Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
STRIDE HEALTHCARE MANAGEMENT, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2019

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)
INTERVENTIONAL PARTNERS, PLLC DBA STRIDE HEALTHCARE, PLLC

12222 MERIT DRIVE, SUITE 290
DALLAS, TX 75251

2b Employer Identification Number (EIN)
81-5443236

2c Plan Sponsor's telephone number
214-566-3349

2d Business code (see instructions)
621391

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.	04/13/2023	AL WILSON
	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**	358
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)**	307
a(2) Total number of active participants at the end of the plan year	**6a(2)**	312
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	113
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	425
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	425
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	357
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:

2F 2G 2J 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)	[X]	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)	[X]	1	**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 A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
STRIDE HEALTHCARE MANAGEMENT, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTERVENTIONAL PARTNERS, PLLC DBA STRIDE HEALTHCARE, PLLC

D Employer Identification Number (EIN)
81-5443236

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MASSMUTUAL LIFE INSURANCE CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
04-1590850	65935	843757	304		

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	804

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

NOVA 401K ASSOCIATES
10777 NORTHWEST FWY
STE 440
HOUSTON, TX 77092-7319

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	804	TPA FEES	5

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	2897123

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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
STRIDE HEALTHCARE MANAGEMENT, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTERVENTIONAL PARTNERS, PLLC DBA STRIDE HEALTHCARE, PLLC

D Employer Identification Number (EIN)
81-5443236

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

MASSACHUSETTS MUTUAL LIFE INSURANCE

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 37 38 54 55 59 60 62 63 64 65 66 99 50	RECORDKEEPER	10775	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

TRUENORTH SECURITIES, INC

48-1233289

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	ADVISOR	8380	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

NOVA 401K ASSOCIATES

20-1181458

(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?
17 37 50 99	THIRD PARTY ADMINISTRATOR	11935	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
STRIDE HEALTHCARE MANAGEMENT, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
INTERVENTIONAL PARTNERS, PLLC DBA STRIDE HEALTHCARE, PLLC

D Employer Identification Number (EIN)
81-5443236

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: SEPARATE ACCOUNT SCAI

b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE CO.

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)
04-1590850-000	P	2897123

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
STRIDE HEALTHCARE MANAGEMENT, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTERVENTIONAL PARTNERS, PLLC DBA STRIDE HEALTHCARE, PLLC

D Employer Identification Number (EIN)
81-5443236

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	2827	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		0
(2) Participant contributions	1b(2)		0
(3) Other	1b(3)		0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	52986	38130
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1523508	2897123
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1579321	2935253
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1579321	2935253

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
	(B) Participants	2a(1)(B)	726080	
	(C) Others (including rollovers)	2a(1)(C)	412647	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1138727
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	3515	
	(F) Other	2b(1)(F)	10	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3525
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		330237
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1472489
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	93848	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		93848
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	22709	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		22709
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		116557
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1355932
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: THE CJ CPA GROUP, PLLC **(2)** EIN: 27-4461251

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		296475

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

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
STRIDE HEALTHCARE MANAGEMENT, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTERVENTIONAL PARTNERS, PLLC DBA STRIDE HEALTHCARE, PLLC

D Employer Identification Number (EIN)
81-5443236

Part I Distributions

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

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

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

EIN(s): 04-1590850

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_____

Financial Statements and Supplemental Schedule
Stride Healthcare Management 401(k) Plan
As of December 31, 2020 and 2019, and
for the Year Ended December 31, 2020

Financial Statements and Supplemental Schedule

Stride Healthcare Management 401(k) Plan

As of December 31, 2020 and 2019, and for the Year Ended December 31, 2020

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***** All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable or the required information is shown in the financial statements or notes thereto.

THE CJ GROUP
CPAs AND ADVISORS

Report of Independent Auditors

To the Plan Administrator and Participants,
Stride Healthcare Management 401(k) Plan

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of the Stride Healthcare Management 401(k) Plan, which comprise the statement of net assets available for benefits as of December 31, 2020 and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

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

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

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

THE CJ GROUP
CPAs AND ADVISORS

Other Matter – 2019 Financial Statements

We have compiled the accompanying statement of net assets available for benefits as of December 31, 2019. We have not audited or reviewed this financial statement and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with accounting principles generally accepted in the United States of America.

Plan management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist the plan administrator in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Other Matter – Supplemental Schedules

The supplemental schedules, which are composed of the Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2020 and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2020, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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

The CJ CPA Group, PLLC

Plano, Texas
March 22, 2023

Statements of Net Assets Available for Benefits As of December 31,		**2020**		*(compiled)* 2019
Assets:				
Investments:				
Pooled separate accounts, at fair value	**$**	**2,897,123**	$	1,526,335
Total investments		**2,897,123**		1,526,335
Receivables:				
Employer corrective contributions		**19,467**		2,241
Employee contributions		**28,709**		28,987
Notes receivable from participants		**38,130**		56,627
Total receivables		**86,306**		87,855
Total Assets		**2,983,429**		1,614,190
Liabilities:				
Excess contributions payable		**14,881**		-
Net assets available for benefits	**$**	**2,968,548**	$	1,614,190

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31,

		2020
Additions:		
Investment income:		
Net appreciation in fair value of investments	**$**	**330,248**
Net investment income		**330,248**
Interest income on notes receivable from participants		**3,514**
Contributions:		
Employer corrective contributions		**17,226**
Employee contributions		**710,921**
Rollover contributions		**412,647**
Total contributions		**1,140,794**
Total additions		**1,474,556**
Deductions:		
Benefits paid to participants		**97,489**
Administrative expenses		**22,709**
Total deductions		**120,198**
Net increase		**1,354,358**
Net assets available for benefits		
Beginning of year		**1,614,190**
End of year	**$**	**2,968,548**

NOTES TO FINANCIAL STATEMENTS
As of December 31, 2020 and 2019, and for the Year Ended December 31, 2020

1. Description of Plan

The following brief description of the Stride Healthcare Management 401(k) Plan (the "Plan") is provided as general information only. Participants should refer to the Plan document for a more comprehensive description of the Plan's provisions.

General
The Plan is a defined contribution plan available to all employees of Interventional Partners, PLLC dba Stride Healthcare, PLLC (the "Company" or "Plan Sponsor"). The original effective date of the Plan is January 1, 2019. The Plan is intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code ("IRC"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

On December 20, 2019, the Setting Every Community Up for Retirement Enhancement ("SECURE") Act of 2019 was signed into law. Applicable provisions of the SECURE Act, effective January 1, 2020, include changing the required minimum distribution age to 72 for participants who have not reached age 70 ½ as of December 31, 2019, and, for participant deaths after December 31, 2019, requiring most non-spouse beneficiaries to take full distribution of the participant's account within 10 years of the participant's death. Plan management is evaluating the impact of the SECURE Act on the Plan but does not expect it to be material.

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security ("CARES") Act was passed by Congress. The CARES Act, among other things, includes several relief provisions available to tax qualified retirement plans and their participants. Plan management evaluated the impact of the CARES Act on the Plan and approved (a) adding COVID-19-related distributions of up to $100,000 for eligible participants, (b) increasing the limit on Plan loans for eligible participants to the maximum amount permitted under the CARES Act, (c) suspending payments on Plan loans otherwise due in 2020 for eligible participants, and (d) suspending required minimum distributions for 2020. The CARES Act allowed these changes to be effective and operationalized immediately, prior to amending the Plan document.

Eligibility
All employees who have reached 21 years of age are eligible to participate in the Plan, excluding part-time, temporary, seasonal and PRN employees.

Contributions
Participants may elect to contribute between 1% and 90% of their eligible compensation, as defined by the Plan, subject to certain IRS limitations. Participant contributions may be made on a pre-tax basis 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 contribution or benefit plans.

1. Description of Plan (continued)

Contributions (continued)
The Plan provides for a traditional automatic contribution arrangement ("ACA") whereby eligible participants are automatically enrolled at a pre-tax rate of 2%, unless they affirmatively opt out. The Plan does not include a provision for escalation of the automatic deferral rate.

The Company may make discretionary matching contribution based on a participant's business unit or location. Discretionary matching contributions may be matched up to a discretionary percentage of a participant's compensation or a discretionary dollar amount determined by the Company on a uniform basis for all participants. During the year ended December 31, 2020, the Company authorized no discretionary matching contributions.

The Company may make discretionary profit-sharing contribution as determined by the Company. During the year ended December 31, 2020, the Company authorized no discretionary profit-sharing contributions.

Participant Accounts
Each participant's account is credited with the participant's contributions, allocations of investment earnings and the participant's allocation of any Company contributions. Participant accounts are also charged with an allocation of certain administrative expenses. Contributions and earnings are allocated among investment options as selected by the participant.

Vesting
Participants are immediately vested in their deferral contributions plus actual earnings thereon. The Company matching contributions, earnings thereon, and any additional discretionary profit-sharing contributions vest 20% for each year of credited service. A participant is 100% vested after give years of credited service.

Notes Receivable from Participants
Participants may borrow from their accounts a minimum of $1,000 up to a maximum of the lesser of $50,000 or 50% of their vested account balance. Loans are collateralized by the participant's account balance and bear interest at a rate of 2% over the prime interest rate. Principal repayments and the interest on outstanding balances are deducted ratably from the participant's pay.

Payments of Benefits
Upon termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account, in the form of a lump sum or periodic installments. A participant may withdraw part of the vested interest in his or her account upon attainment of age 59 1/2, subject to Plan provisions and in the event of an immediate and heavy financial hardship. The Plan document further stipulates that for terminated participants with vested account balances less than $5,000, an involuntary cash-out distribution will be made.

1. Description of Plan (continued)

Forfeitures
The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Forfeited balances of terminated participants' non-vested accounts may be used to reduce Company contributions. During the year ended December 31, 2020, no forfeitures were used to reduce Company contributions. At December 31, 2020 and 2019, the forfeited account balance totaled $2,837 and $2,827, respectively.

2. Summary of Significant Accounting Policies

Basis of Accounting
The accompanying financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles general accepted in the United States of America ("GAAP").

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

Investment Valuation and Income Recognition
The Plan's investments in pooled separate accounts are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies utilizing information provided by the custodian. See Note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes Receivable from Participants
Notes receivable from participants represent loans and are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recognized on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2020 and 2019. If the participant ceases to make benefit payments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits
Benefits are recorded when paid.

2. Summary of Significant Accounting Policies (continued)

Administrative Expenses
Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participants' accounts and are included in administrative expenses. Investment related expenses are included in appreciation (depreciation) of fair value of investments.

Subsequent Events
Subsequent events have been evaluated through the date of the report of independent auditors, the date these financial statements were issued. Other than the matters in Note 11, there were no material subsequent events that required recognition or additional disclosure in these financial statements.

3. Information Certified by the Custodian (unaudited)

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted under such election, the Plan Sponsor instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Massachusetts Life Insurance Company, the custodian of the Plan, as complete and accurate, except for comparing such information certified by the custodian with information included in the Plan's financial statements and supplemental schedule:

As of December 31,	**2020**	*(compiled)* 2019
Investments:		
Pooled separate accounts, at fair value	**$ 2,897,123**	$ 1,526,335
Total investments	**2,897,123**	1,526,335
Notes receivable from participants	**$ 38,130**	$ 56,627

For the Year Ended December 31,	**2020**
Net appreciation in fair value of investments	**$ 330,248**
Interest income on notes receivable from participants	**3,514**

4. Fair Value Measurements

The fair value hierarchy prioritizes the inputs used to measure fair value, giving the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 inputs) and the lowest priority to unobservable inputs (level 3 inputs).

The three levels of the fair value hierarchy are described below:

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

Level 2 — Inputs to the valuation methodology include:

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

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

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

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

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

Pooled separate accounts: Valued at the net asset value ("NAV") (or unit value) of the units held by the Plan at year-end based on information reported by the custodian. The NAV, which is used as a practical expedient for fair value, of each of the separate accounts is calculated in a manner consistent with the U.S. GAAP for investment companies and is determinative of their fair value and represent the price at which the Plan would be able to initiate a transaction. Several of the separate accounts invest in publicly quoted mutual funds or actively managed stocks. Some of the separate accounts also invest in fixed income securities. The fair value of the underlying mutual funds or stocks and of the other underlying securities, which is based on quoted prices of similar assets, is used to determine the NAV of the separate account which is not publicly traded.

4. Fair Value Measurements (continued)

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

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

As of December 31, 2020:

Investment	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Pooled separate accounts	$2,897,123	N/A	Daily	12 months

As of December 31, 2019:

Investment	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Pooled separate accounts	$1,526,335	N/A	Daily	12 months

5. Related Party and Party-in-Interest Transactions

The Plan invests in various pooled separate accounts managed by Massachusetts Mutual Life Insurance Company. Massachusetts Mutual Life Insurance Company is the custodian and, therefore, this transaction qualifies as a party in interest transaction.

Fees incurred by the Plan for investment management services are included in net appreciation in fair value of the investments, as they are paid through revenue sharing, rather than a direct payment. The Plan also made direct payments to the trustee, custodian, and third-party administrator totaling $22,709. These costs incurred by the Plan are included in administrative expense on the statement of changes in net assets available for benefits. The Plan Sponsor pays directly any other fees related to the Plan's operations.

6. Plan Termination

The Plan has been established with the intention that it will continue and be a permanent plan. However, although it has not expressed any intent to do so, the Company has the right under the Plan to terminate it at any time, subject to the provisions of ERISA. In the event the Plan terminates, participants would become fully vested in their account balances.

7. Tax Status

The Plan uses a volume submitter 401(k) savings plan document sponsored by Nova Associates, Inc. received a favorable opinion letter dated March 31, 2014, from the IRS stating that the volume submitter plan document satisfies the applicable provisions of the Internal Revenue Code ("IRC"). The Plan itself has not received a determination letter from the IRS. However, plan management believes the Plan, as adopted and amended, is operating within the guidelines of the IRC. Accordingly, no provision for federal income taxes has been provided in the accompanying financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by IRS. The Plan is subject to routine audits taken by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Risks and Uncertainties

The Plan provides for various options in any combination of specified investments. The underlying investments may include stocks, bonds, fixed income securities, mutual funds and other investment securities. Such investments are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the values of investment securities in the near term could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

On March 11, 2020, the World Health Organization declared the novel strain of coronavirus ("COVID-19") a global pandemic and recommended containment and mitigation measures worldwide. The pandemic and these containment and mitigation measures have led to economic uncertainties which have resulted in significant volatility in the financial markets, impacting some of the investments held by the Plan. The duration of these uncertainties and volatility, and the ultimate financial effects of COVID-19 on the national and global economies and investment markets, cannot be reasonably estimated at this time.

9. Reconciliation of Financial Statements to the Form 5500

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

As of December 31,	**2020**	*(compiled)* 2019
Net assets available for plan benefits per the financial statements	**$ 2,968,548**	$ 1,614,190
Corrective employer contributions receivable	**(19,467)**	(2,241)
Employee contributions receivable	**(28,709)**	(28,987)
Excess contributions payable	**14,881**	-
Difference between loan balance reported on the financial statements and loan balance reported on Form 5500 (deemed distributions)	**-**	(3,641)
Net assets available for plan benefits per Form 5500	**$ 2,935,253**	$ 1,579,321

The following is a reconciliation of the net increase per the financial statements to the Form 5500:

For the Year Ended December 31,	**2020**
Net increase per the financial statements	**$ 1,354,358**
Less: current year corrective employer contributions receivable	**(19,467)**
Add: prior year corrective employer contributions receivable	**2,241**
Less: current year employee contributions receivable	**(28,709)**
Add: prior year employee contributions receivable	**28,987**
Add: current year excess contributions payable	**14,881**
Change in loan balance reported on the financial statements and loan balance reported on Form 5500 (deemed distributions)	**3,641**
Net increase per the Form 5500	**$ 1,355,932**

10. Administrative and Operational Failure

During the year ended December 31, 2020, the Plan Sponsor failed to remit certain participant contributions to the Plan within the time frame required by the Department of Labor's Regulation 29 CFR 2510.3-102, thus constituting a non-exempt (prohibited) transaction between the Plan and the Plan Sponsor. Cumulative delinquent remittances of participant contributions and loan repayments amounted to $296,475. The Plan Sponsor has remitted all of the delinquent participant contributions and loan repayments by the date of the report of independent auditors. Lost earnings for all but $83,338 of late remittances have been calculated and remitted to the Plan as of the date of the report of independent auditors. These lost earnings are reflected as corrective employer contributions on the statements of net assets. The Plan Sponsor intends to fully correct this administrative failure by making a qualified non-elective employer contribution to the affected participants' accounts for loss earnings through the IRS Voluntary Correction Program (VCP). Additionally, the Plan Sponsor is implementing policies and procedures to ensure that future employee contributions are remitted to the Plan in a timely manner.

11. Subsequent Events

As discussed in Note 10, subsequent to year end, the Plan Sponsor is working with third party administrator to calculate and remediate the additional late remittances identified related to the year ended December 31, 2020.

Effective September 1, 2022, the Plan was amended to add a 30 day service period requirement for participants to be eligible to participate in the Plan.

Subsequent to year end, the Plan Sponsor performed the compliance (discrimination) testing for the year ended December 31, 2021 and determined that it had failed the 401(k) Average Deferral Percentage ("ADP") test. As a result, the Plan Sponsor was required to distribute (refund) excess contributions to affected participants by the IRS deadline of March 15, 2022. The Plan Sponsor refunded these excess contributions after the required IRS deadline and thus is subject to an excise tax equal to 10% of the total excess contributions.

Subsequent to year end, the Plan Sponsor determined that there were delinquent participant contributions remitted to the Plan for both the years ended December 31, 2021 and December 31, 2022. The Plan sponsor is currently in the process of remediating these late remittances, including calculating and fundings the lost earnings related to these participants.

Supplemental Schedules
Stride Healthcare Management 401(k)
As of and for the Year Ended December 31, 2020

Schedule H, Line 4i
Schedule of Assets (Held at End of Year) EIN: 81-5443236
As of December 31, 2020 Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) maturity date, rate of interest, collateral, par, or maturity value	(e) Current value
	Pooled Separate Accounts:		
*	Massachusetts Mutual Life Insurance Company	American Funds EuroPacific Gr R6	$ 21,029
*	Massachusetts Mutual Life Insurance Company	Invesco Small Cap Growth R6	57,356
*	Massachusetts Mutual Life Insurance Company	Select T. Rowe Price Blue Chip Growth I	49,801
*	Massachusetts Mutual Life Insurance Company	Select TRP/Front MC Growth I	622
*	Massachusetts Mutual Life Insurance Company	PIMCO High Yield Inst	551
*	Massachusetts Mutual Life Insurance Company	Wells Fargo Special Midcap Value R6	4,001
*	Massachusetts Mutual Life Insurance Company	Vanguard Mid-Cap Index ADM	2,400
*	Massachusetts Mutual Life Insurance Company	Vanguard Total Bond Mkt Ind ADM	1,710
*	Massachusetts Mutual Life Insurance Company	Vanguard Total Intl Stock ADM	53,642
*	Massachusetts Mutual Life Insurance Company	Vanguard 500 Index ADM	51,516
*	Massachusetts Mutual Life Insurance Company	American Funds New World R6	33,082
*	Massachusetts Mutual Life Insurance Company	JPMorgan US Gov Money Market Inst	3,373
*	Massachusetts Mutual Life Insurance Company	Indexselect Aggressive 2035 I	27,085
*	Massachusetts Mutual Life Insurance Company	Indexselect Aggressive 2045 I	21,172
*	Massachusetts Mutual Life Insurance Company	Indexselect Aggressive 2055 I	21,115
*	Massachusetts Mutual Life Insurance Company	Indexselect Mod Retirement I	5,696
*	Massachusetts Mutual Life Insurance Company	Indexselect Moderate 2025 I	679,129
*	Massachusetts Mutual Life Insurance Company	Indexselect Moderate 2035 I	486,066
*	Massachusetts Mutual Life Insurance Company	Indexselect Moderate 2045 I	892,696
*	Massachusetts Mutual Life Insurance Company	Indexselect Moderate 2055 I	481,942
*	Massachusetts Mutual Life Insurance Company	BlackRock Equity Dividend K	2,500
*	Massachusetts Mutual Life Insurance Company	Fidelity Advisor Total Bond Z	639
	Total Pooled Separate Accounts		2,897,123
	Participant Loans:		
*	Notes Receivable from Participants	Interest rates ranging from 7.00% to 7.50%	38,130
Total Assets			**$ 2,935,253**

* Column (a) indicates each identified person/entity known to be a party in interest.

Note: Column (d) - Historical cost information is not provided as all investments are participant directed.

Note: The information presented has been certified by Massachusetts Mutual Life insurance Company as permitted by 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure.

Schedule H, Line 4a
Schedule of Delinquent Participant Contributions
December 31, 2020

EIN: 81-5443236
Plan Number: 001

Participant Contributions Transferred Late to Plan	Check Here if Late Participant Loan Repayments are Included	Total that Constitute Non-Exempt Prohibited			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$ 8,994		$ -	$ 8,994	$ -	$ -
15,126	X	-	15,126	-	-
2,145		-	2,145	-	-
5,533		-	5,533	-	-
8,439	X	-	8,439	-	-
8,469	X	8,469	-	-	-
19,658	X	19,658	-	-	-
15,430	X	15,430	-	-	-
596		-	596	-	-
15,961	X	-	15,961	-	-
10,302	X	10,302	-	-	-
22,241	X	-	22,241	-	-
16,253	X	-	16,253	-	-
30,515	X	-	30,515	-	-
73,650	X	-	73,650	-	-
29,479	X	29,479	-	-	-
13,684		-	13,684	-	-

Financial Statements and Supplemental Schedule
Stride Healthcare Management 401(k) Plan
As of December 31, 2020 and 2019, and
for the Year Ended December 31, 2020

Financial Statements and Supplemental Schedule

Stride Healthcare Management 401(k) Plan

As of December 31, 2020 and 2019, and for the Year Ended December 31, 2020

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***** All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable or the required information is shown in the financial statements or notes thereto.

THE CJ GROUP
CPAs AND ADVISORS

Report of Independent Auditors

To the Plan Administrator and Participants,
Stride Healthcare Management 401(k) Plan

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of the Stride Healthcare Management 401(k) Plan, which comprise the statement of net assets available for benefits as of December 31, 2020 and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

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

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

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

THE CJ GROUP
CPAs AND ADVISORS

Other Matter – 2019 Financial Statements

We have compiled the accompanying statement of net assets available for benefits as of December 31, 2019. We have not audited or reviewed this financial statement and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with accounting principles generally accepted in the United States of America.

Plan management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist the plan administrator in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Other Matter – Supplemental Schedules

The supplemental schedules, which are composed of the Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2020 and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2020, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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

The CJ CPA Group, PLLC

Plano, Texas
March 22, 2023

Statements of Net Assets Available for Benefits As of December 31,		**2020**		*(compiled)* 2019
Assets:				
Investments:				
Pooled separate accounts, at fair value	**$**	**2,897,123**	$	1,526,335
Total investments		**2,897,123**		1,526,335
Receivables:				
Employer corrective contributions		**19,467**		2,241
Employee contributions		**28,709**		28,987
Notes receivable from participants		**38,130**		56,627
Total receivables		**86,306**		87,855
Total Assets		**2,983,429**		1,614,190
Liabilities:				
Excess contributions payable		**14,881**		-
Net assets available for benefits	**$**	**2,968,548**	$	1,614,190

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31,

		2020
Additions:		
Investment income:		
Net appreciation in fair value of investments	**$**	**330,248**
Net investment income		**330,248**
Interest income on notes receivable from participants		**3,514**
Contributions:		
Employer corrective contributions		**17,226**
Employee contributions		**710,921**
Rollover contributions		**412,647**
Total contributions		**1,140,794**
Total additions		**1,474,556**
Deductions:		
Benefits paid to participants		**97,489**
Administrative expenses		**22,709**
Total deductions		**120,198**
Net increase		**1,354,358**
Net assets available for benefits		
Beginning of year		**1,614,190**
End of year	**$**	**2,968,548**

NOTES TO FINANCIAL STATEMENTS
As of December 31, 2020 and 2019, and for the Year Ended December 31, 2020

1. Description of Plan

The following brief description of the Stride Healthcare Management 401(k) Plan (the "Plan") is provided as general information only. Participants should refer to the Plan document for a more comprehensive description of the Plan's provisions.

General
The Plan is a defined contribution plan available to all employees of Interventional Partners, PLLC dba Stride Healthcare, PLLC (the "Company" or "Plan Sponsor"). The original effective date of the Plan is January 1, 2019. The Plan is intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code ("IRC"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

On December 20, 2019, the Setting Every Community Up for Retirement Enhancement ("SECURE") Act of 2019 was signed into law. Applicable provisions of the SECURE Act, effective January 1, 2020, include changing the required minimum distribution age to 72 for participants who have not reached age 70 ½ as of December 31, 2019, and, for participant deaths after December 31, 2019, requiring most non-spouse beneficiaries to take full distribution of the participant's account within 10 years of the participant's death. Plan management is evaluating the impact of the SECURE Act on the Plan but does not expect it to be material.

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security ("CARES") Act was passed by Congress. The CARES Act, among other things, includes several relief provisions available to tax qualified retirement plans and their participants. Plan management evaluated the impact of the CARES Act on the Plan and approved (a) adding COVID-19-related distributions of up to $100,000 for eligible participants, (b) increasing the limit on Plan loans for eligible participants to the maximum amount permitted under the CARES Act, (c) suspending payments on Plan loans otherwise due in 2020 for eligible participants, and (d) suspending required minimum distributions for 2020. The CARES Act allowed these changes to be effective and operationalized immediately, prior to amending the Plan document.

Eligibility
All employees who have reached 21 years of age are eligible to participate in the Plan, excluding part-time, temporary, seasonal and PRN employees.

Contributions
Participants may elect to contribute between 1% and 90% of their eligible compensation, as defined by the Plan, subject to certain IRS limitations. Participant contributions may be made on a pre-tax basis 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 contribution or benefit plans.

1. Description of Plan (continued)

Contributions (continued)
The Plan provides for a traditional automatic contribution arrangement ("ACA") whereby eligible participants are automatically enrolled at a pre-tax rate of 2%, unless they affirmatively opt out. The Plan does not include a provision for escalation of the automatic deferral rate.

The Company may make discretionary matching contribution based on a participant's business unit or location. Discretionary matching contributions may be matched up to a discretionary percentage of a participant's compensation or a discretionary dollar amount determined by the Company on a uniform basis for all participants. During the year ended December 31, 2020, the Company authorized no discretionary matching contributions.

The Company may make discretionary profit-sharing contribution as determined by the Company. During the year ended December 31, 2020, the Company authorized no discretionary profit-sharing contributions.

Participant Accounts
Each participant's account is credited with the participant's contributions, allocations of investment earnings and the participant's allocation of any Company contributions. Participant accounts are also charged with an allocation of certain administrative expenses. Contributions and earnings are allocated among investment options as selected by the participant.

Vesting
Participants are immediately vested in their deferral contributions plus actual earnings thereon. The Company matching contributions, earnings thereon, and any additional discretionary profit-sharing contributions vest 20% for each year of credited service. A participant is 100% vested after give years of credited service.

Notes Receivable from Participants
Participants may borrow from their accounts a minimum of $1,000 up to a maximum of the lesser of $50,000 or 50% of their vested account balance. Loans are collateralized by the participant's account balance and bear interest at a rate of 2% over the prime interest rate. Principal repayments and the interest on outstanding balances are deducted ratably from the participant's pay.

Payments of Benefits
Upon termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account, in the form of a lump sum or periodic installments. A participant may withdraw part of the vested interest in his or her account upon attainment of age 59 1/2, subject to Plan provisions and in the event of an immediate and heavy financial hardship. The Plan document further stipulates that for terminated participants with vested account balances less than $5,000, an involuntary cash-out distribution will be made.

1. Description of Plan (continued)

Forfeitures
The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Forfeited balances of terminated participants' non-vested accounts may be used to reduce Company contributions. During the year ended December 31, 2020, no forfeitures were used to reduce Company contributions. At December 31, 2020 and 2019, the forfeited account balance totaled $2,837 and $2,827, respectively.

2. Summary of Significant Accounting Policies

Basis of Accounting
The accompanying financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles general accepted in the United States of America ("GAAP").

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

Investment Valuation and Income Recognition
The Plan's investments in pooled separate accounts are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies utilizing information provided by the custodian. See Note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes Receivable from Participants
Notes receivable from participants represent loans and are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recognized on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2020 and 2019. If the participant ceases to make benefit payments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits
Benefits are recorded when paid.

2. Summary of Significant Accounting Policies (continued)

Administrative Expenses
Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participants' accounts and are included in administrative expenses. Investment related expenses are included in appreciation (depreciation) of fair value of investments.

Subsequent Events
Subsequent events have been evaluated through the date of the report of independent auditors, the date these financial statements were issued. Other than the matters in Note 11, there were no material subsequent events that required recognition or additional disclosure in these financial statements.

3. Information Certified by the Custodian (unaudited)

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted under such election, the Plan Sponsor instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Massachusetts Life Insurance Company, the custodian of the Plan, as complete and accurate, except for comparing such information certified by the custodian with information included in the Plan's financial statements and supplemental schedule:

As of December 31,	**2020**	*(compiled)* 2019
Investments:		
Pooled separate accounts, at fair value	**$ 2,897,123**	$ 1,526,335
Total investments	**2,897,123**	1,526,335
Notes receivable from participants	**$ 38,130**	$ 56,627

For the Year Ended December 31,	**2020**
Net appreciation in fair value of investments	**$ 330,248**
Interest income on notes receivable from participants	**3,514**

4. Fair Value Measurements

The fair value hierarchy prioritizes the inputs used to measure fair value, giving the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 inputs) and the lowest priority to unobservable inputs (level 3 inputs).

The three levels of the fair value hierarchy are described below:

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

Level 2 — Inputs to the valuation methodology include:

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

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

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

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

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

Pooled separate accounts: Valued at the net asset value ("NAV") (or unit value) of the units held by the Plan at year-end based on information reported by the custodian. The NAV, which is used as a practical expedient for fair value, of each of the separate accounts is calculated in a manner consistent with the U.S. GAAP for investment companies and is determinative of their fair value and represent the price at which the Plan would be able to initiate a transaction. Several of the separate accounts invest in publicly quoted mutual funds or actively managed stocks. Some of the separate accounts also invest in fixed income securities. The fair value of the underlying mutual funds or stocks and of the other underlying securities, which is based on quoted prices of similar assets, is used to determine the NAV of the separate account which is not publicly traded.

4. Fair Value Measurements (continued)

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

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

As of December 31, 2020:

Investment	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Pooled separate accounts	$2,897,123	N/A	Daily	12 months

As of December 31, 2019:

Investment	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Pooled separate accounts	$1,526,335	N/A	Daily	12 months

5. Related Party and Party-in-Interest Transactions

The Plan invests in various pooled separate accounts managed by Massachusetts Mutual Life Insurance Company. Massachusetts Mutual Life Insurance Company is the custodian and, therefore, this transaction qualifies as a party in interest transaction.

Fees incurred by the Plan for investment management services are included in net appreciation in fair value of the investments, as they are paid through revenue sharing, rather than a direct payment. The Plan also made direct payments to the trustee, custodian, and third-party administrator totaling $22,709. These costs incurred by the Plan are included in administrative expense on the statement of changes in net assets available for benefits. The Plan Sponsor pays directly any other fees related to the Plan's operations.

6. Plan Termination

The Plan has been established with the intention that it will continue and be a permanent plan. However, although it has not expressed any intent to do so, the Company has the right under the Plan to terminate it at any time, subject to the provisions of ERISA. In the event the Plan terminates, participants would become fully vested in their account balances.

7. Tax Status

The Plan uses a volume submitter 401(k) savings plan document sponsored by Nova Associates, Inc. received a favorable opinion letter dated March 31, 2014, from the IRS stating that the volume submitter plan document satisfies the applicable provisions of the Internal Revenue Code ("IRC"). The Plan itself has not received a determination letter from the IRS. However, plan management believes the Plan, as adopted and amended, is operating within the guidelines of the IRC. Accordingly, no provision for federal income taxes has been provided in the accompanying financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by IRS. The Plan is subject to routine audits taken by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Risks and Uncertainties

The Plan provides for various options in any combination of specified investments. The underlying investments may include stocks, bonds, fixed income securities, mutual funds and other investment securities. Such investments are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the values of investment securities in the near term could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

On March 11, 2020, the World Health Organization declared the novel strain of coronavirus ("COVID-19") a global pandemic and recommended containment and mitigation measures worldwide. The pandemic and these containment and mitigation measures have led to economic uncertainties which have resulted in significant volatility in the financial markets, impacting some of the investments held by the Plan. The duration of these uncertainties and volatility, and the ultimate financial effects of COVID-19 on the national and global economies and investment markets, cannot be reasonably estimated at this time.

9. Reconciliation of Financial Statements to the Form 5500

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

As of December 31,	**2020**	*(compiled)* 2019
Net assets available for plan benefits per the financial statements	**$ 2,968,548**	$ 1,614,190
Corrective employer contributions receivable	**(19,467)**	(2,241)
Employee contributions receivable	**(28,709)**	(28,987)
Excess contributions payable	**14,881**	-
Difference between loan balance reported on the financial statements and loan balance reported on Form 5500 (deemed distributions)	**-**	(3,641)
Net assets available for plan benefits per Form 5500	**$ 2,935,253**	$ 1,579,321

The following is a reconciliation of the net increase per the financial statements to the Form 5500:

For the Year Ended December 31,	**2020**
Net increase per the financial statements	**$ 1,354,358**
Less: current year corrective employer contributions receivable	**(19,467)**
Add: prior year corrective employer contributions receivable	**2,241**
Less: current year employee contributions receivable	**(28,709)**
Add: prior year employee contributions receivable	**28,987**
Add: current year excess contributions payable	**14,881**
Change in loan balance reported on the financial statements and loan balance reported on Form 5500 (deemed distributions)	**3,641**
Net increase per the Form 5500	**$ 1,355,932**

10. Administrative and Operational Failure

During the year ended December 31, 2020, the Plan Sponsor failed to remit certain participant contributions to the Plan within the time frame required by the Department of Labor's Regulation 29 CFR 2510.3-102, thus constituting a non-exempt (prohibited) transaction between the Plan and the Plan Sponsor. Cumulative delinquent remittances of participant contributions and loan repayments amounted to $296,475. The Plan Sponsor has remitted all of the delinquent participant contributions and loan repayments by the date of the report of independent auditors. Lost earnings for all but $83,338 of late remittances have been calculated and remitted to the Plan as of the date of the report of independent auditors. These lost earnings are reflected as corrective employer contributions on the statements of net assets. The Plan Sponsor intends to fully correct this administrative failure by making a qualified non-elective employer contribution to the affected participants' accounts for loss earnings through the IRS Voluntary Correction Program (VCP). Additionally, the Plan Sponsor is implementing policies and procedures to ensure that future employee contributions are remitted to the Plan in a timely manner.

11. Subsequent Events

As discussed in Note 10, subsequent to year end, the Plan Sponsor is working with third party administrator to calculate and remediate the additional late remittances identified related to the year ended December 31, 2020.

Effective September 1, 2022, the Plan was amended to add a 30 day service period requirement for participants to be eligible to participate in the Plan.

Subsequent to year end, the Plan Sponsor performed the compliance (discrimination) testing for the year ended December 31, 2021 and determined that it had failed the 401(k) Average Deferral Percentage ("ADP") test. As a result, the Plan Sponsor was required to distribute (refund) excess contributions to affected participants by the IRS deadline of March 15, 2022. The Plan Sponsor refunded these excess contributions after the required IRS deadline and thus is subject to an excise tax equal to 10% of the total excess contributions.

Subsequent to year end, the Plan Sponsor determined that there were delinquent participant contributions remitted to the Plan for both the years ended December 31, 2021 and December 31, 2022. The Plan sponsor is currently in the process of remediating these late remittances, including calculating and fundings the lost earnings related to these participants.

Supplemental Schedules
Stride Healthcare Management 401(k)
As of and for the Year Ended December 31, 2020

Schedule H, Line 4i
Schedule of Assets (Held at End of Year) EIN: 81-5443236
As of December 31, 2020 Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) maturity date, rate of interest, collateral, par, or maturity value	(e) Current value
	Pooled Separate Accounts:		
*	Massachusetts Mutual Life Insurance Company	American Funds EuroPacific Gr R6	$ 21,029
*	Massachusetts Mutual Life Insurance Company	Invesco Small Cap Growth R6	57,356
*	Massachusetts Mutual Life Insurance Company	Select T. Rowe Price Blue Chip Growth I	49,801
*	Massachusetts Mutual Life Insurance Company	Select TRP/Front MC Growth I	622
*	Massachusetts Mutual Life Insurance Company	PIMCO High Yield Inst	551
*	Massachusetts Mutual Life Insurance Company	Wells Fargo Special Midcap Value R6	4,001
*	Massachusetts Mutual Life Insurance Company	Vanguard Mid-Cap Index ADM	2,400
*	Massachusetts Mutual Life Insurance Company	Vanguard Total Bond Mkt Ind ADM	1,710
*	Massachusetts Mutual Life Insurance Company	Vanguard Total Intl Stock ADM	53,642
*	Massachusetts Mutual Life Insurance Company	Vanguard 500 Index ADM	51,516
*	Massachusetts Mutual Life Insurance Company	American Funds New World R6	33,082
*	Massachusetts Mutual Life Insurance Company	JPMorgan US Gov Money Market Inst	3,373
*	Massachusetts Mutual Life Insurance Company	Indexselect Aggressive 2035 I	27,085
*	Massachusetts Mutual Life Insurance Company	Indexselect Aggressive 2045 I	21,172
*	Massachusetts Mutual Life Insurance Company	Indexselect Aggressive 2055 I	21,115
*	Massachusetts Mutual Life Insurance Company	Indexselect Mod Retirement I	5,696
*	Massachusetts Mutual Life Insurance Company	Indexselect Moderate 2025 I	679,129
*	Massachusetts Mutual Life Insurance Company	Indexselect Moderate 2035 I	486,066
*	Massachusetts Mutual Life Insurance Company	Indexselect Moderate 2045 I	892,696
*	Massachusetts Mutual Life Insurance Company	Indexselect Moderate 2055 I	481,942
*	Massachusetts Mutual Life Insurance Company	BlackRock Equity Dividend K	2,500
*	Massachusetts Mutual Life Insurance Company	Fidelity Advisor Total Bond Z	639
	Total Pooled Separate Accounts		2,897,123
	Participant Loans:		
*	Notes Receivable from Participants	Interest rates ranging from 7.00% to 7.50%	38,130
Total Assets			**$ 2,935,253**

* Column (a) indicates each identified person/entity known to be a party in interest.

Note: Column (d) - Historical cost information is not provided as all investments are participant directed.

Note: The information presented has been certified by Massachusetts Mutual Life insurance Company as permitted by 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure.

Schedule H, Line 4a
Schedule of Delinquent Participant Contributions
December 31, 2020

EIN: 81-5443236
Plan Number: 001

Participant Contributions Transferred Late to Plan	Check Here if Late Participant Loan Repayments are Included	Total that Constitute Non-Exempt Prohibited			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$ 8,994		$ -	$ 8,994	$ -	$ -
15,126	X	-	15,126	-	-
2,145		-	2,145	-	-
5,533		-	5,533	-	-
8,439	X	-	8,439	-	-
8,469	X	8,469	-	-	-
19,658	X	19,658	-	-	-
15,430	X	15,430	-	-	-
596		-	596	-	-
15,961	X	-	15,961	-	-
10,302	X	10,302	-	-	-
22,241	X	-	22,241	-	-
16,253	X	-	16,253	-	-
30,515	X	-	30,515	-	-
73,650	X	-	73,650	-	-
29,479	X	29,479	-	-	-
13,684		-	13,684	-	-