SABER HEALTHCARE 401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2020 AND 2019

	2020	2019
Assets:		
Investments	$ 46,883,402	$ 40,290,287
Notes receivable; participants	948,357	1,088,864
	47,831,759	41,379,151
Receivables:		
Participants	70,758	
Employers	101	
	70,859	
	47,902,618	41,379,151
Liabilities:		
Excess contributions payable; participants	276,189	159,071
Benefit claims payable	13,960	
	290,149	159,071
Net assets available for benefits	**$ 47,612,469**	**$ 41,220,080**

See notes to financial statements.

SABER HEALTHCARE 401(k) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2020 AND 2019

	2020	2019
Changes to net assets attributed to:		
Investment income:		
Net increase in fair value of investments	$ 4,283,469	$ 4,239,373
Interest and dividends	2,314,497	2,547,543
Other	42,401	80,695
	6,640,367	6,867,611
Interest income on notes receivable; participants	59,656	41,405
Contributions:		
Participants	4,414,718	3,253,379
Employers	6,546	41,749
Rollovers	802,165	495,679
	5,223,429	3,790,807
Total	11,923,452	10,699,823
Deductions from net assets attributed to:		
Benefits paid to participants	5,485,150	6,455,882
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Total deductions	5,531,063	6,568,986
Net increase in net assets available for benefits	6,392,389	4,130,837
Net assets available for benefits, beginning	41,220,080	37,089,243
Net assets available for benefits, ending	**$ 47,612,469**	**$ 41,220,080**

See notes to financial statements.

SABER HEALTHCARE 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2020 AND 2019

1. Description of the Plan:

The following description of the Saber Healthcare 401(k) Profit Sharing Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Saber Healthcare 401(k) Profit Sharing Plan (the "Plan") is a defined contribution profit sharing plan covering all eligible employees of Saber Healthcare Holdings, LLC and affiliated entities (the "Company"). The Plan is subject to the provisions of the Employee Retirement Security Act of 1974 (ERISA). All employees, age 18 and older and who have six months of service are eligible to participate in the Plan, except for University Manor employees subject to the facility's collective bargaining agreement. After eligibility is obtained, 500 hours of service is required to be maintained to avoid a break in eligibility. The Board of Trustees of the Plan are responsible for oversight of the Plan, determining the appropriateness of the Plan's investment offerings and monitoring investment performance.

With the change in the custodian of TD Ameritrade Trust Company ("TD Ameritrade") to Fidelity Management Trust Company ("Fidelity") as the trustee, the Company adopted a new volume submitter plan in April 2019.

There were law and operational changes impacting plans due to the passing of the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act). The Plan adopted the distribution provision of the CARES Act that allows participants to take a COVID-19 related distribution up to $100,000 from the Plan beginning on or after January 1, 2020 and before December 31, 2020. Any of the optional features from the recent law changes that are adopted by the Plan will require written amendments at a later date in accordance with applicable law and IRS guidance.

Contributions:

Participants may elect to contribute a portion of their annual compensation up to the maximum amount allowed by the Internal Revenue Service on a pre-tax or after-tax (Roth) basis. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

Employees of certain affiliates, Ambler Healthcare Group, LLC, Bryn Mawr Healthcare Group, LLC, Dunmore Healthcare Group, Inc. and Julia Ribaudo Healthcare Group, LLC are eligible to receive an employer contribution for each straight time hour worked due to collective bargaining agreements entered into by those facilities. The Company made contributions of $6,546 in 2020 and $41,749 in 2019 to participants at these eligible facilities.

Contributions from participants for 2020 and 2019 are net of a payment of $276,189 and $159,071 made in February 2021 and March 2020, respectively, to active participants to return excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. These amounts are included in the Plan's statements of net assets available for benefits as excess contributions payable at December 31, 2020 and 2019.

1. Description of the Plan (continued):

Contributions (continued):

The Company may make additional discretionary matching contributions and nonelective profit sharing contributions to the Plan. The amount of any discretionary contribution is determined annually by the Company. No discretionary matching and nonelective profit sharing contributions were made for 2020 or 2019.

Participants are 100% vested immediately with respect to their compensation deferrals. Participants vest in employer contributions in accordance with the following schedule:

Years of Service	Vesting Percentage
Less than 1 year	0%
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years or more	100%

All participants who were employees of Saber Healthcare Group, LLC (or affiliates participating employers) prior to June 1, 2016, are 100% vested in their employer contributions.

Forfeitures of nonvested accounts may be used to pay administrative expenses of the Plan and/or reduce employer matching and discretionary matching and profit sharing contributions. Forfeitures of $6,256 in 2020 and $14 in 2019 were used to pay administrative expenses. Unused forfeitures totaled $46,422 at December 31, 2020 and $51,889 at December 31, 2019.

Participant accounts:

Participants may direct their contributions, including the employer portion into any combination of a number of investment options available under the Plan.

Income/loss is allocated to participant accounts based on earnings/loss in the respective investment funds.

Payment of benefits:

Benefits provided by the Plan are payable to participants upon termination, retirement, disability or death of the participant and are recorded when paid.

1. Description of the Plan (continued):

Notes receivable, participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 and 2019.

Active employees who have at least $2,000 in their fund accounts could borrow up to 50% of their vested balance. The maximum borrowing is limited to $50,000. Repayment of the note is required to be made over a period not to exceed five years. The notes are secured by the balance in the participant's account and bear interest at the rate of 1% plus prime at the time the note was requested. Interest rates on the notes were 4.25% to 6.50% at December 31, 2019. Principal and interest are paid ratably through payroll deductions. The balance of notes receivable was $948,357 at December 31, 2020 and $1,088,864 at December 31, 2019.

Recently adopted accounting pronouncement:

In August 2018, the Financial Accounting Standards Board ("FASB") issued Financial Accounting Standards Update ("ASU") 2018-13, Changes to the Disclosure Requirements for Fair Value Measurements. This standard is intended to improve the effectiveness of disclosures in the notes to the financial statements and modify the disclosure requirements on fair value measurements in Topic 820, Fair Value Measurements. ASU 2018-13 is effective for fiscal years beginning after December 15, 2019. This ASU has been applied for the year ended December 31, 2020 with no significant impact on the financial statements.

2. Summary of significant accounting policies:

Basis of accounting:

The financial statements for the Plan are prepared using the accrual method of accounting.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

2. Summary of significant accounting policies (continued):

Investment valuation:

The Plan's investments are stated at fair value at December 31, 2020 and 2019, as provided by Fidelity, the trustee of the Plan. The Plan's investments are held by Fidelity at December 31, 2020 and 2019.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. These amounts were provided by Fidelity.

3. Fair value:

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 market prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the methodology include:

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

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

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

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

- The fair value of mutual funds is 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 fair value of the stable value collective trust fund is valued at the NAV of units of the bank collective trust. The stable value fund is comprised primarily of fully benefit responsive investment contracts and the NAV is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probably that the fund will sell the investments for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

3. Fair value (continued):

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

The asset'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.

Assets measured at fair value on a recurring basis at December 31, 2020 and 2019, were as follows:

	Assets at Fair Value as of December 31, 2020			
Description	Level 1	Level 2	Level 3	Total
Mutual funds	$ 45,946,079	$	$	$ 45,946,079
Total	$ 45,946,079	$	$	45,946,079
Investments measured at net asset value (a)				937,323
Total investments at fair value				$ 46,883,402

	Assets at Fair Value as of December 31, 2019			
Description	Level 1	Level 2	Level 3	Total
Mutual funds	$ 39,710,457	$	$	$ 39,710,457
Total	$ 39,710,457	$	$	39,710,457
Investments measured at net asset value (a)				579,830
Total investments at fair value				$ 40,290,287

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

3. Fair value (continued):

The following table presents the fair value, unfunded commitments, redemption frequency, and redemption notice period for plan investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2020 and 2019:

Investment*	Fair Value 2020	Fair Value 2019	Redemption Frequency	Redemption Notice Period
Stable Value Collective trust fund:				
Invesco Stable Value II Fund	$ 937,323	$ 579,830	Daily	None

* For the years presented, the Plan did not have unfunded commitments with any of its investments.

4. Party-in-interest transactions:

Certain Plan investments are managed by affiliates of Fidelity. Fidelity is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Certain fees related to the administration of the Plan were paid by the Plan or the Company, which qualify as party-in-interest transactions. The Plan issues notes to participants, which are secured by the vested balance in the participant's account and certain fees related to the administration of the Plan were paid by the Plan or the Company, which also qualify as party-in-interest.

5. Income tax status:

On March 31, 2014, the IRS stated that volume-submitter plan adopted by the Plan in April 2019, as then designed, qualifies under the appropriate section of the Internal Revenue Code (the Code). The Plan has not received a determination letter specific to the Plan itself. The Plan has been amended since receiving the opinion on the volume-submitter plan; however, the plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP require 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 be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Expenses:

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 change in fair value of investments.

6. Expenses (continued):

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Certain administrative functions are performed by employees of the Company. No such employee or the Company receives compensation from the Plan.

In addition, the Plan received revenue sharing amounts from certain mutual funds. These amounts received are included in investment income (loss), other with the unused portion of the funds being included in certain funds. The following table sets forth the summary of changes in the revenue sharing account for the years ended December 31, 2020 and 2019:

	2020	2019
Balance, beginning of year	$ 79,926	38,673
Investment income	3,962	
Revenue sharing amounts received	42,401	80,695
Amounts used to pay certain Plan expenses	(40,027)	(39,442)
Balance, end of year	$ 86,262	$ 79,926

7. Certified Investments:

Certain information related to investments and participant notes disclosed in the accompanying financial statements and supplemental schedule, including investments and participants notes held at December 31, 2020 and 2019, and net increase in fair value of investments and interest and dividends for the years ended December 31, 2020 and 2019, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by TD Ameritrade and Fidelity, in accordance with Section 2520.103-5(c) of the DOL and Regulations for Reporting and Disclosure under ERISA.

8. 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.

As a result of COVID-19 coronavirus, economic uncertainties have arisen which have resulted in significant volatility in the investment markets. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time. No adjustments have been made to these financial statements as a result of this uncertainty.

9. 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.

10. Reconciliation of financial statements to Form 5500:

The following is a reconciliation of net increase in net assets available for benefits per the financial statements at December 31, 2019 to Form 5500:

Increase (decrease) in net assets available for benefits before transfer of net assets per the financial statements	$ 4,130,837
Excess contributions payable, prior year	163,877
Other	(43,774)
	$ 4,250,940

11. Subsequent events:

In preparing these financial statements, the Plan's management has evaluated events and transactions for potential recognition or disclosure through October 12, 2021, the date the Plan's financial statements were available to be issued.

SABER HEALTHCARE 401(k) PROFIT SHARING PLAN

EIN 02-0542620
PLAN NUMBER 003

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

YEAR ENDED 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 level			(d) Cost	(e) Current Value
Participant directed:						
	Stable value collective trust:					
	Invesco Stable Value II Fund	Stable value fund	937,323	Shares		$ 937,323
	Mutual funds (at fair value):					
*	Fidelity Freedom Income 2025 Fund	Mutual fund	606,510	Shares		9,370,573
*	Fidelity Freedom Income 2035 Fund	Mutual fund	421,020	Shares		6,976,307
*	Fidelity Freedom Income 2040 Fund	Mutual fund	541,605	Shares		6,363,854
*	Fidelity Freedom Income 2030 Fund	Mutual fund	329,388	Shares		6,350,597
*	Fidelity Freedom Income 2020 Fund	Mutual fund	213,113	Shares		3,657,026
*	Fidelity Freedom Income 2045 Fund	Mutual fund	252,210	Shares		3,392,221
*	Fidelity Freedom Income 2050 Fund	Mutual fund	172,379	Shares		2,335,740
*	Fidelity 500 Index Fund	Mutual fund	8,067	Shares		1,050,120
*	Fidelity Freedom Income 2015 Fund	Mutual fund	75,508	Shares		1,018,602
*	Fidelity Freedom Income 2055 Fund	Mutual fund	59,937	Shares		933,220
	T. Rowe Price Blue Chip Growth Fund Advisor Class	Mutual fund	5,057	Shares		819,317
*	Fidelity Freedom Income 2010 Fund	Mutual fund	34,657	Shares		564,914
*	Fidelity Freedom Income 2005 Fund	Mutual fund	32,736	Shares		427,534
	Alger Small Cap Focus Fund Class I	Mutual fund	12,722	Shares		412,065
	Carillon Eagle Mid Cap Growth Fund Class A	Mutual fund	4,295	Shares		387,063
	ClearBridge International Growth Fund Class A	Mutual fund	4,597	Shares		288,771
*	Fidelity U.S. Bond Index Fund	Mutual fund	21,665	Shares		269,731
	The Hartford Dividend and Growth Fund Class R4	Mutual fund	9,162	Shares		258,556
	Western Asset Core Plus Bond Fund Class A	Mutual fund	19,634	Shares		246,408
*	Fidelity Freedom Income 2060 Fund	Mutual fund	11,359	Shares		159,934
	PIMCO Income Fund Class A	Mutual fund	12,686	Shares		153,629
*	Fidelity Small Cap Index Fund	Mutual fund	4,787	Shares		119,570
*	Fidelity Mid Cap Index Fund	Mutual fund	3,749	Shares		101,257
	Delaware Emerging Markets Fund Class A	Mutual fund	3,697	Shares		94,614
*	Fidelity International Index Fund	Mutual fund	1,775	Shares		80,953
*	Fidelity Freedom Income Fund	Mutual fund	6,196	Shares		75,658
	American Century Mid Cap Value Fund A Class	Mutual fund	1,169	Shares		19,857
*	Fidelity Freedom Income 2065 Fund	Mutual fund	1,065	Shares		13,194
*	Fidelity Government Money Market Fund	Mutual fund	4,794	Shares		4,794
***Participant loans, interest rates are 4.25% to 6.50%**					$ 0	948,357
						$47,831,759

*Represents a party-in-interest to the Plan.

The above information has been certified by Fidelity Management Trust Company, the custodain, as complete and accurate.

Saber Healthcare 401(k) Profit Sharing Plan

YEARS ENDED DECEMBER 31, 2020 AND 2019

HW&Co.®
CPAs & Advisors

SABER HEALTHCARE 401(k) PROFIT SHARING PLAN

YEARS ENDED DECEMBER 31, 2020 AND 2019

CONTENTS

	Page
Independent auditor's report	1-2
Financial statements:	
Statements of net assets available for benefits	3
Statements of changes in net assets available for benefits	4
Notes to financial statements	5-12
Supplemental schedule; December 31, 2020	
Schedule H, Line 4i – schedule of assets (held at end of year)	13

Independent Auditor's Report

Board of Trustees
Saber Healthcare 401(k) Profit Sharing Plan
Cleveland, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Saber Healthcare 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, 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 these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by TD Ameritrade Trust Company (January 1, 2019 through December 31, 2019), the custodian of the Plan and Fidelity Management Trust Company (April 1, 2019 through December 31, 2020), the trustee 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 the custodian/trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian/trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the custodian/trustee is complete and accurate

Disclaimer of Opinion

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

Other Matter – Supplemental Schedule

The supplemental schedule on page 13 as of December 31, 2020 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Cleveland, Ohio
October 12, 2021

SABER HEALTHCARE 401(k) PROFIT SHARING PLAN

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DECEMBER 31, 2020 AND 2019

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NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2020 AND 2019

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With the change in the custodian of TD Ameritrade Trust Company ("TD Ameritrade") to Fidelity Management Trust Company ("Fidelity") as the trustee, the Company adopted a new volume submitter plan in April 2019.

There were law and operational changes impacting plans due to the passing of the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act). The Plan adopted the distribution provision of the CARES Act that allows participants to take a COVID-19 related distribution up to $100,000 from the Plan beginning on or after January 1, 2020 and before December 31, 2020. Any of the optional features from the recent law changes that are adopted by the Plan will require written amendments at a later date in accordance with applicable law and IRS guidance.

Contributions:

Participants may elect to contribute a portion of their annual compensation up to the maximum amount allowed by the Internal Revenue Service on a pre-tax or after-tax (Roth) basis. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

Employees of certain affiliates, Ambler Healthcare Group, LLC, Bryn Mawr Healthcare Group, LLC, Dunmore Healthcare Group, Inc. and Julia Ribaudo Healthcare Group, LLC are eligible to receive an employer contribution for each straight time hour worked due to collective bargaining agreements entered into by those facilities. The Company made contributions of $6,546 in 2020 and $41,749 in 2019 to participants at these eligible facilities.

Contributions from participants for 2020 and 2019 are net of a payment of $276,189 and $159,071 made in February 2021 and March 2020, respectively, to active participants to return excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. These amounts are included in the Plan's statements of net assets available for benefits as excess contributions payable at December 31, 2020 and 2019.

1. Description of the Plan (continued):

Contributions (continued):

The Company may make additional discretionary matching contributions and nonelective profit sharing contributions to the Plan. The amount of any discretionary contribution is determined annually by the Company. No discretionary matching and nonelective profit sharing contributions were made for 2020 or 2019.

Participants are 100% vested immediately with respect to their compensation deferrals. Participants vest in employer contributions in accordance with the following schedule:

Years of Service	Vesting Percentage
Less than 1 year	0%
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years or more	100%

All participants who were employees of Saber Healthcare Group, LLC (or affiliates participating employers) prior to June 1, 2016, are 100% vested in their employer contributions.

Forfeitures of nonvested accounts may be used to pay administrative expenses of the Plan and/or reduce employer matching and discretionary matching and profit sharing contributions. Forfeitures of $6,256 in 2020 and $14 in 2019 were used to pay administrative expenses. Unused forfeitures totaled $46,422 at December 31, 2020 and $51,889 at December 31, 2019.

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Participants may direct their contributions, including the employer portion into any combination of a number of investment options available under the Plan.

Income/loss is allocated to participant accounts based on earnings/loss in the respective investment funds.

Payment of benefits:

Benefits provided by the Plan are payable to participants upon termination, retirement, disability or death of the participant and are recorded when paid.

1. Description of the Plan (continued):

Notes receivable, participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 and 2019.

Active employees who have at least $2,000 in their fund accounts could borrow up to 50% of their vested balance. The maximum borrowing is limited to $50,000. Repayment of the note is required to be made over a period not to exceed five years. The notes are secured by the balance in the participant's account and bear interest at the rate of 1% plus prime at the time the note was requested. Interest rates on the notes were 4.25% to 6.50% at December 31, 2019. Principal and interest are paid ratably through payroll deductions. The balance of notes receivable was $948,357 at December 31, 2020 and $1,088,864 at December 31, 2019.

Recently adopted accounting pronouncement:

In August 2018, the Financial Accounting Standards Board ("FASB") issued Financial Accounting Standards Update ("ASU") 2018-13, Changes to the Disclosure Requirements for Fair Value Measurements. This standard is intended to improve the effectiveness of disclosures in the notes to the financial statements and modify the disclosure requirements on fair value measurements in Topic 820, Fair Value Measurements. ASU 2018-13 is effective for fiscal years beginning after December 15, 2019. This ASU has been applied for the year ended December 31, 2020 with no significant impact on the financial statements.

2. Summary of significant accounting policies:

Basis of accounting:

The financial statements for the Plan are prepared using the accrual method of accounting.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

2. Summary of significant accounting policies (continued):

Investment valuation:

The Plan's investments are stated at fair value at December 31, 2020 and 2019, as provided by Fidelity, the trustee of the Plan. The Plan's investments are held by Fidelity at December 31, 2020 and 2019.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. These amounts were provided by Fidelity.

3. Fair value:

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 market prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the methodology include:

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

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

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

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

- The fair value of mutual funds is 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 fair value of the stable value collective trust fund is valued at the NAV of units of the bank collective trust. The stable value fund is comprised primarily of fully benefit responsive investment contracts and the NAV is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probably that the fund will sell the investments for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

3. Fair value (continued):

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

The asset'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.

Assets measured at fair value on a recurring basis at December 31, 2020 and 2019, were as follows:

	Assets at Fair Value as of December 31, 2020			
Description	Level 1	Level 2	Level 3	Total
Mutual funds	$ 45,946,079	$	$	$ 45,946,079
Total	$ 45,946,079	$	$	45,946,079
Investments measured at net asset value (a)				937,323
Total investments at fair value				$ 46,883,402

	Assets at Fair Value as of December 31, 2019			
Description	Level 1	Level 2	Level 3	Total
Mutual funds	$ 39,710,457	$	$	$ 39,710,457
Total	$ 39,710,457	$	$	39,710,457
Investments measured at net asset value (a)				579,830
Total investments at fair value				$ 40,290,287

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

3. Fair value (continued):

The following table presents the fair value, unfunded commitments, redemption frequency, and redemption notice period for plan investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2020 and 2019:

Investment*	Fair Value 2020	Fair Value 2019	Redemption Frequency	Redemption Notice Period
Stable Value Collective trust fund:				
Invesco Stable Value II Fund	$ 937,323	$ 579,830	Daily	None

* For the years presented, the Plan did not have unfunded commitments with any of its investments.

4. Party-in-interest transactions:

Certain Plan investments are managed by affiliates of Fidelity. Fidelity is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Certain fees related to the administration of the Plan were paid by the Plan or the Company, which qualify as party-in-interest transactions. The Plan issues notes to participants, which are secured by the vested balance in the participant's account and certain fees related to the administration of the Plan were paid by the Plan or the Company, which also qualify as party-in-interest.

5. Income tax status:

On March 31, 2014, the IRS stated that volume-submitter plan adopted by the Plan in April 2019, as then designed, qualifies under the appropriate section of the Internal Revenue Code (the Code). The Plan has not received a determination letter specific to the Plan itself. The Plan has been amended since receiving the opinion on the volume-submitter plan; however, the plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP require 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 be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Expenses:

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 change in fair value of investments.

6. Expenses (continued):

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Certain administrative functions are performed by employees of the Company. No such employee or the Company receives compensation from the Plan.

In addition, the Plan received revenue sharing amounts from certain mutual funds. These amounts received are included in investment income (loss), other with the unused portion of the funds being included in certain funds. The following table sets forth the summary of changes in the revenue sharing account for the years ended December 31, 2020 and 2019:

	2020	2019
Balance, beginning of year	$ 79,926	38,673
Investment income	3,962	
Revenue sharing amounts received	42,401	80,695
Amounts used to pay certain Plan expenses	(40,027)	(39,442)
Balance, end of year	$ 86,262	$ 79,926

7. Certified Investments:

Certain information related to investments and participant notes disclosed in the accompanying financial statements and supplemental schedule, including investments and participants notes held at December 31, 2020 and 2019, and net increase in fair value of investments and interest and dividends for the years ended December 31, 2020 and 2019, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by TD Ameritrade and Fidelity, in accordance with Section 2520.103-5(c) of the DOL and Regulations for Reporting and Disclosure under ERISA.

8. 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.

As a result of COVID-19 coronavirus, economic uncertainties have arisen which have resulted in significant volatility in the investment markets. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time. No adjustments have been made to these financial statements as a result of this uncertainty.

9. 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.

10. Reconciliation of financial statements to Form 5500:

The following is a reconciliation of net increase in net assets available for benefits per the financial statements at December 31, 2019 to Form 5500:

Increase (decrease) in net assets available for benefits before transfer of net assets per the financial statements	$ 4,130,837
Excess contributions payable, prior year	163,877
Other	(43,774)
	$ 4,250,940

11. Subsequent events:

In preparing these financial statements, the Plan's management has evaluated events and transactions for potential recognition or disclosure through October 12, 2021, the date the Plan's financial statements were available to be issued.

SABER HEALTHCARE 401(k) PROFIT SHARING PLAN

EIN 02-0542620
PLAN NUMBER 003

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

YEAR ENDED 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 level			(d) Cost	(e) Current Value
Participant directed:						
	Stable value collective trust:					
	Invesco Stable Value II Fund	Stable value fund	937,323	Shares		$ 937,323
	Mutual funds (at fair value):					
*	Fidelity Freedom Income 2025 Fund	Mutual fund	606,510	Shares		9,370,573
*	Fidelity Freedom Income 2035 Fund	Mutual fund	421,020	Shares		6,976,307
*	Fidelity Freedom Income 2040 Fund	Mutual fund	541,605	Shares		6,363,854
*	Fidelity Freedom Income 2030 Fund	Mutual fund	329,388	Shares		6,350,597
*	Fidelity Freedom Income 2020 Fund	Mutual fund	213,113	Shares		3,657,026
*	Fidelity Freedom Income 2045 Fund	Mutual fund	252,210	Shares		3,392,221
*	Fidelity Freedom Income 2050 Fund	Mutual fund	172,379	Shares		2,335,740
*	Fidelity 500 Index Fund	Mutual fund	8,067	Shares		1,050,120
*	Fidelity Freedom Income 2015 Fund	Mutual fund	75,508	Shares		1,018,602
*	Fidelity Freedom Income 2055 Fund	Mutual fund	59,937	Shares		933,220
	T. Rowe Price Blue Chip Growth Fund Advisor Class	Mutual fund	5,057	Shares		819,317
*	Fidelity Freedom Income 2010 Fund	Mutual fund	34,657	Shares		564,914
*	Fidelity Freedom Income 2005 Fund	Mutual fund	32,736	Shares		427,534
	Alger Small Cap Focus Fund Class I	Mutual fund	12,722	Shares		412,065
	Carillon Eagle Mid Cap Growth Fund Class A	Mutual fund	4,295	Shares		387,063
	ClearBridge International Growth Fund Class A	Mutual fund	4,597	Shares		288,771
*	Fidelity U.S. Bond Index Fund	Mutual fund	21,665	Shares		269,731
	The Hartford Dividend and Growth Fund Class R4	Mutual fund	9,162	Shares		258,556
	Western Asset Core Plus Bond Fund Class A	Mutual fund	19,634	Shares		246,408
*	Fidelity Freedom Income 2060 Fund	Mutual fund	11,359	Shares		159,934
	PIMCO Income Fund Class A	Mutual fund	12,686	Shares		153,629
*	Fidelity Small Cap Index Fund	Mutual fund	4,787	Shares		119,570
*	Fidelity Mid Cap Index Fund	Mutual fund	3,749	Shares		101,257
	Delaware Emerging Markets Fund Class A	Mutual fund	3,697	Shares		94,614
*	Fidelity International Index Fund	Mutual fund	1,775	Shares		80,953
*	Fidelity Freedom Income Fund	Mutual fund	6,196	Shares		75,658
	American Century Mid Cap Value Fund A Class	Mutual fund	1,169	Shares		19,857
*	Fidelity Freedom Income 2065 Fund	Mutual fund	1,065	Shares		13,194
*	Fidelity Government Money Market Fund	Mutual fund	4,794	Shares		4,794
***Participant loans, interest rates are 4.25% to 6.50%**					$ 0	948,357
						$47,831,759

*Represents a party-in-interest to the Plan.

The above information has been certified by Fidelity Management Trust Company, the custodain, as complete and accurate.

Saber Healthcare 401(k) Profit Sharing Plan

YEARS ENDED DECEMBER 31, 2020 AND 2019

HW&Co.®
CPAs & Advisors

SABER HEALTHCARE 401(k) PROFIT SHARING PLAN

YEARS ENDED DECEMBER 31, 2020 AND 2019

CONTENTS

	Page
Independent auditor's report	1-2
Financial statements:	
Statements of net assets available for benefits	3
Statements of changes in net assets available for benefits	4
Notes to financial statements	5-12
Supplemental schedule; December 31, 2020	
Schedule H, Line 4i – schedule of assets (held at end of year)	13

Independent Auditor's Report

Board of Trustees
Saber Healthcare 401(k) Profit Sharing Plan
Cleveland, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Saber Healthcare 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, 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 these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by TD Ameritrade Trust Company (January 1, 2019 through December 31, 2019), the custodian of the Plan and Fidelity Management Trust Company (April 1, 2019 through December 31, 2020), the trustee 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 the custodian/trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian/trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the custodian/trustee is complete and accurate

Disclaimer of Opinion

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

Other Matter – Supplemental Schedule

The supplemental schedule on page 13 as of December 31, 2020 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Cleveland, Ohio
October 12, 2021

SABER HEALTHCARE 401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2020 AND 2019

	2020	2019
Assets:		
Investments	$ 46,883,402	$ 40,290,287
Notes receivable; participants	948,357	1,088,864
	47,831,759	41,379,151
Receivables:		
Participants	70,758	
Employers	101	
	70,859	
	47,902,618	41,379,151
Liabilities:		
Excess contributions payable; participants	276,189	159,071
Benefit claims payable	13,960	
	290,149	159,071
Net assets available for benefits	**$ 47,612,469**	**$ 41,220,080**

See notes to financial statements.

SABER HEALTHCARE 401(k) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2020 AND 2019

	2020	2019
Changes to net assets attributed to:		
Investment income:		
Net increase in fair value of investments	$ 4,283,469	$ 4,239,373
Interest and dividends	2,314,497	2,547,543
Other	42,401	80,695
	6,640,367	6,867,611
Interest income on notes receivable; participants	59,656	41,405
Contributions:		
Participants	4,414,718	3,253,379
Employers	6,546	41,749
Rollovers	802,165	495,679
	5,223,429	3,790,807
Total	11,923,452	10,699,823
Deductions from net assets attributed to:		
Benefits paid to participants	5,485,150	6,455,882
Administrative expenses	45,913	113,104
Total deductions	5,531,063	6,568,986
Net increase in net assets available for benefits	6,392,389	4,130,837
Net assets available for benefits, beginning	41,220,080	37,089,243
Net assets available for benefits, ending	**$ 47,612,469**	**$ 41,220,080**

See notes to financial statements.

SABER HEALTHCARE 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2020 AND 2019

1. Description of the Plan:

The following description of the Saber Healthcare 401(k) Profit Sharing Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Saber Healthcare 401(k) Profit Sharing Plan (the "Plan") is a defined contribution profit sharing plan covering all eligible employees of Saber Healthcare Holdings, LLC and affiliated entities (the "Company"). The Plan is subject to the provisions of the Employee Retirement Security Act of 1974 (ERISA). All employees, age 18 and older and who have six months of service are eligible to participate in the Plan, except for University Manor employees subject to the facility's collective bargaining agreement. After eligibility is obtained, 500 hours of service is required to be maintained to avoid a break in eligibility. The Board of Trustees of the Plan are responsible for oversight of the Plan, determining the appropriateness of the Plan's investment offerings and monitoring investment performance.

With the change in the custodian of TD Ameritrade Trust Company ("TD Ameritrade") to Fidelity Management Trust Company ("Fidelity") as the trustee, the Company adopted a new volume submitter plan in April 2019.

There were law and operational changes impacting plans due to the passing of the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act). The Plan adopted the distribution provision of the CARES Act that allows participants to take a COVID-19 related distribution up to $100,000 from the Plan beginning on or after January 1, 2020 and before December 31, 2020. Any of the optional features from the recent law changes that are adopted by the Plan will require written amendments at a later date in accordance with applicable law and IRS guidance.

Contributions:

Participants may elect to contribute a portion of their annual compensation up to the maximum amount allowed by the Internal Revenue Service on a pre-tax or after-tax (Roth) basis. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

Employees of certain affiliates, Ambler Healthcare Group, LLC, Bryn Mawr Healthcare Group, LLC, Dunmore Healthcare Group, Inc. and Julia Ribaudo Healthcare Group, LLC are eligible to receive an employer contribution for each straight time hour worked due to collective bargaining agreements entered into by those facilities. The Company made contributions of $6,546 in 2020 and $41,749 in 2019 to participants at these eligible facilities.

Contributions from participants for 2020 and 2019 are net of a payment of $276,189 and $159,071 made in February 2021 and March 2020, respectively, to active participants to return excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. These amounts are included in the Plan's statements of net assets available for benefits as excess contributions payable at December 31, 2020 and 2019.

1. Description of the Plan (continued):

Contributions (continued):

The Company may make additional discretionary matching contributions and nonelective profit sharing contributions to the Plan. The amount of any discretionary contribution is determined annually by the Company. No discretionary matching and nonelective profit sharing contributions were made for 2020 or 2019.

Participants are 100% vested immediately with respect to their compensation deferrals. Participants vest in employer contributions in accordance with the following schedule:

Years of Service	Vesting Percentage
Less than 1 year	0%
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years or more	100%

All participants who were employees of Saber Healthcare Group, LLC (or affiliates participating employers) prior to June 1, 2016, are 100% vested in their employer contributions.

Forfeitures of nonvested accounts may be used to pay administrative expenses of the Plan and/or reduce employer matching and discretionary matching and profit sharing contributions. Forfeitures of $6,256 in 2020 and $14 in 2019 were used to pay administrative expenses. Unused forfeitures totaled $46,422 at December 31, 2020 and $51,889 at December 31, 2019.

Participant accounts:

Participants may direct their contributions, including the employer portion into any combination of a number of investment options available under the Plan.

Income/loss is allocated to participant accounts based on earnings/loss in the respective investment funds.

Payment of benefits:

Benefits provided by the Plan are payable to participants upon termination, retirement, disability or death of the participant and are recorded when paid.

1. Description of the Plan (continued):

Notes receivable, participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 and 2019.

Active employees who have at least $2,000 in their fund accounts could borrow up to 50% of their vested balance. The maximum borrowing is limited to $50,000. Repayment of the note is required to be made over a period not to exceed five years. The notes are secured by the balance in the participant's account and bear interest at the rate of 1% plus prime at the time the note was requested. Interest rates on the notes were 4.25% to 6.50% at December 31, 2019. Principal and interest are paid ratably through payroll deductions. The balance of notes receivable was $948,357 at December 31, 2020 and $1,088,864 at December 31, 2019.

Recently adopted accounting pronouncement:

In August 2018, the Financial Accounting Standards Board ("FASB") issued Financial Accounting Standards Update ("ASU") 2018-13, Changes to the Disclosure Requirements for Fair Value Measurements. This standard is intended to improve the effectiveness of disclosures in the notes to the financial statements and modify the disclosure requirements on fair value measurements in Topic 820, Fair Value Measurements. ASU 2018-13 is effective for fiscal years beginning after December 15, 2019. This ASU has been applied for the year ended December 31, 2020 with no significant impact on the financial statements.

2. Summary of significant accounting policies:

Basis of accounting:

The financial statements for the Plan are prepared using the accrual method of accounting.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

2. Summary of significant accounting policies (continued):

Investment valuation:

The Plan's investments are stated at fair value at December 31, 2020 and 2019, as provided by Fidelity, the trustee of the Plan. The Plan's investments are held by Fidelity at December 31, 2020 and 2019.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. These amounts were provided by Fidelity.

3. Fair value:

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 market prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the methodology include:

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

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

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

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

- The fair value of mutual funds is 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 fair value of the stable value collective trust fund is valued at the NAV of units of the bank collective trust. The stable value fund is comprised primarily of fully benefit responsive investment contracts and the NAV is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probably that the fund will sell the investments for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

3. Fair value (continued):

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

The asset'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.

Assets measured at fair value on a recurring basis at December 31, 2020 and 2019, were as follows:

	Assets at Fair Value as of December 31, 2020			
Description	Level 1	Level 2	Level 3	Total
Mutual funds	$ 45,946,079	$	$	$ 45,946,079
Total	$ 45,946,079	$	$	45,946,079
Investments measured at net asset value (a)				937,323
Total investments at fair value				$ 46,883,402

	Assets at Fair Value as of December 31, 2019			
Description	Level 1	Level 2	Level 3	Total
Mutual funds	$ 39,710,457	$	$	$ 39,710,457
Total	$ 39,710,457	$	$	39,710,457
Investments measured at net asset value (a)				579,830
Total investments at fair value				$ 40,290,287

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

3. Fair value (continued):

The following table presents the fair value, unfunded commitments, redemption frequency, and redemption notice period for plan investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2020 and 2019:

Investment*	Fair Value 2020	Fair Value 2019	Redemption Frequency	Redemption Notice Period
Stable Value Collective trust fund:				
Invesco Stable Value II Fund	$ 937,323	$ 579,830	Daily	None

* For the years presented, the Plan did not have unfunded commitments with any of its investments.

4. Party-in-interest transactions:

Certain Plan investments are managed by affiliates of Fidelity. Fidelity is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Certain fees related to the administration of the Plan were paid by the Plan or the Company, which qualify as party-in-interest transactions. The Plan issues notes to participants, which are secured by the vested balance in the participant's account and certain fees related to the administration of the Plan were paid by the Plan or the Company, which also qualify as party-in-interest.

5. Income tax status:

On March 31, 2014, the IRS stated that volume-submitter plan adopted by the Plan in April 2019, as then designed, qualifies under the appropriate section of the Internal Revenue Code (the Code). The Plan has not received a determination letter specific to the Plan itself. The Plan has been amended since receiving the opinion on the volume-submitter plan; however, the plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP require 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 be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Expenses:

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 change in fair value of investments.

6. Expenses (continued):

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Certain administrative functions are performed by employees of the Company. No such employee or the Company receives compensation from the Plan.

In addition, the Plan received revenue sharing amounts from certain mutual funds. These amounts received are included in investment income (loss), other with the unused portion of the funds being included in certain funds. The following table sets forth the summary of changes in the revenue sharing account for the years ended December 31, 2020 and 2019:

	2020	2019
Balance, beginning of year	$ 79,926	38,673
Investment income	3,962	
Revenue sharing amounts received	42,401	80,695
Amounts used to pay certain Plan expenses	(40,027)	(39,442)
Balance, end of year	$ 86,262	$ 79,926

7. Certified Investments:

Certain information related to investments and participant notes disclosed in the accompanying financial statements and supplemental schedule, including investments and participants notes held at December 31, 2020 and 2019, and net increase in fair value of investments and interest and dividends for the years ended December 31, 2020 and 2019, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by TD Ameritrade and Fidelity, in accordance with Section 2520.103-5(c) of the DOL and Regulations for Reporting and Disclosure under ERISA.

8. 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.

As a result of COVID-19 coronavirus, economic uncertainties have arisen which have resulted in significant volatility in the investment markets. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time. No adjustments have been made to these financial statements as a result of this uncertainty.

9. 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.

10. Reconciliation of financial statements to Form 5500:

The following is a reconciliation of net increase in net assets available for benefits per the financial statements at December 31, 2019 to Form 5500:

Increase (decrease) in net assets available for benefits before transfer of net assets per the financial statements	$ 4,130,837
Excess contributions payable, prior year	163,877
Other	(43,774)
	$ 4,250,940

11. Subsequent events:

In preparing these financial statements, the Plan's management has evaluated events and transactions for potential recognition or disclosure through October 12, 2021, the date the Plan's financial statements were available to be issued.

SABER HEALTHCARE 401(k) PROFIT SHARING PLAN

EIN 02-0542620
PLAN NUMBER 003

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

YEAR ENDED 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 level			(d) Cost	(e) Current Value
Participant directed:						
	Stable value collective trust:					
	Invesco Stable Value II Fund	Stable value fund	937,323	Shares		$ 937,323
	Mutual funds (at fair value):					
*	Fidelity Freedom Income 2025 Fund	Mutual fund	606,510	Shares		9,370,573
*	Fidelity Freedom Income 2035 Fund	Mutual fund	421,020	Shares		6,976,307
*	Fidelity Freedom Income 2040 Fund	Mutual fund	541,605	Shares		6,363,854
*	Fidelity Freedom Income 2030 Fund	Mutual fund	329,388	Shares		6,350,597
*	Fidelity Freedom Income 2020 Fund	Mutual fund	213,113	Shares		3,657,026
*	Fidelity Freedom Income 2045 Fund	Mutual fund	252,210	Shares		3,392,221
*	Fidelity Freedom Income 2050 Fund	Mutual fund	172,379	Shares		2,335,740
*	Fidelity 500 Index Fund	Mutual fund	8,067	Shares		1,050,120
*	Fidelity Freedom Income 2015 Fund	Mutual fund	75,508	Shares		1,018,602
*	Fidelity Freedom Income 2055 Fund	Mutual fund	59,937	Shares		933,220
	T. Rowe Price Blue Chip Growth Fund Advisor Class	Mutual fund	5,057	Shares		819,317
*	Fidelity Freedom Income 2010 Fund	Mutual fund	34,657	Shares		564,914
*	Fidelity Freedom Income 2005 Fund	Mutual fund	32,736	Shares		427,534
	Alger Small Cap Focus Fund Class I	Mutual fund	12,722	Shares		412,065
	Carillon Eagle Mid Cap Growth Fund Class A	Mutual fund	4,295	Shares		387,063
	ClearBridge International Growth Fund Class A	Mutual fund	4,597	Shares		288,771
*	Fidelity U.S. Bond Index Fund	Mutual fund	21,665	Shares		269,731
	The Hartford Dividend and Growth Fund Class R4	Mutual fund	9,162	Shares		258,556
	Western Asset Core Plus Bond Fund Class A	Mutual fund	19,634	Shares		246,408
*	Fidelity Freedom Income 2060 Fund	Mutual fund	11,359	Shares		159,934
	PIMCO Income Fund Class A	Mutual fund	12,686	Shares		153,629
*	Fidelity Small Cap Index Fund	Mutual fund	4,787	Shares		119,570
*	Fidelity Mid Cap Index Fund	Mutual fund	3,749	Shares		101,257
	Delaware Emerging Markets Fund Class A	Mutual fund	3,697	Shares		94,614
*	Fidelity International Index Fund	Mutual fund	1,775	Shares		80,953
*	Fidelity Freedom Income Fund	Mutual fund	6,196	Shares		75,658
	American Century Mid Cap Value Fund A Class	Mutual fund	1,169	Shares		19,857
*	Fidelity Freedom Income 2065 Fund	Mutual fund	1,065	Shares		13,194
*	Fidelity Government Money Market Fund	Mutual fund	4,794	Shares		4,794
***Participant loans, interest rates are 4.25% to 6.50%**					$ 0	948,357
						$47,831,759

*Represents a party-in-interest to the Plan.

The above information has been certified by Fidelity Management Trust Company, the custodain, as complete and accurate.