

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input checked="" type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	▶ <input type="checkbox"/>
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
<b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .	▶ <input type="checkbox"/>

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information
<p><b>1a</b> Name of plan <u>ROCKROSE DEVELOPMENT LLC 401(K) PLAN</u></p> <p><b>2a</b> 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>ROCKROSE DEVELOPMENT, LLC</u></p> <p><u>15 EAST 26TH STREET, 7TH FL</u> <u>NEW YORK, NY 10010</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p> <p><b>1c</b> Effective date of plan <u>10/01/2009</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>27-0939845</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>212-847-3700</u></p> <p><b>2d</b> Business code (see instructions) <u>531110</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2023	JUSTIN ELGHANAYAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)  
v. 220413

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number																		
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																		
<b>5</b> Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>5</b></td> <td style="text-align: right;">153</td> </tr> </table>	<b>5</b>	153																
<b>5</b>	153																		
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6a(1)</b></td> <td style="text-align: right;">94</td> </tr> <tr> <td><b>6a(2)</b></td> <td style="text-align: right;">91</td> </tr> <tr> <td><b>6b</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6c</b></td> <td style="text-align: right;">59</td> </tr> <tr> <td><b>6d</b></td> <td style="text-align: right;">150</td> </tr> <tr> <td><b>6e</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6f</b></td> <td style="text-align: right;">150</td> </tr> <tr> <td><b>6g</b></td> <td style="text-align: right;">140</td> </tr> <tr> <td><b>6h</b></td> <td style="text-align: right;">7</td> </tr> </table>	<b>6a(1)</b>	94	<b>6a(2)</b>	91	<b>6b</b>	0	<b>6c</b>	59	<b>6d</b>	150	<b>6e</b>	0	<b>6f</b>	150	<b>6g</b>	140	<b>6h</b>	7
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<b>6f</b>	150																		
<b>6g</b>	140																		
<b>6h</b>	7																		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>7</b></td> <td style="text-align: right;">7</td> </tr> </table>	<b>7</b>	7																
<b>7</b>	7																		
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 3D 2G 2J 2K 2T  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																			
<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor																		
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																			
<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <sup>1</sup> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input checked="" type="checkbox"/> <b>G</b> (Financial Transaction Schedules)																		

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

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2022</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

<p><b>A</b> Name of plan <b>ROCKROSE DEVELOPMENT LLC 401(K) PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>001</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ROCKROSE DEVELOPMENT, LLC</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>27-0939845</b></p>	

**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  
**VOYA FINANCIAL**

(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
71-0294708	86509	878909	141	01/01/2022	12/31/2022

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
45992	0

**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  
**SECURIAN FINANCIAL SERVICES, INC. 400 ROBERT STREET N SAINT PAUL, MN 55101**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
45992	0		3

**(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
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(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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
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.		
<b>4</b>	Current value of plan's interest under this contract in the general account at year end.....	<b>4</b> 1388683
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b> 1660307
<b>6</b> Contracts With Allocated Funds:		
<b>a</b> State the basis of premium rates ▶		
<b>b</b>	Premiums paid to carrier .....	<b>6b</b> 0
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b> 0
<b>d</b>	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..... Specify nature of costs ▶	<b>6d</b> 0
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		
<b>7</b> Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
<b>a</b> Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 1570672
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> 60044
	(2) Dividends and credits.....	<b>7c(2)</b> 0
	(3) Interest credited during the year.....	<b>7c(3)</b> 42413
	(4) Transferred from separate account.....	<b>7c(4)</b> 0
	(5) Other (specify below) .....	<b>7c(5)</b> 3606
▶ LOAN REPAYMENTS		
(6) Total additions.....		<b>7c(6)</b> 106063
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....		<b>7d</b> 1676735
<b>e</b> Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 99279
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 20860
	(3) Transferred to separate account.....	<b>7e(3)</b> 156147
	(4) Other (specify below) .....	<b>7e(4)</b> 11766
▶ LOAN DISBURSEMENTS		
(5) Total deductions.....		<b>7e(5)</b> 288052
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....		<b>7f</b> 1388683

**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:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves .....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. .... Specify nature of costs.	<b>10b</b>	

**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. ▶

<b>SCHEDULE C (Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<b>A</b> Name of plan <u>ROCKROSE DEVELOPMENT LLC 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ROCKROSE DEVELOPMENT, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>27-0939845</u>	

**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

VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

**(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

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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)

WAGNER PENSION SERVICES, LLC

04-2530412

(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?
99	SERVICE PROVIDER	7600	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

(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 27 99	SERVICE PROVIDER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	9408	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MORNINGSTAR

36-3297908

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	SERVICE PROVIDER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	9075	Yes <input type="checkbox"/> No <input type="checkbox"/>

**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
VOYA RETIRMENT INSURANCE AND ANNUIT	27	9408
(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.	
71-0294708	SERVICE PROVIDER	
(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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE G</b> <b>(Form 5500)</b> <small>Department of Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>Financial Transaction Schedules</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<b>A</b> Name of plan <u>ROCKROSE DEVELOPMENT LLC 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ROCKROSE DEVELOPMENT, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>27-0939845</u>

**Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible**  
 Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest

<b>Part II Schedule of Leases in Default or Classified as Uncollectible</b>					
Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)					
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

<b>A</b> Name of plan <b>ROCKROSE DEVELOPMENT LLC 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN)	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ROCKROSE DEVELOPMENT, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>27-0939845</b>	

**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
<b>a</b> Total noninterest-bearing cash.....	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions.....	287803	284081
<b>(2)</b> Participant contributions.....	0	0
<b>(3)</b> Other.....	0	0
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	440903	453076
<b>(2)</b> U.S. Government securities.....	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred.....	0	0
<b>(B)</b> All other.....	0	0
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred.....	0	0
<b>(B)</b> Common.....	0	0
<b>(5)</b> Partnership/joint venture interests.....	0	0
<b>(6)</b> Real estate (other than employer real property).....	0	0
<b>(7)</b> Loans (other than to participants).....	0	0
<b>(8)</b> Participant loans.....	159972	232498
<b>(9)</b> Value of interest in common/collective trusts.....	0	0
<b>(10)</b> Value of interest in pooled separate accounts.....	0	0
<b>(11)</b> Value of interest in master trust investment accounts.....	0	0
<b>(12)</b> Value of interest in 103-12 investment entities.....	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	18710600	15907630
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	1570671	1388683
<b>(15)</b> Other.....	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	21169949	18265968
<b>Liabilities</b>			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	20100	22100
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	20100	22100
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	21149849	18243868

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	284081	
(B) Participants.....	2a(1)(B)	860662	
(C) Others (including rollovers).....	2a(1)(C)	19988	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1164731
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	42824	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	9354	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		52178
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	16631	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		16631
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
<b>(6)</b> Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		0
<b>(7)</b> Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		0
<b>(8)</b> Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		0
<b>(9)</b> Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		0
<b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		-3612447
<b>c</b> Other income .....	<b>2c</b>		0
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		-2378907
<b>Expenses</b>			
<b>e</b> Benefit payment and payments to provide benefits:			
<b>(1)</b> Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	499706	
<b>(2)</b> To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	0	
<b>(3)</b> Other .....	<b>2e(3)</b>	0	
<b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		499706
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		0
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		1494
<b>h</b> Interest expense .....	<b>2h</b>		0
<b>i</b> Administrative expenses: <b>(1)</b> Professional fees .....	<b>2i(1)</b>	22100	
<b>(2)</b> Contract administrator fees.....	<b>2i(2)</b>	3774	
<b>(3)</b> Investment advisory and management fees .....	<b>2i(3)</b>	0	
<b>(4)</b> Other .....	<b>2i(4)</b>	0	
<b>(5)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>		25874
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		527074
<b>Net Income and Reconciliation</b>			
<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-2905981
<b>l</b> Transfers of assets:			
<b>(1)</b> To this plan .....	<b>2l(1)</b>		0
<b>(2)</b> From this plan.....	<b>2l(2)</b>		0

**Part III Accountant's Opinion**

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

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

**(1)**  Unmodified    **(2)**  Qualified    **(3)**  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: **JOSEPH L. CALANDRA, CPA,PC**

**(2)** EIN: **11-3445489**

**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
<b>4a</b>		X	

		Yes	No	Amount
<b>b</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.).....	<b>4b</b>		X	
<b>c</b> 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.) .....	<b>4c</b>		X	
<b>d</b> 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.).....	<b>4d</b>		X	
<b>e</b> Was this plan covered by a fidelity bond?.....	<b>4e</b>	X		5000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>4f</b>		X	
<b>g</b> 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? .....	<b>4g</b>		X	
<b>h</b> 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?.....	<b>4h</b>		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	<b>4i</b>	X		
<b>j</b> 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.).....	<b>4j</b>		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<b>4k</b>		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>4l</b>		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>4m</b>		X	
<b>n</b> 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. ....	<b>4n</b>			

**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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
--	---	---

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<b>A</b> Name of plan <u>ROCKROSE DEVELOPMENT LLC 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ROCKROSE DEVELOPMENT, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>27-0939845</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**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): \_\_\_\_\_

**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	
---	--

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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:

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year.....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 \_\_\_\_\_

**ROCKROSE DEVELOPMENT LLC  
401(K) PLAN**

**Financial Statements  
and Supplemental Schedule**

**December 31, 2022 and 2021**

**ROCKROSE DEVELOPMENT LLC**  
**401(K) PLAN**

**TABLE OF CONTENTS**

	<u>Page</u>
INDEPENDENT AUDITOR'S REPORT	1-5
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits at December 31, 2022 and 2021	6
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2022	7
Notes to Financial Statements	8-16
SUPPLEMENTAL SCHEDULE:	
Schedule H, line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2022	18

**JOSEPH L. CALANDRA C.P.A., P.C.**  
**34-67 FRANCIS LEWIS BLVD.**  
**BAYSIDE, NY 11358**

*Tel (718) 445-4590 Fax (718) 445-7945*

**INDEPENDENT AUDITOR'S REPORT**

Plan Participants and Plan Administrator  
Rockrose Development LLC 401(k) Plan  
New York, New York

**Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed audits of the financial statements of Rockrose Development LLC 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier, that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by a bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

**Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management’s election of the ERISA Section 103(a)(3)(C) audit does not affect management’s responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern for one year after the date that the financial statements are available for issuance.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan’s transactions that are presented and disclosed in the financial statements are in conformity with the Plan’s provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in

accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Supplemental Schedule Required by ERISA**

The supplemental schedule of assets held as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

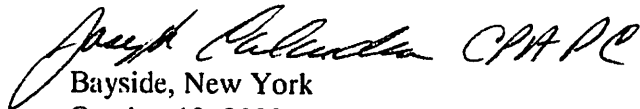
In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Joseph L. Calandra C.P.A., P.C.

  
Bayside, New York  
October 13, 2023

**ROCKROSE DEVELOPMENT LLC**  
**401(K) PLAN**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2022 and 2021**

	<u>2022</u>	<u>2021</u>
<b><u>ASSETS</u></b>		
Investments, at fair value		
Mutual Funds	\$ 16,360,706	\$ 19,151,503
Voya Fixed Account, at contract value	<u>1,388,683</u>	<u>1,570,671</u>
Total Investments	17,749,389	20,722,174
Receivables:		
Employer contributions	284,081	287,803
Notes receivable from participants	<u>232,498</u>	<u>159,972</u>
Total Receivables	516,579	447,775
<b>TOTAL ASSETS</b>	<b><u>18,265,968</u></b>	<b><u>21,169,949</u></b>
<b><u>LIABILITIES</u></b>		
Accrued Expenses	<u>22,100</u>	<u>20,100</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b><u>\$ 18,243,868</u></b>	<b><u>\$ 21,149,849</u></b>

See accompanying notes.

**ROCKROSE DEVELOPMENT LLC**  
**401(K) PLAN**  
**Statement of Changes in Net Assets Available for Benefits**  
**For the Year Ended December 31, 2022**

**ADDITIONS**

Additions to net assets attributed to:

Investment income:

Net realized and unrealized investment loss in fair value	\$ (3,612,447)
Interest and Dividend income	<u>59,455</u>

Net Investment Loss	(3,552,992)
---------------------	-------------

Interest income on notes receivable from Participants	9,354
--	-------

Contributions:

Employer	284,081
Participants'	860,662
Rollovers	<u>19,988</u>

Total Contributions	1,164,731
---------------------	-----------

<b>TOTAL ADDITIONS</b>	<u>(2,378,907)</u>
------------------------	--------------------

**DEDUCTIONS**

Deductions from net assets attributed to:

Benefits paid to participants	\$ 499,706
Certain deemed distributions of notes receivable	1,494
Administrative fees and expenses	<u>25,874</u>

<b>TOTAL DEDUCTIONS</b>	<u>527,074</u>
-------------------------	----------------

<b>NET DECREASE</b>	(2,905,981)
---------------------	-------------

**NET ASSETS AVAILABLE FOR BENEFITS**

Beginning of year	<u>21,149,849</u>
-------------------	-------------------

<b>END OF YEAR</b>	<u>\$ 18,243,868</u>
--------------------	----------------------

See accompanying notes.

**ROCKROSE DEVELOPMENT LLC**  
**401(K) PLAN**  
**Notes to Financial Statements**  
**December 31, 2022 and 2021**

**Note 1. Description of Plan:**

The following description of the Rockrose Development LLC 401(K) Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

*General*

The Plan is a defined contribution plan covering eligible employees of Rockrose Development LLC and its affiliates (collectively, the “Company”) who have completed at least six months of service. The employees are not required to participate in the plan. The Plan does not cover leased employees, members of a union or nonresident aliens. The Plan covers employees of Rockrose Development LLC, Rockrose Paymaster LLC, 47-05 Center SPE LLC, Tribeca Pointe LLC, 200 Water SPE LLC and Archives LLC. The Plan was established on September 29, 2009 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

*Contributions*

Participants may contribute up to 100% of their pretax annual compensation and may elect to make after-tax Roth deferral contributions up to the maximum allowable during a Plan year under applicable tax laws. Participants who have attained age 50 before end of the Plan year are eligible to make catch up contributions which cannot exceed the maximum allowable under applicable tax laws. Participants may also make rollover contributions from other qualified plans in accordance with Plan provisions. The Company makes a matching contribution equal to 50% of each participant’s eligible compensation for the Plan year, which contributions may not exceed 6% of the participant’s eligible compensation for the Plan year. A matching contribution of \$ 284,081 and \$ 287,803 was authorized for the years ended December 31, 2022 and 2021, respectively. The Company can also make a discretionary profit sharing contribution, which is determined by the Company’s board of directors. No discretionary profit sharing was authorized for the years ended December 31, 2022 and 2021.

*Participant Accounts*

Each participant’s account is credited with the participant’s contribution and allocations of the Company’s contributions and Plan earnings, reduced by an allocation of administrative expenses, any distributions and Plan losses. The accounts are participant

**ROCKROSE DEVELOPMENT LLC**  
**401(K) PLAN**  
**Notes to Financial Statements**  
**December 31, 2022 and 2021**

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

directed. Allocations are based on participant earnings, account balances or specific participant transactions, as defined by the Plan provisions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

*Vesting*

Participants are immediately vested in their contributions plus earnings thereon. Vesting in the Company's matching and profit sharing contributions plus actual earnings thereon is based on years of service. A participant must complete at least 1,000 hours of service during a Plan year to receive credit for a year of service for vesting computations. The Company's contributions plus earnings thereon become 20% vested per year after completing 2 years of service. Therefore, the Company's contributions plus earnings thereon are 100% vested after six years of service. In addition, upon participant's death, disability or normal retirement, all amounts are immediately vested.

*Notes Receivable from Participants*

Participants may borrow from their fund accounts a minimum of \$1,000 and up to an amount equal to \$50,000 or 50% of their vested value of their account balance, whichever is less. Loans, which are evidenced by a negotiable promissory note, bear interest at a rate reasonable and comparable to the rates being charged by representative commercial banks fixed at the date of the loan. Repayment must be made in level payments over a period not to exceed five years, unless the loan qualifies as a principal residence home loan in which case the plan administrator may permit a longer repayment term.

*Payment of Benefits*

On termination of service due to death, disability, or retirement, a participant is to receive the vested value of their account in either a lump sum, if the account balance is less than \$ 5,000, or at the participant's discretion, on an installment basis or a lump sum, if the account is greater than \$ 5,000.

**ROCKROSE DEVELOPMENT LLC**  
**401(K) PLAN**  
**Notes to Financial Statements**  
**December 31, 2022 and 2021**

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

***Withdrawals***

A participant may withdraw an amount not in excess of the amount attributable to the participant's vested amount, subject to Internal Revenue Service early withdrawal penalty if made before the participant attains 59 ½ years of age.

***Forfeited Accounts***

Forfeitures result from termination of employment under circumstances which do not entitle the participant to be fully vested in the Company accounts. Forfeitures may be used to reduce any Company contribution. At December 31, 2022 and December 31, 2021, forfeited nonvested accounts totaled \$ 1,688 and \$ 3,439, respectively. Forfeitures used to reduce Company contributions during 2022 and 2021 was \$ 7,108 and \$ 29,000, respectively.

***Plan Amendments***

The Plan adopted provisions of the Coronavirus Aid, Relief, and Economic Security ("CARES") Act that was signed into law on March 27, 2020 relating to distributions, maximum notes receivables from participants, and deferral of repayments of notes receivable from participants. The temporary provisions of the CARES Act allows the Plan's participants to take a COVID-19 related distribution of up to \$100,000 from the Plan beginning on or after January 1, 2020 and before December 31, 2020. Additionally, the CARES Act increased the maximum amount available for a note receivable from a participant to the lesser of \$100,000 (reduced for prior notes receivable from participant as under current law) or 100% of the present value of the participant's vested account balance for a notes receivable from a participant issued from March 27, 2020 to September 22, 2020, made to a qualified individual. Participants who are impacted by the Coronavirus were allowed to take distributions of up to \$100,000, without 10% early withdrawal penalty, through December 31, 2020. The deferral provision allowed qualified plan participants who have notes receivable repayments to defer such repayment until December 31, 2020.

**ROCKROSE DEVELOPMENT LLC**  
**401(K) PLAN**  
**Notes to Financial Statements**  
**December 31, 2022 and 2021**

**Note 2. Summary of Significant Accounting Policies:**

*Date of Management's Review*

Subsequent events were evaluated through October 13, 2023, which is the date the financial statements were available to be issued.

*Basis of Accounting*

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP")

*Notes Receivable from Participants*

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. As of December 31, 2022 and 2021, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

*Use of Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of net assets and liabilities available for benefits and changes therein and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

*Investment Valuation and Income Recognition*

The Plan's investments consist of money market and mutual funds. The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year-end. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation and depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**ROCKROSE DEVELOPMENT LLC**  
**401(K) PLAN**  
**Notes to Financial Statements**  
**December 31, 2022 and 2021**

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

*Payment of Benefits*

Benefit payments to participants are recorded when paid.

*Expenses*

The Company, at its discretion, may pay all administrative expenses of the Plan. All other reasonable expenses not paid by the Company may be charged against the assets of the Plan, as provided in the Plan document. Investments related expenses are included in net fair value of investments.

**Note 3. Investment Contract:**

The Plan has a fully benefit-responsive investment contract with Voya Retirement Insurance and Annuity Company (VRIAC). VRIAC maintains the contributions in their general account. The general account is the Voya Fixed account and is credited with declared rates of interest and is subject to a minimum rate described in the contract. The contract is included in the financial statements at contract value as reported by the plan by VRIAC. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The VRIAC contract itself does not have a maturity date. Under some investment contracts, VRIAC may terminate the contract after completion of a certain number of years, without application of any otherwise required market value adjustment or contract surrender charge. VRIAC may also retain the right to defer payments from the general account in the event of certain emergency conditions or as provided by applicable law. The contract value of the investment contract at December 31, 2022 and 2021 was \$ 1,388,683 and \$ 1,570,671, respectively.

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**ROCKROSE DEVELOPMENT LLC**  
**401(K) PLAN**  
**Notes to Financial Statements**  
**December 31, 2022 and 2021**

**Note 4. Fair Value Measurements:**

The fair value measurement accounting literature establishes fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are observable and have the lowest priority. The plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investment. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 2 or Level 3 inputs for the periods presented.

***Level 1 Fair Value Measurements***

The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are considered to be actively traded and considered Level 1 investments.

The following tables set forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

***Assets at Fair Value as of December 31, 2022***

	<b><u>Level 1</u></b>	<b><u>Level 2</u></b>	<b><u>Level 3</u></b>	<b><u>Total</u></b>
Mutual Funds	<b><u>\$ 16,360,706</u></b>	<b>\$ -</b>	<b>\$ -</b>	<b><u>\$ 16,360,706</u></b>
Total Investments at Fair Value	<b><u>\$ 16,360,706</u></b>	<b><u>\$ -</u></b>	<b><u>\$ -</u></b>	<b><u>\$ 16,360,706</u></b>

**ROCKROSE DEVELOPMENT LLC**  
**401(K) PLAN**  
**Notes to Financial Statements**  
**December 31, 2022 and 2021**

**Note 4. Fair Value Measurements: (Continued)**

*Assets at Fair Value as of December 31, 2021*

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ <u>19,151,503</u>	\$ -	\$ -	\$ <u>19,151,503</u>
Total Investments at Fair Value	\$ <u>19,151,503</u>	\$ -	\$ -	\$ <u>19,151,503</u>

**Note 5. Reconciliation of Financial Statements to Schedule H of Form 5500:**

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

	<u>2022</u>	<u>2021</u>
Net assets available for benefits per Financial Statements	\$ <u>18,243,868</u>	\$ <u>21,149,849</u>
Net assets available for benefits per Schedule H Form 5500	\$ <u>18,243,868</u>	\$ <u>21,149,849</u>

**Note 6. Plan Termination:**

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. In the event of the termination of the Plan, after payment of administrative expenses, if any, the trust fund shall be used for the exclusive benefit of the Plan members and their beneficiaries and for no other purpose.

**ROCKROSE DEVELOPMENT LLC**  
**401(K) PLAN**  
**Notes to Financial Statements**  
**December 31, 2022 and 2021**

**Note 7. Tax Status:**

The Internal Revenue Service has determined and informed the Company by letter dated March 31, 2014 that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). The plan administrator believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

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

**Note 8. Risks and Uncertainties:**

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

**Note 9. Information Certified by the Custodian:**

The Plan's investments and investment transactions were certified by Voya Retirement Insurance and Annuity Company (the “Custodian”) as of December 31, 2022 and 2021 and for the years ended December 31, 2022 and 2021, as complete and accurate. Therefore, in accordance with the request of the plan administrator and 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, this information was not subjected to auditing procedures generally accepted in the United States of America except for comparing such information with the related information included in the financial statements and supplemental schedule.

**ROCKROSE DEVELOPMENT LLC**  
**401(K) PLAN**  
**Notes to Financial Statements**  
**December 31, 2022 and 2021**

**Note 9. Information Certified by the Custodian: (Continued)**

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the Custodian of the Plan.

	<u>2022</u>
<b><u>Investments:</u></b>	
Mutual funds	\$ 16,360,706
Voya Fixed Account	1,388,683
<b><u>Notes receivable from participants</u></b>	232,498
<b><u>Investment Income:</u></b>	
Interest and dividends from investments	59,455
Interest on notes receivable	9,354
Net investment loss from investments	(3,612,447)

**Note 10. Related Party Transactions and Party-in-interest Transactions:**

Certain Plan investments are managed by Voya Retirement Insurance and Annuity Company, the Plan's investment Trustee and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are netted against net appreciation in the fair value of investments. In addition, participant loans to employees qualify as party-in-interest transactions. The value of participant loans was \$ 232,498 and \$ 159,972 as of December 31, 2022 and 2021, respectively.

These party-in interest transactions are exempt from the prohibited transaction rules of ERISA.

**Note 11. Subsequent Events:**

The Plan has evaluated events subsequent to December 31, 2022 and through October 13, 2023, the date the financial statements were available for issuance.

**SUPPLEMENTAL SCHEDULE**

**ROCKROSE DEVELOPMENT LLC**

**401(K) PLAN**

**EIN: 27-0939845**

**Plan Number: 001**

**Schedule H, Line 4(i)-Schedule of Assets (Held at End of Year)**

**December 31, 2022**

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue</u> <u>Borrower, Lessor or Similar party</u>	<u>Description of investment, including</u> <u>Maturity date, rate of interest, collateral,</u> <u>par, or maturity value</u>	<u>Cost</u>	<u>Current Value</u>
	AmFds NPF R3	Registered Investment Company	N/A	\$ 190,898
	Eagle Small Cap Growth Fund R3	Registered Investment Company	N/A	541,682
	American Funds Wash Mtual R3	Registered Investment Company	N/A	619,295
	Invesco Divrsd Dividend Fnd R	Registered Investment Company	N/A	922,748
	Invesco Small Cap Equity F-C R	Registered Investment Company	N/A	92,018
	MainStay LgCp G F - R3	Registered Investment Company	N/A	1,337,640
	Oppenheimer Developing Markets	Registered Investment Company	N/A	152,158
	Oppenhmr Intl Growth Fnd R	Registered Investment Company	N/A	205,846
	PIMCO VIT Real Return Port Adm	Registered Investment Company	N/A	439,255
	T Rowe Prc Rt 2005 F - R	Registered Investment Company	N/A	59,610
	T Rowe Prc Rt 2010 F - R	Registered Investment Company	N/A	1,722
	T Rowe Prc Rt 2015 F - R	Registered Investment Company	N/A	602,591
	T Rowe Prc Rt 2020 F - R	Registered Investment Company	N/A	8,757
	T Rowe Prc Rt 2025 F - R	Registered Investment Company	N/A	354,915
	T Rowe Prc Rt 2030 F - R	Registered Investment Company	N/A	63,931
	T Rowe Prc Rt 2035 F - R	Registered Investment Company	N/A	2,024,775
	T Rowe Prc Rt 2040 F - R	Registered Investment Company	N/A	249,935
	T Rowe Prc Rt 2045 F - R	Registered Investment Company	N/A	318,618
	T Rowe Prc Rt 2050 F - R	Registered Investment Company	N/A	112,191
	T Rowe Prc Rt 2055 F - R	Registered Investment Company	N/A	114,095
	TRwPr Retirement 2060 Fund R	Registered Investment Company	N/A	158,278
	Pimco International Bond Fund	Registered Investment Company	N/A	177,085
	VY Clarion RI Estate Prt Srv	Registered Investment Company	N/A	206,493
	VY Columbia SmCp VI II PI	Registered Investment Company	N/A	181,313
	VY TRwPr Cap Apprec Port Srv	Registered Investment Company	N/A	940,051
	Victory Symcmr Est V1 Fd R	Registered Investment Company	N/A	1,037,798
*	Voya Fixed Account A	Insurance Company General Account	N/A	600,248
*	Voya Fixed Account	Insurance Company General Account	N/A	788,435
*	Voya Gov Money Market Port I	Registered Investment Company	N/A	451,388
*	Voya International Ind Prt 1	Registered Investment Company	N/A	728,070
*	Voya Gv Mny Mkt FA(Hld Acct)	Registered Investment Company	N/A	1,688
*	Voya Intermediate Bond Prt I	Registered Investment Company	N/A	729,590
*	Voya Large Cap Growth Prt Srv	Registered Investment Company	N/A	1,293,781
*	Voya Mid Cap Opport Port I	Registered Investment Company	N/A	579,061
*	Voya Russel Midcap Index Prt I	Registered Investment Company	N/A	137,174
*	Voya US Stock Index Port Ins	Registered Investment Company	N/A	<u>1,326,256</u>
		Total		<u>\$ 17,749,389</u>
	Notes Receivable from Participants	Interest rates of 5.25 % to 10.25% per annum		<u>\$ 232,498</u>

Note: Column (a) represents parties-in-interest.

Column (d) is blank as all investments are participant directed.

**ROCKROSE DEVELOPMENT LLC**

**401(K) PLAN**

**EIN: 27-0939845**

**Plan Number: 001**

**Schedule H, Line 4(i)-Schedule of Assets (Held at End of Year)**

**December 31, 2022**

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue</u> <u>Borrower, Lessor or Similar party</u>	<u>Description of investment, including</u> <u>Maturity date, rate of interest, collateral,</u> <u>par, or maturity value</u>	<u>Cost</u>	<u>Current Value</u>
	AmFds NPF R3	Registered Investment Company	N/A	\$ 190,898
	Eagle Small Cap Growth Fund R3	Registered Investment Company	N/A	541,682
	American Funds Wash Mutual R3	Registered Investment Company	N/A	619,295
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	Oppenheimer Developing Markets	Registered Investment Company	N/A	152,158
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*	Voya Mid Cap Opport Port I	Registered Investment Company	N/A	579,061
*	Voya Russel Midcap Index Prt I	Registered Investment Company	N/A	137,174
*	Voya US Stock Index Port Ins	Registered Investment Company	N/A	<u>1,326,256</u>
		Total		<u>\$ 17,749,389</u>
	Notes Receivable from Participants	Interest rates of 5.25 % to 10.25% per annum		<u>\$ 232,498</u>

Note: Column (a) represents parties-in-interest.

Column (d) is blank as all investments are participant directed.

**ROCKROSE DEVELOPMENT LLC  
401(K) PLAN**

**Financial Statements  
and Supplemental Schedule**

**December 31, 2022 and 2021**

**ROCKROSE DEVELOPMENT LLC**  
**401(K) PLAN**

**TABLE OF CONTENTS**

	<u>Page</u>
INDEPENDENT AUDITOR'S REPORT	1-5
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits at December 31, 2022 and 2021	6
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2022	7
Notes to Financial Statements	8-16
SUPPLEMENTAL SCHEDULE:	
Schedule H, line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2022	18

**JOSEPH L. CALANDRA C.P.A., P.C.**  
**34-67 FRANCIS LEWIS BLVD.**  
**BAYSIDE, NY 11358**

*Tel (718) 445-4590 Fax (718) 445-7945*

**INDEPENDENT AUDITOR'S REPORT**

Plan Participants and Plan Administrator  
Rockrose Development LLC 401(k) Plan  
New York, New York

**Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed audits of the financial statements of Rockrose Development LLC 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier, that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by a bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

**Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management’s election of the ERISA Section 103(a)(3)(C) audit does not affect management’s responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern for one year after the date that the financial statements are available for issuance.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan’s transactions that are presented and disclosed in the financial statements are in conformity with the Plan’s provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in

accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Supplemental Schedule Required by ERISA**

The supplemental schedule of assets held as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

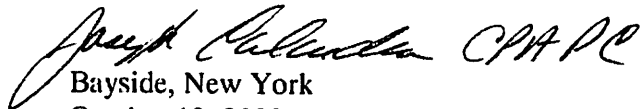
In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Joseph L. Calandra C.P.A., P.C.

  
Bayside, New York  
October 13, 2023

**ROCKROSE DEVELOPMENT LLC**  
**401(K) PLAN**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2022 and 2021**

	<u>2022</u>	<u>2021</u>
<b><u>ASSETS</u></b>		
Investments, at fair value		
Mutual Funds	\$ 16,360,706	\$ 19,151,503
Voya Fixed Account, at contract value	<u>1,388,683</u>	<u>1,570,671</u>
Total Investments	17,749,389	20,722,174
Receivables:		
Employer contributions	284,081	287,803
Notes receivable from participants	<u>232,498</u>	<u>159,972</u>
Total Receivables	516,579	447,775
TOTAL ASSETS	<u>18,265,968</u>	<u>21,169,949</u>
<b><u>LIABILITIES</u></b>		
Accrued Expenses	<u>22,100</u>	<u>20,100</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 18,243,868</u>	<u>\$ 21,149,849</u>

See accompanying notes.

**ROCKROSE DEVELOPMENT LLC**  
**401(K) PLAN**  
**Statement of Changes in Net Assets Available for Benefits**  
**For the Year Ended December 31, 2022**

**ADDITIONS**

Additions to net assets attributed to:

Investment income:

Net realized and unrealized investment loss in fair value	\$ (3,612,447)
Interest and Dividend income	<u>59,455</u>

Net Investment Loss	(3,552,992)
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Interest income on notes receivable from Participants	9,354
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Contributions:

Employer	284,081
Participants'	860,662
Rollovers	<u>19,988</u>

Total Contributions	1,164,731
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<b>TOTAL ADDITIONS</b>	<u>(2,378,907)</u>
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**DEDUCTIONS**

Deductions from net assets attributed to:

Benefits paid to participants	\$ 499,706
Certain deemed distributions of notes receivable	1,494
Administrative fees and expenses	<u>25,874</u>

<b>TOTAL DEDUCTIONS</b>	<u>527,074</u>
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<b>NET DECREASE</b>	(2,905,981)
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**NET ASSETS AVAILABLE FOR BENEFITS**

Beginning of year	<u>21,149,849</u>
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<b>END OF YEAR</b>	<u>\$ 18,243,868</u>
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See accompanying notes.

**ROCKROSE DEVELOPMENT LLC**  
**401(K) PLAN**  
**Notes to Financial Statements**  
**December 31, 2022 and 2021**

**Note 1. Description of Plan:**

The following description of the Rockrose Development LLC 401(K) Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

*General*

The Plan is a defined contribution plan covering eligible employees of Rockrose Development LLC and its affiliates (collectively, the “Company”) who have completed at least six months of service. The employees are not required to participate in the plan. The Plan does not cover leased employees, members of a union or nonresident aliens. The Plan covers employees of Rockrose Development LLC, Rockrose Paymaster LLC, 47-05 Center SPE LLC, Tribeca Pointe LLC, 200 Water SPE LLC and Archives LLC. The Plan was established on September 29, 2009 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

*Contributions*

Participants may contribute up to 100% of their pretax annual compensation and may elect to make after-tax Roth deferral contributions up to the maximum allowable during a Plan year under applicable tax laws. Participants who have attained age 50 before end of the Plan year are eligible to make catch up contributions which cannot exceed the maximum allowable under applicable tax laws. Participants may also make rollover contributions from other qualified plans in accordance with Plan provisions. The Company makes a matching contribution equal to 50% of each participant’s eligible compensation for the Plan year, which contributions may not exceed 6% of the participant’s eligible compensation for the Plan year. A matching contribution of \$ 284,081 and \$ 287,803 was authorized for the years ended December 31, 2022 and 2021, respectively. The Company can also make a discretionary profit sharing contribution, which is determined by the Company’s board of directors. No discretionary profit sharing was authorized for the years ended December 31, 2022 and 2021.

*Participant Accounts*

Each participant’s account is credited with the participant’s contribution and allocations of the Company’s contributions and Plan earnings, reduced by an allocation of administrative expenses, any distributions and Plan losses. The accounts are participant

ROCKROSE DEVELOPMENT LLC  
401(K) PLAN  
Notes to Financial Statements  
December 31, 2022 and 2021

Note 1. Description of Plan: (Continued)

directed. Allocations are based on participant earnings, account balances or specific participant transactions, as defined by the Plan provisions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

*Vesting*

Participants are immediately vested in their contributions plus earnings thereon. Vesting in the Company's matching and profit sharing contributions plus actual earnings thereon is based on years of service. A participant must complete at least 1,000 hours of service during a Plan year to receive credit for a year of service for vesting computations. The Company's contributions plus earnings thereon become 20% vested per year after completing 2 years of service. Therefore, the Company's contributions plus earnings thereon are 100% vested after six years of service. In addition, upon participant's death, disability or normal retirement, all amounts are immediately vested.

*Notes Receivable from Participants*

Participants may borrow from their fund accounts a minimum of \$1,000 and up to an amount equal to \$50,000 or 50% of their vested value of their account balance, whichever is less. Loans, which are evidenced by a negotiable promissory note, bear interest at a rate reasonable and comparable to the rates being charged by representative commercial banks fixed at the date of the loan. Repayment must be made in level payments over a period not to exceed five years, unless the loan qualifies as a principal residence home loan in which case the plan administrator may permit a longer repayment term.

*Payment of Benefits*

On termination of service due to death, disability, or retirement, a participant is to receive the vested value of their account in either a lump sum, if the account balance is less than \$ 5,000, or at the participant's discretions, on an installment basis or a lump sum, if the account is greater than \$ 5,000.

**ROCKROSE DEVELOPMENT LLC**  
**401(K) PLAN**  
**Notes to Financial Statements**  
**December 31, 2022 and 2021**

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

***Withdrawals***

A participant may withdraw an amount not in excess of the amount attributable to the participant's vested amount, subject to Internal Revenue Service early withdrawal penalty if made before the participant attains 59 ½ years of age.

***Forfeited Accounts***

Forfeitures result from termination of employment under circumstances which do not entitle the participant to be fully vested in the Company accounts. Forfeitures may be used to reduce any Company contribution. At December 31, 2022 and December 31, 2021, forfeited nonvested accounts totaled \$ 1,688 and \$ 3,439, respectively. Forfeitures used to reduce Company contributions during 2022 and 2021 was \$ 7,108 and \$ 29,000, respectively.

***Plan Amendments***

The Plan adopted provisions of the Coronavirus Aid, Relief, and Economic Security ("CARES") Act that was signed into law on March 27, 2020 relating to distributions, maximum notes receivables from participants, and deferral of repayments of notes receivable from participants. The temporary provisions of the CARES Act allows the Plan's participants to take a COVID-19 related distribution of up to \$100,000 from the Plan beginning on or after January 1, 2020 and before December 31, 2020. Additionally, the CARES Act increased the maximum amount available for a note receivable from a participant to the lesser of \$100,000 (reduced for prior notes receivable from participant as under current law) or 100% of the present value of the participant's vested account balance for a notes receivable from a participant issued from March 27, 2020 to September 22, 2020, made to a qualified individual. Participants who are impacted by the Coronavirus were allowed to take distributions of up to \$100,000, without 10% early withdrawal penalty, through December 31, 2020. The deferral provision allowed qualified plan participants who have notes receivable repayments to defer such repayment until December 31, 2020.

**ROCKROSE DEVELOPMENT LLC**  
**401(K) PLAN**  
**Notes to Financial Statements**  
**December 31, 2022 and 2021**

**Note 2. Summary of Significant Accounting Policies:**

*Date of Management's Review*

Subsequent events were evaluated through October 13, 2023, which is the date the financial statements were available to be issued.

*Basis of Accounting*

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP")

*Notes Receivable from Participants*

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. As of December 31, 2022 and 2021, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

*Use of Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of net assets and liabilities available for benefits and changes therein and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

*Investment Valuation and Income Recognition*

The Plan's investments consist of money market and mutual funds. The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year-end. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation and depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**ROCKROSE DEVELOPMENT LLC**  
**401(K) PLAN**  
**Notes to Financial Statements**  
**December 31, 2022 and 2021**

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

*Payment of Benefits*

Benefit payments to participants are recorded when paid.

*Expenses*

The Company, at its discretion, may pay all administrative expenses of the Plan. All other reasonable expenses not paid by the Company may be charged against the assets of the Plan, as provided in the Plan document. Investments related expenses are included in net fair value of investments.

**Note 3. Investment Contract:**

The Plan has a fully benefit-responsive investment contract with Voya Retirement Insurance and Annuity Company (VRIAC). VRIAC maintains the contributions in their general account. The general account is the Voya Fixed account and is credited with declared rates of interest and is subject to a minimum rate described in the contract. The contract is included in the financial statements at contract value as reported by the plan by VRIAC. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The VRIAC contract itself does not have a maturity date. Under some investment contracts, VRIAC may terminate the contract after completion of a certain number of years, without application of any otherwise required market value adjustment or contract surrender charge. VRIAC may also retain the right to defer payments from the general account in the event of certain emergency conditions or as provided by applicable law. The contract value of the investment contract at December 31, 2022 and 2021 was \$ 1,388,683 and \$ 1,570,671, respectively.

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**ROCKROSE DEVELOPMENT LLC**  
**401(K) PLAN**  
**Notes to Financial Statements**  
**December 31, 2022 and 2021**

**Note 4. Fair Value Measurements:**

The fair value measurement accounting literature establishes fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are observable and have the lowest priority. The plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investment. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 2 or Level 3 inputs for the periods presented.

***Level 1 Fair Value Measurements***

The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are considered to be actively traded and considered Level 1 investments.

The following tables set forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

***Assets at Fair Value as of December 31, 2022***

	<b><u>Level 1</u></b>	<b><u>Level 2</u></b>	<b><u>Level 3</u></b>	<b><u>Total</u></b>
Mutual Funds	<b><u>\$ 16,360,706</u></b>	<b>\$ -</b>	<b>\$ -</b>	<b><u>\$ 16,360,706</u></b>
Total Investments at Fair Value	<b><u>\$ 16,360,706</u></b>	<b><u>\$ -</u></b>	<b><u>\$ -</u></b>	<b><u>\$ 16,360,706</u></b>

**ROCKROSE DEVELOPMENT LLC**  
**401(K) PLAN**  
**Notes to Financial Statements**  
**December 31, 2022 and 2021**

**Note 4. Fair Value Measurements: (Continued)**

*Assets at Fair Value as of December 31, 2021*

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ <u>19,151,503</u>	\$ -	\$ -	\$ <u>19,151,503</u>
Total Investments at Fair Value	\$ <u>19,151,503</u>	\$ -	\$ -	\$ <u>19,151,503</u>

**Note 5. Reconciliation of Financial Statements to Schedule H of Form 5500:**

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

	<u>2022</u>	<u>2021</u>
Net assets available for benefits per Financial Statements	\$ <u>18,243,868</u>	\$ <u>21,149,849</u>
Net assets available for benefits per Schedule H Form 5500	\$ <u>18,243,868</u>	\$ <u>21,149,849</u>

**Note 6. Plan Termination:**

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. In the event of the termination of the Plan, after payment of administrative expenses, if any, the trust fund shall be used for the exclusive benefit of the Plan members and their beneficiaries and for no other purpose.

**ROCKROSE DEVELOPMENT LLC**  
**401(K) PLAN**  
**Notes to Financial Statements**  
**December 31, 2022 and 2021**

**Note 7. Tax Status:**

The Internal Revenue Service has determined and informed the Company by letter dated March 31, 2014 that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). The plan administrator believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

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

**Note 8. Risks and Uncertainties:**

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

**Note 9. Information Certified by the Custodian:**

The Plan's investments and investment transactions were certified by Voya Retirement Insurance and Annuity Company (the “Custodian”) as of December 31, 2022 and 2021 and for the years ended December 31, 2022 and 2021, as complete and accurate. Therefore, in accordance with the request of the plan administrator and 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, this information was not subjected to auditing procedures generally accepted in the United States of America except for comparing such information with the related information included in the financial statements and supplemental schedule.

**ROCKROSE DEVELOPMENT LLC**  
**401(K) PLAN**  
**Notes to Financial Statements**  
**December 31, 2022 and 2021**

**Note 9. Information Certified by the Custodian: (Continued)**

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the Custodian of the Plan.

	<u>2022</u>
<b><u>Investments:</u></b>	
Mutual funds	\$ 16,360,706
Voya Fixed Account	1,388,683
<b><u>Notes receivable from participants</u></b>	232,498
<b><u>Investment Income:</u></b>	
Interest and dividends from investments	59,455
Interest on notes receivable	9,354
Net investment loss from investments	(3,612,447)

**Note 10. Related Party Transactions and Party-in-interest Transactions:**

Certain Plan investments are managed by Voya Retirement Insurance and Annuity Company, the Plan's investment Trustee and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are netted against net appreciation in the fair value of investments. In addition, participant loans to employees qualify as party-in-interest transactions. The value of participant loans was \$ 232,498 and \$ 159,972 as of December 31, 2022 and 2021, respectively.

These party-in interest transactions are exempt from the prohibited transaction rules of ERISA.

**Note 11. Subsequent Events:**

The Plan has evaluated events subsequent to December 31, 2022 and through October 13, 2023, the date the financial statements were available for issuance.

**SUPPLEMENTAL SCHEDULE**

**ROCKROSE DEVELOPMENT LLC**

**401(K) PLAN**

**EIN: 27-0939845**

**Plan Number: 001**

**Schedule H, Line 4(i)-Schedule of Assets (Held at End of Year)**

**December 31, 2022**

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue</u> <u>Borrower, Lessor or Similar party</u>	<u>Description of investment, including</u> <u>Maturity date, rate of interest, collateral,</u> <u>par, or maturity value</u>	<u>Cost</u>	<u>Current Value</u>
	AmFds NPF R3	Registered Investment Company	N/A	\$ 190,898
	Eagle Small Cap Growth Fund R3	Registered Investment Company	N/A	541,682
	American Funds Wash Mtual R3	Registered Investment Company	N/A	619,295
	Invesco Divrsd Dividend Fnd R	Registered Investment Company	N/A	922,748
	Invesco Small Cap Equity F-C R	Registered Investment Company	N/A	92,018
	MainStay LgCp G F - R3	Registered Investment Company	N/A	1,337,640
	Oppenheimer Developing Markets	Registered Investment Company	N/A	152,158
	Oppenhmr Intl Growth Fnd R	Registered Investment Company	N/A	205,846
	PIMCO VIT Real Return Port Adm	Registered Investment Company	N/A	439,255
	T Rowe Prc Rt 2005 F - R	Registered Investment Company	N/A	59,610
	T Rowe Prc Rt 2010 F - R	Registered Investment Company	N/A	1,722
	T Rowe Prc Rt 2015 F - R	Registered Investment Company	N/A	602,591
	T Rowe Prc Rt 2020 F - R	Registered Investment Company	N/A	8,757
	T Rowe Prc Rt 2025 F - R	Registered Investment Company	N/A	354,915
	T Rowe Prc Rt 2030 F - R	Registered Investment Company	N/A	63,931
	T Rowe Prc Rt 2035 F - R	Registered Investment Company	N/A	2,024,775
	T Rowe Prc Rt 2040 F - R	Registered Investment Company	N/A	249,935
	T Rowe Prc Rt 2045 F - R	Registered Investment Company	N/A	318,618
	T Rowe Prc Rt 2050 F - R	Registered Investment Company	N/A	112,191
	T Rowe Prc Rt 2055 F - R	Registered Investment Company	N/A	114,095
	TRwPr Retirement 2060 Fund R	Registered Investment Company	N/A	158,278
	Pimco International Bond Fund	Registered Investment Company	N/A	177,085
	VY Clarion RI Estate Prt Srv	Registered Investment Company	N/A	206,493
	VY Columbia SmCp VI II PI	Registered Investment Company	N/A	181,313
	VY TRwPr Cap Apprec Port Srv	Registered Investment Company	N/A	940,051
	Victory Symcmr Est V1 Fd R	Registered Investment Company	N/A	1,037,798
*	Voya Fixed Account A	Insurance Company General Account	N/A	600,248
*	Voya Fixed Account	Insurance Company General Account	N/A	788,435
*	Voya Gov Money Market Port I	Registered Investment Company	N/A	451,388
*	Voya International Ind Prt 1	Registered Investment Company	N/A	728,070
*	Voya Gv Mny Mkt FA(Hld Acct)	Registered Investment Company	N/A	1,688
*	Voya Intermediate Bond Prt I	Registered Investment Company	N/A	729,590
*	Voya Large Cap Growth Prt Srv	Registered Investment Company	N/A	1,293,781
*	Voya Mid Cap Opport Port I	Registered Investment Company	N/A	579,061
*	Voya Russel Midcap Index Prt I	Registered Investment Company	N/A	137,174
*	Voya US Stock Index Port Ins	Registered Investment Company	N/A	<u>1,326,256</u>
		Total		<u>\$ 17,749,389</u>
	Notes Receivable from Participants	Interest rates of 5.25 % to 10.25% per annum		<u>\$ 232,498</u>

Note: Column (a) represents parties-in-interest.

Column (d) is blank as all investments are participant directed.

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210-0110  
1210-0089

**2022**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022


- 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)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan ROCKROSE DEVELOPMENT LLC 401 (k) PLAN		<b>1b</b> Three-digit plan number (PN) ▶	001
		<b>1c</b> Effective date of plan	10/01/2009
<b>2a</b> 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) ROCKROSE DEVELOPMENT, LLC		<b>2b</b> Employer Identification Number (EIN)	27-0939845
15 EAST 26TH STREET, 7TH FL		<b>2c</b> Plan Sponsor's telephone number	(212) 847-3700
NEW YORK NY 10010		<b>2d</b> Business code (see instructions)	531110

**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		<u>10/16/2022</u>	JUSTIN ELGHANAYAN
	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 (2022)  
v. 220413