

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>05/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☒ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>RIVER ROCK ACADEMY, INC. PROFIT SHARING PLAN & TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2008</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2008</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2008</u>					
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) <u>RIVER ROCK ACADEMY, INC.</u> <u>2124 AMBASSADOR CIRCLE</u> <u>LANCASTER, PA 17603</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>20-2246978</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>717-208-3349</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>611000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>20-2246978</u>	2c Plan Sponsor's telephone number <u>717-208-3349</u>	2d Business code (see instructions) <u>611000</u>	
2b Employer Identification Number (EIN) <u>20-2246978</u>					
2c Plan Sponsor's telephone number <u>717-208-3349</u>					
2d Business code (see instructions) <u>611000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2021	JARELLE SMOKER
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ 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	161
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)	134
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 01/01/2021 and ending 05/31/2021		
A Name of plan RIVER ROCK ACADEMY, INC. PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 RIVER ROCK ACADEMY, INC.	D Employer Identification Number (EIN) 20-2246978	

Part I	Service Provider Information (see instructions)
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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
CHARLES SCHWAB & CO., INC.
94-1737782

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VANGUARD GROUP, INC.
23-1945930

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

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

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

FIDELITY & RESEARCH COMPANY

06-1194217

(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?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

AMERICAN CENTURY INVESTMENT INC

44-6006315

(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?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY MANAGEMENT & RESEARCH COMP	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY(R) EXTENDED MARKET INDEX 06-1194217	0.05% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN CENTURY INVESTMENT MANAGEM	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY GOVERNMENT BOND R5 44-6006315	0.26% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY MANAGEMENT & RESEARCH COMP	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY(R) 500 INDEX 06-1194217	0.02% OF ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY INVESTMENTS 43-0821857	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 01/01/2021 and ending 05/31/2021		
A Name of plan RIVER ROCK ACADEMY, INC. PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 RIVER ROCK ACADEMY, INC.	D Employer Identification Number (EIN) 20-2246978	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a 0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1) 4676	0
(2) Participant contributions.....		1b(2) 0	0
(3) Other		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1) 50443	0
(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) 98603	0
(9) Value of interest in common/collective trusts		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts.....		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13) 7236891	0
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other.....		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	7390613	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	7390613	0
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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)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	0
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
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)	0	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)	293	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		293
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-53767
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-53474

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	0	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	0	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		0

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-53474
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		7337139

Part III Accountant's Opinion

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

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

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

b 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) ☒ 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: **TROUT CPA**

(2) EIN: **23-1551345**

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:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	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?		X	
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.)	X		
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?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n	X		
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
SALISBURY HOUSE, LLC 401(K) PROFIT SHARING PLAN	52-2085789	001	
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 _____.			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2021 and ending 05/31/2021

<div>A Name of plan RIVER ROCK ACADEMY, INC. PROFIT SHARING PLAN & TRUST</div>	<div>B Three-digit plan number (PN) ▶ 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 RIVER ROCK ACADEMY, INC.</div>	<div>D Employer Identification Number (EIN) 20-2246978</div>

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): 82-3967259		
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
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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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2020
v. 200204

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).....

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).....

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).....

14a**14b****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.....

b The corresponding number for the second preceding plan year.....

15a**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.....

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.....

16a**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 _____

River Rock Academy, Inc.
401(k) Profit Sharing Plan and Trust

Period from January 1, 2021 through May 31, 2021
Years Ended December 31, 2020 and 2019

River Rock Academy, Inc.
401(k) Profit Sharing Plan and Trust

Financial Statements with Supplementary Information

Period from January 1, 2021 through May 31, 2021 (in Liquidation)
Years Ended December 31, 2020 (in Liquidation) and 2019 (Ongoing)

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INDEPENDENT AUDITORS' REPORT

To the Trustees
River Rock Academy, Inc.
401(k) Profit Sharing Plan and Trust
Lancaster, Pennsylvania

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **River Rock Academy, Inc. 401(k) Profit Sharing Plan and Trust** (the Plan) which comprise the statements of net assets available for benefits as of May 31, 2021 (in liquidation) and December 31, 2020 (in liquidation) and 2019 (ongoing), and the related statements of changes in net assets available for benefits for the period from January 1, 2021 through May 31, 2021 (in liquidation), and the years ended December 31, 2020 (in liquidation) and 2019 (ongoing), and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 Charles Schwab Trust Bank, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that Charles Schwab Trust Bank holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodian as of May 31, 2021 (in liquidation), December 31, 2020 (in liquidation) and 2019 (ongoing), and for the period from January 1, 2021 through May 31, 2021 (in liquidation), and for the years ended December 31, 2020 (in liquidation) and 2019 (ongoing), 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.

Emphasis of Matter

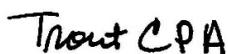
As discussed in Note 5 to the financial statements, the Plan Sponsor was acquired by Salisbury House, LLC effective June 15, 2020. The Plan was merged into the Salisbury House, LLC Plan January 1, 2021 and all Plan assets were transferred. The Trustees have determined during the year ended December 31, 2020 that liquidation is imminent. As a result, the Plan changed its basis of accounting from the going concern basis used in presenting the 2019 financial statements to the liquidation basis used in the 2021 and 2020 financial statements. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedules of assets (held at end of year) as of December 31, 2020 (in liquidation) and assets (acquired and disposed of within year) for the year ended December 31, 2020 (in liquidation), 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. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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



October 6, 2021

Lancaster, Pennsylvania

River Rock Academy, Inc.
401(k) Profit Sharing Plan and Trust

STATEMENTS of NET ASSETS AVAILABLE for BENEFITS

May 31, 2021 (in Liquidation) and December 31, 2020 (in Liquidation) and 2019 (Ongoing)

	2021 (In Liquidation)	2020 (In Liquidation)	2019 (Ongoing)
ASSETS			
Cash, Non-interest Bearing (Note 3)	\$ -0-	\$ -0-	\$ 10
Investments, at Fair Value (Notes 3 and 4)	-0-	7,287,334	6,226,523
Employer Contributions Receivable	-0-	4,676	977
Notes Receivable from Participants	<u>-0-</u>	<u>98,603</u>	<u>116,916</u>
TOTAL ASSETS	-0-	7,390,613	6,344,426
LIABILITIES			
Accrued Investment Loss	-0-	53,474	-0-
Excess Contributions Payable	-0-	-0-	10,650
Other Liabilities	<u>-0-</u>	<u>-0-</u>	<u>10</u>
TOTAL LIABILITIES	-0-	53,474	10,660
NET ASSETS AVAILABLE for BENEFITS	<u>\$ -0-</u>	<u>\$ 7,337,139</u>	<u>\$ 6,333,766</u>

See notes to financial statements.

River Rock Academy, Inc.
401(k) Profit Sharing Plan and Trust

STATEMENTS of CHANGES in NET ASSETS AVAILABLE for BENEFITS
Period from January 1, 2021 through May 31, 2021 (in Liquidation) and
Years Ended December 31, 2020 (in Liquidation) and 2019 (Ongoing)

	2021 (1/1/21 through 5/31/21) (In Liquidation)	2020 (12 Months) (In Liquidation)	2019 (12 Months) (Ongoing)
ADDITIONS			
Investment Income (Note 3):			
Interest, Dividends, and Capital Gain Distributions	\$ -0-	\$ 142,431	\$ 159,331
Net Appreciation in Fair Value of Investments	<u>-0-</u>	<u>556,641</u>	<u>788,327</u>
Total Investment Income	-0-	699,072	947,658
Interest on Notes Receivable from Participants	-0-	6,590	3,670
Contributions:			
Employer	-0-	300,947	196,609
Participants	-0-	563,994	492,542
Rollovers	<u>-0-</u>	<u>65,689</u>	<u>24,306</u>
Total Contributions	<u>-0-</u>	<u>930,630</u>	<u>713,457</u>
Total Additions	-0-	1,636,292	1,664,785
DEDUCTIONS			
Benefits Paid to Participants	-0-	588,299	117,925
Administrative Expenses	<u>-0-</u>	<u>44,620</u>	<u>34,580</u>
Total Deductions	<u>-0-</u>	<u>632,919</u>	<u>152,505</u>
NET INCREASE for PERIOD/YEAR	-0-	1,003,373	1,512,280
TRANSFER out of ASSETS DUE to PLAN MERGER	(7,337,139)	-0-	-0-
NET ASSETS AVAILABLE for BENEFITS			
Beginning of Year	<u>7,337,139</u>	<u>6,333,766</u>	<u>4,821,486</u>
End of Year	<u>\$ -0-</u>	<u>\$ 7,337,139</u>	<u>\$ 6,333,766</u>

See notes to financial statements.

River Rock Academy, Inc.
401(k) Profit Sharing Plan and Trust
NOTES to FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION of PLAN

The following brief description of the **River Rock Academy, Inc. 401(k) Profit Sharing Plan and Trust** (the Plan) is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

General

The Plan is a discretionary profit sharing plan with a 401(k) provision covering all eligible employees of River Rock Academy, Inc. and River Rock Day Treatment, Inc. River Rock Academy, Inc. is the Plan Sponsor and is responsible for the oversight of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was impacted by changes related to the SECURE Act of 2019, which was passed into law December 19, 2019. Many of the provisions of the SECURE Act went into effect in 2020. A key provision of the SECURE Act which impacted the Plan is raising of the required minimum distribution age from 70 ½ to 72.

Effective January 1, 2020, the Plan was amended to provide for a safe harbor employer matching contribution. The safe harbor employer matching contribution equals 100 percent of the amount of elective deferrals that do not exceed 4 percent of compensation.

The Plan adopted the provisions of the Coronavirus Aid, Relief, and Economic Security (CARES) Act effective April 6, 2020. Provisions of the CARES Act adoption include the following:

- Qualified participants who have been impacted by the pandemic may request that their Plan loan repayments be suspended until January 2021. The participant will owe interest for the period of suspension, and their repayment period will be extended by the number of missed payroll periods.
- Required minimum distributions due for 2020 were waived.

Effective June 15, 2020, the Plan Sponsor was acquired by Salisbury House, LLC. See Note 5 for further discussion of Plan termination.

Eligibility

An employee becomes eligible to participate in the Plan after he or she has obtained age 21. For purposes of salary deferrals, rollover contributions, and employer contributions, the employee becomes eligible to participate in the Plan on the date on which the eligibility requirement is satisfied. In order to be eligible for profit sharing contributions, the employee must also be employed on the last day of the Plan year unless employment has been terminated during the Plan year by reason of retirement, disability, or death.

Contributions

Rollover Contributions - Participants may make rollover contributions after meeting the eligibility requirements for participation in the Plan.

Participant Contributions - Participants may contribute up to the lesser of 100% of their compensation, including bonuses, or the maximum allowed by law. This contribution is in the form of an elective contribution (salary deferral). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.

River Rock Academy, Inc.
401(k) Profit Sharing Plan and Trust
NOTES to FINANCIAL STATEMENTS
(Continued)

NOTE 1 - DESCRIPTION of PLAN (Continued)

Contributions (Continued)

Matching Employer Contributions - In addition, with respect to each Plan year, the employer may contribute a discretionary matching contribution to each eligible participant in accordance with the nondiscriminatory formula established by the employer. The employer made no discretionary matching employer contributions for the period from January 1, 2021 through May 31, 2021 (in liquidation) and for the year ended December 31, 2020 (in liquidation). The employer made discretionary matching employer contributions of \$196,609 for the year ended December 31, 2019 (ongoing).

Profit Sharing Employer Contributions - With respect to each Plan year, a discretionary profit sharing employer contribution may be allocated to each eligible participant. The profit sharing employer contribution is allocated to each eligible participant in proportion to each eligible participant's compensation. The employer made no discretionary profit sharing employer contributions for the period from January 1, 2021 through May 31, 2021 (in liquidation). For the years ended December 31, 2020 (in liquidation) and 2019 (ongoing), no discretionary profit sharing employer contributions were made.

Safe Harbor Employer Contributions - Effective January 1, 2020, the Plan was amended to provide for safe harbor matching contributions equal to 100 percent of the amount of elective deferrals that do not exceed 4 percent of compensation. The employer made no safe harbor employer contributions for the period from January 1, 2021 through May 31, 2021 (in liquidation) as there were no employee deferrals due to plan termination as further discussed in Note 5. The employer made safe harbor employer contributions of \$300,947 and \$-0- for the years ended December 31, 2020 (in liquidation) and 2019 (ongoing), respectively.

All contributions are invested as directed by each participant according to their investment allocation elections.

Participant Accounts

Each participant's account is credited with the participant's contributions, employer contributions made on his or her behalf, his or her share of any forfeited amounts, and investment results. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific transactions, as defined by the Plan's Adoption Agreement and fee schedule. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

River Rock Academy, Inc.
401(k) Profit Sharing Plan and Trust
NOTES to FINANCIAL STATEMENTS
(Continued)

NOTE 1 - DESCRIPTION of PLAN (Continued)

Vesting

Participants are vested immediately in their salary deferrals including catch-up contributions, rollover contributions, and employer safe harbor contributions, which include actual earnings or losses thereon. If a participant in the Plan terminates employment other than by retirement, disability, or death, employer contributions and earnings or losses thereon vest in accordance with the following table:

Years of Service	Vesting Percentage
Less than 2	0
2	20
3	40
4	60
5	80
6	100

Forfeitures

Forfeitures occur as of the earlier of the last day of the Plan year in which a former participant incurs five consecutive one-year breaks in service or the distribution of a participant's entire vested account balance. Forfeitures may be used to pay Plan administrative costs or to offset the employer's discretionary matching or profit sharing contribution obligation under the Plan. Forfeited non-vested account balances amounted to \$-0- at May 31, 2021 (in liquidation), December 31, 2020 (in liquidation), and 2019 (ongoing). Forfeitures totaling \$-0-, \$5,468, and \$7,392 were used to reduce employer contributions for the years ended May 31, 2021 (in liquidation), December 31, 2020 (in liquidation), and 2019 (ongoing), respectively.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. At May 31, 2021 (in liquidation), December 31, 2020 (in liquidation), and 2019 (ongoing), excess contributions payable were \$-0-, \$-0-, and \$10,650, respectively. The Plan distributed the 2019 excess contributions to applicable participants before March 15, 2020.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the vested balance in the participant's account and bear interest at reasonable rates determined by the Plan Administrator by reviewing the interest rate charged for similar types of loans by other lenders. Principal and interest is paid ratably through bi-weekly payroll deductions. Participants are only permitted to have one outstanding loan at a time.

River Rock Academy, Inc.
401(k) Profit Sharing Plan and Trust
NOTES to FINANCIAL STATEMENTS
(Continued)

NOTE 1 - DESCRIPTION of PLAN (Continued)

Retirement Benefits and Distributions

Payment Options - Upon retirement, disability, death, or termination of employment, the participant's account may be paid in a lump sum as soon as administratively feasible following the date on which a distribution is requested or is otherwise payable. Account balances of terminated participants up to \$1,000 may be distributed to them without their consent. In the event of a mandatory distribution, unless otherwise elected by the participant, account balances of terminated participants between \$1,001 and \$5,000 shall be distributed in a direct rollover to an individual retirement account designated by the Plan Administrator. Account balances of terminated participants in excess of \$5,000 may remain in the Plan and are subject to minimum required distribution requirements at age 72.

Normal Retirement - A participant's account is 100% vested and is payable upon retirement at age 65.

Early Retirement - A participant may choose to retire early upon attaining the age of 55. No accelerated vesting based on age shall be provided prior to the participant's attainment of normal retirement age.

Late Retirement - If a participant continues working after their normal retirement date, he or she will remain in the Plan as an active member. The participant's account is 100% vested and will become payable when he or she actually retires from active employment, subject to minimum distribution rules at age 72 or later.

Disability - If a participant becomes totally and permanently disabled, he or she will be 100% vested in their account, regardless of the number of years of service.

Death Benefits - If a participant dies while an active member of the Plan, his or her account is 100% vested and will be payable to the designated beneficiary or beneficiaries. If the participant is married, his or her spouse will automatically become the beneficiary unless the participant specifies otherwise with the written consent of the spouse.

In-Service Distributions - Participants may elect to withdraw all or a portion of the vested account balance of a participant who has not separated from service provided that he or she has attained age 59½ or normal retirement age.

River Rock Academy, Inc.
401(k) Profit Sharing Plan and Trust
NOTES to FINANCIAL STATEMENTS
(Continued)

NOTE 2 - SUMMARY of SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

On June 15, 2020, the Plan Sponsor was acquired by Salisbury House, LLC. The Plan was merged into the Salisbury House, LLC Plan January 1, 2021 and all Plan assets were transferred to the Plan during the period January 1, 2021 through May 31, 2021. In accordance with accounting principles generally accepted in the United States of America (US GAAP), the accompanying statements of net assets available for benefits in liquidation as of May 31, 2021 and December 31, 2020, and the statements of changes in net assets available for benefits in liquidation for the period from January 1, 2021 through May 31, 2021 and the year ended December 31, 2020, are presented using the liquidation basis. The accompanying statement of net assets available for benefits as of December 31, 2019, and the statement of changes in net assets available for benefits for the year ended December 31, 2019, are presented using the ongoing basis. Under the liquidation basis of accounting, assets and liabilities are recorded at fair value and the Plan would accrue income and expenses that it would expect to earn or incur through the date of liquidation. The Plan accrued investment losses for the period from January 1, 2021 through May 31, 2021 in the year ended December 31, 2020. The Plan had no expected expenses therefore none were accrued. The current US GAAP standards are contained in the Accounting Standards Codification (ASC) as set forth by the Financial Accounting Standards Board (FASB).

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for 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. Capital gain distributions and dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of May 31, 2021 (in liquidation), December 31, 2020 (in liquidation), and 2019 (ongoing). If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded for purposes of Form 5500 reporting. However, for purposes of the financial statement, for active participants who have not incurred a distributable event (employment termination, death, or disability), but have delinquent loans, the participant loan remains outstanding until a distributable event occurs.

Payment of Benefits

Benefits are recorded when paid.

River Rock Academy, Inc.
401(k) Profit Sharing Plan and Trust
NOTES to FINANCIAL STATEMENTS
(Continued)

NOTE 2 - SUMMARY of SIGNIFICANT ACCOUNTING POLICIES (Continued)

Administrative Expenses

The Plan generally pays for all administrative fees including record keeping services, custodial services, and investment advisory services. The Plan Sponsor may absorb certain other administrative costs of the Plan.

Accounting Standards Adopted in the Year Ended December 31, 2020

During the current year, the Plan adopted FASB Accounting Standards Update (ASU) No. 2018-13, *Fair Value Measurement*. The objectives of the ASU are to improve the effectiveness of disclosures in the notes to the financial statements. The ASU amends the disclosure requirements for recurring and nonrecurring fair value measurements by removing, modifying, and adding certain disclosures. The Plan's beginning balances and current year results were not affected by the implementation of this new standard. Limited changes were made to the Plan's footnote disclosure related to fair value measurements.

NOTE 3 - INFORMATION PREPARED and CERTIFIED by the CUSTODIAN (UNAUDITED)

Certified Investments

Charles Schwab Trust Bank (the custodian) held the Plan's assets at May 31, 2021 (in liquidation), December 31, 2020 (in liquidation), and 2019 (ongoing) and for the period from January 1, 2021 through May 31, 2021 (in liquidation) and for the years ended December 31, 2020 (in liquidation) and 2019 (ongoing). The following information was certified as complete and accurate by the custodian under 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974:

	2021 (1/1/21 through 5/31/21) (in Liquidation)	2020 (12 Months) (in Liquidation)	2019 (12 Months) (in Liquidation)
Cash	-0-	-0-	10
Investments, at Fair Value:			
Registered Investment Companies	-0-	7,287,334	6,226,523

Investment income was \$-0-, \$699,072, and \$947,658 for the period from January 1, 2021 through May 31, 2021 (in liquidation) and the years ended December 31, 2020 (in liquidation) and 2019 (ongoing), respectively.

NOTE 4 - FAIR VALUE MEASUREMENTS

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

River Rock Academy, Inc.
401(k) Profit Sharing Plan and Trust
NOTES to FINANCIAL STATEMENTS
(Continued)

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

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 and 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.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 (in liquidation) and 2019 (ongoing). There were no assets remaining as of May 31, 2021 (in liquidation):

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

Employer Contributions Receivable: Management estimates the carrying value to be equal to fair value due to the short-term nature of the employer contributions receivable.

Notes Receivable from Participants: Management estimates the unpaid principal balances plus any accrued but unpaid interest to be equal to fair value.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation 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.

River Rock Academy, Inc.
401(k) Profit Sharing Plan and Trust
NOTES to FINANCIAL STATEMENTS
(Continued)

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 (in liquidation):

	Level 1	Level 2	Level 3	Total
Registered Investment Companies	7,287,334	-0-	-0-	7,287,334
Employer Contributions Receivable	-0-	-0-	4,676	4,676
Notes Receivable from Participants	<u>-0-</u>	<u>-0-</u>	<u>98,603</u>	<u>98,603</u>
	7,287,334	-0-	103,279	7,390,613

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 (ongoing):

	Level 1	Level 2	Level 3	Total
Registered Investment Companies	6,226,523	-0-	-0-	6,226,523

Level 3 Transactions

During the period from January 1, 2021 through May 31, 2021 (in liquidation) the Plan had transfers out of level 3 of \$103,279 as a result of Plan termination. During the Plan year ended December 31, 2020 (in liquidation), the Plan had transfers into Level 3 of \$103,279 as a result of expected Plan termination and the liquidation basis of accounting. There were no level 3 transactions during the year ended December 31, 2019 (ongoing).

NOTE 5 - TERMINATION of PLAN

The Plan Sponsor was acquired by Salisbury House, LLC effective June 15, 2020. The Plan was merged into the Salisbury House, LLC Plan January 1, 2021. As a result, all River Rock Academy, Inc. 401(k) Profit Sharing Plan and Trust assets were transferred to the Salisbury House, LLC plan during the period January 1, 2021 through May 31, 2021. Effective January 1, 2021, all participants became 100% vested in their discretionary employer matching and profit sharing contributions due to Plan termination.

NOTE 6 - TAX STATUS

The Plan has not received a tax determination letter and relies on the advisory letter associated with the volume submitter defined contribution plan document dated March 31, 2014, in which the IRS stated that a plan, designed within the parameters of the volume submitter defined contribution plan document, would be in compliance with the applicable requirements of the Internal Revenue Code (IRC). The volume submitter defined contribution plan document has been amended and restated since receiving the advisory letter. However, the Plan Administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

River Rock Academy, Inc.
401(k) Profit Sharing Plan and Trust
NOTES to FINANCIAL STATEMENTS
(Continued)

NOTE 6 - TAX STATUS (Continued)

US GAAP requires Plan Management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by taxing authorities. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of May 31, 2021 (in liquidation), December 31, 2020 (in liquidation) and 2019 (ongoing), there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7 - RELATED PARTY and PARTY-in-INTEREST TRANSACTIONS

As of December 31, 2020 (in liquidation) and 2019 (ongoing), and for the years then ended, certain Plan investments were in a registered investment company managed by Charles Schwab Trust Bank. There were no assets remaining as of May 31, 2021 (in liquidation). Charles Schwab Trust Bank is the custodian for the Plan assets and, therefore, these transactions qualify as party-in-interest transactions. The fair value of the investments managed by the custodian totaled \$50,443 and \$38,400 at December 31, 2020 (in liquidation) and 2019 (ongoing), respectively.

As previously discussed, the Plan may issue loans to participants that are secured by participant account balances. Participant loans totaled \$98,603 and \$116,916 at December 31, 2020 (in liquidation) and 2019 (ongoing), respectively. Interest income from participant loans was \$6,590 and \$3,670 for the years ended December 31, 2020 (in liquidation) and 2019 (ongoing), respectively. There were no loans remaining as of May 31, 2021, or interest income from participant loans for the period January 1, 2021 through May 31, 2021. All of these transactions qualify as party-in-interest transactions.

The Plan pays for certain administrative fees charged by Conrad Siegel Actuaries and Benefit Consultants Group, parties-in-interest to the Plan for the years ended December 31, 2020 (in liquidation) and 2019 (ongoing), respectively. These fees do not constitute a prohibited transaction and amounted to \$44,620 and \$34,580, for the years ended December 31, 2020 (in liquidation) and 2019 (ongoing), respectively. There were no administrative fees paid during the period ended May 31, 2021 (in liquidation).

River Rock Academy, Inc.
401(k) Profit Sharing Plan and Trust
NOTES to FINANCIAL STATEMENTS
(Continued)

NOTE 8 - RECONCILIATION of FINANCIAL STATEMENTS to FORM 5500

The following is a reconciliation of excess contributions payable per the financial statements to the Form 5500:

	2021 (1/1/21 through 5/31/21)	2020 (12 Months)	2019 (12 Months)
Excess Contributions Payable per the Financial Statements	-0-	-0-	10,650
Excess Contributions Payable not Recorded	<u>-0-</u>	<u>-0-</u>	<u>(10,650)</u>
Excess Contributions Payable per Form 5500	-0-	-0-	-0-

The following is a reconciliation of employee contributions per the financial statements to the Form 5500:

	2021 (1/1/21 through 5/31/21)	2020 (12 Months)	2019 (12 Months)
Employee Contributions per Financial Statements	-0-	563,994	492,542
Excess Contributions Payable	<u>-0-</u>	<u>-0-</u>	<u>10,650</u>
Total Employee Contributions per Form 5500	-0-	563,994	503,192

The following is a reconciliation of benefits paid per the financial statements to the Form 5500:

	2021 (1/1/21 through 5/31/21)	2020 (12 Months)	2019 (12 Months)
Benefits Paid per Financial Statements	-0-	588,299	117,925
Prior Year Excess Contributions Payable Plus Earnings	<u>-0-</u>	<u>10,650</u>	<u>371</u>
Total Benefits Paid per Form 5500	-0-	598,949	118,296

The following is a reconciliation of accrued investment loss per the financial statements to the Form 5500:

	2021 (1/1/21 through 5/31/21)	2020 (12 Months)	2019 (12 Months)
Accrued Investment Loss per the Financial Statements	-0-	53,474	-0-
Accrued Investment Loss not Recorded	<u>-0-</u>	<u>(53,474)</u>	<u>-0-</u>
Accrued Investment Loss per Form 5500	-0-	-0-	-0-

River Rock Academy, Inc.
401(k) Profit Sharing Plan and Trust
NOTES to FINANCIAL STATEMENTS
(Continued)

NOTE 8 - RECONCILIATION of FINANCIAL STATEMENTS to FORM 5500 (Continued)

The following is a reconciliation of investment income (loss) per the financial statements to the Form 5500:

	2021 (1/1/21 through 5/31/21)	2020 (12 Months)	2019 (12 Months)
Investment Income per Financial Statements	-0-	699,072	947,658
Accrued Investment Loss	<u>(53,474)</u>	<u>53,474</u>	<u>-0-</u>
Total Investment Income (Loss) per Form 5500	(53,474)	752,546	947,658

NOTE 9 - SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 6, 2021, which represents the date the financial statements were available to be issued.

River Rock Academy, Inc.
401(k) Profit Sharing Plan and Trust

EIN 20-2246978 Plan No. 001

Schedule H - Line 4i - SCHEDULE of ASSETS (HELD at END of YEAR)

December 31, 2020 (in Liquidation)

(a) (b)	Identity of Issue, Borrower, Lessor, or Similar Party (c)	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d)	Cost (e)	Current Value
Registered Investment Companies					
	American Century	American Century Govt. Bond Fund - R5	**	\$	670,155
*	Charles Schwab				
	Trust Bank	Schwab Government Money Fund Inv Shs	**		50,443
	Fidelity	Fidelity Extended Market Index Fund	**		552,711
	Fidelity	Fidelity 500 Index Fund	**		2,644,262
		Vanguard Developed Markets Index Fund			
	Vanguard	Admiral	**		928,408
		Vanguard Emerging Markets Stock Index Fund			
	Vanguard	Admiral	**		382,096
	Vanguard	Vanguard Mid-Cap Value Index Fund Admiral	**		297,391
		Vanguard Short-Term Inflation-Protected			
	Vanguard	Securities Index Fund	**		69,939
	Vanguard	Vanguard Short-Term Investment Grade Admiral	**		790,254
	Vanguard	Vanguard Total Bond Market Index Admiral	**		515,084
	Vanguard	Vanguard Value Index Fund Admiral	**		386,591
Notes Receivable from Participants					
*	Participant Loans	4.25% - 6.50%, Various Maturity Dates (Nov 2021- Oct 2025); Collateral - Portion of Participants' Vested Account Balances			
				-0-	98,603
				<u>\$ -0-</u>	<u>\$ 7,385,937</u>

* Indicates party-in-interest to Plan.

** Information not required.

See independent auditors' report.

River Rock Academy, Inc.
401(k) Profit Sharing Plan and Trust

EIN 20-2246978 Plan No. 001

Schedule H - Line 4i - SCHEDULE of ASSETS (ACQUIRED and DISPOSED of WITHIN YEAR)
Year Ended December 31, 2020 (in Liquidation)

Identity of Issue, Borrower, Lessor, (a) or Similar Party (b)	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Costs of (c) Acquisitions (d)	Proceeds of Dispositions
Participant Loans	4.25% - 6.50%, Various Maturity Dates (Nov 2021- Oct 2025); Collateral - Portion of Participants' Vested Account Balances	\$ -0-	\$ -0-

See independent auditors' report.

Schedule C, line 2(h) – Formula Description

Plan Name: River Rock Academy, Inc. 401(k) Profit Sharing Plan and Trust
Employer I.D. #: 20-2246978
Plan Number: 001

<u>(a) Name of Investment Fund (Source of Compensation)</u>	<u>(b) Name of Investment Adviser (Service Provider)</u>	<u>(c) Formula as Percentage of Assets</u>	<u>(d) Other Formula, if any</u>
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See line 3(e) of Schedule C for a description of the applicable formulas for each fund manager

Schedule H, line 4i – Schedule of Assets (Held At End of Year)

Plan Name: River Rock Academy, Inc. 401(k) Profit Sharing Plan and Trust
Employer I.D. #: 20-2246978
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
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Schedule of Assets (Held At End of Year) is contained in the attached audit report.