

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
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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
1a Name of plan ROSE VILLA INC 403(B) PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 01/01/1974
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ROSE VILLA INC 13505 SE RIVER RD PORTLAND, OR 97222-8097	2b Employer Identification Number (EIN) 93-0471873 2c Plan Sponsor's telephone number 503-654-3171 2d Business code (see instructions) 623000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2023	ANGELA HANSEN
	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

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 207
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 169
a(2) Total number of active participants at the end of the plan year		6a(2) 180
b Retired or separated participants receiving benefits		6b 2
c Other retired or separated participants entitled to future benefits.....		6c 37
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 219
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 219
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 113
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2M 2T 2F 2G 2K 2J		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan ROSE VILLA INC 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ROSE VILLA INC	D Employer Identification Number (EIN) 93-0471873	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

LUCID ADVISORS, INC.

2101 4TH AVENUE
SUITE 2130
SEATTLE, WA 98121

91-2050140

(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	NONE	19018	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHWEST PLAN SERVICES, INC.

15130 MAIN STREET
SUITE 300
MILL CREEK, WA 98012

91-2090931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64 37 63	NONE	17812	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan ROSE VILLA INC 403(B) PLAN	B Three-digit plan number (PN) ►	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ROSE VILLA INC	D Employer Identification Number (EIN) 93-0471873	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	STANDARD STABLE ASSET FUND CL 2
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b Name of sponsor of entity listed in (a):	THE STANDARD
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c EIN-PN 93-0242990-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36752
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
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b Name of sponsor of entity listed in (a):		
--	--	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
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b Name of sponsor of entity listed in (a):		
--	--	--

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan ROSE VILLA INC 403(B) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 ROSE VILLA INC	D Employer Identification Number (EIN) 93-0471873	

Part I	Asset and Liability Statement
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.	
Assets	(a) Beginning of Year (b) End of Year
a Total noninterest-bearing cash.....	1a 0 -4532
b Receivables (less allowance for doubtful accounts):	
(1) Employer contributions.....	1b(1) 203 -3132
(2) Participant contributions.....	1b(2) 165 598
(3) Other.....	1b(3)
c General investments:	
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1) 0 0
(2) U.S. Government securities.....	1c(2)
(3) Corporate debt instruments (other than employer securities):	
(A) Preferred.....	1c(3)(A)
(B) All other.....	1c(3)(B)
(4) Corporate stocks (other than employer securities):	
(A) Preferred.....	1c(4)(A)
(B) Common.....	1c(4)(B)
(5) Partnership/joint venture interests.....	1c(5)
(6) Real estate (other than employer real property).....	1c(6)
(7) Loans (other than to participants).....	1c(7)
(8) Participant loans.....	1c(8) 27415 33070
(9) Value of interest in common/collective trusts.....	1c(9) 37753 36752
(10) Value of interest in pooled separate accounts.....	1c(10) 0 0
(11) Value of interest in master trust investment accounts.....	1c(11)
(12) Value of interest in 103-12 investment entities.....	1c(12)
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13) 5700986 4611954
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14) 0 0
(15) Other.....	1c(15) 0 17622

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5766522	4692332

Liabilities

g Benefit claims payable	1g	0	4323
h Operating payables	1h	2500	0
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	784
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2500	5107

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5764022	4687225
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	271780	
(B) Participants	2a(1)(B)	325429	
(C) Others (including rollovers)	2a(1)(C)	12254	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		609463
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1532	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1532
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	279197	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		279197
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1292590
c Other income	2c		613
d Total income. Add all income amounts in column (b) and enter total	2d		-401785
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	634828	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		634828
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	40184	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		40184
j Total expenses. Add all expense amounts in column (b) and enter total	2j		675012
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-1076797
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ 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: **HANSEN HUNTER & CO. P.C.**

(2) EIN: **93-0891763**

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan ROSE VILLA INC 403(B) PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 ROSE VILLA INC		D Employer Identification Number (EIN) 93-0471873
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 76-0519990 82-3967259		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....		☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?.....		☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....		☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....		☐ Yes ☐ No
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

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:	
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a
b	The corresponding number for the second preceding plan year.....	15b
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	
a	Enter the number of employers who withdrew during the preceding plan year	16a
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

ROSE VILLA, INC. 403(B) PLAN

**INDEPENDENT AUDITOR'S REPORT
AND
FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULE**

DECEMBER 31, 2022 AND 2021



HANSEN HUNTER & CO. P.C.

Certified Public Accountants

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HANSEN HUNTER & CO. P.C.
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Rose Villa, Inc. 403(b) Plan
Portland, Oregon

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

We were engaged to perform audits of the financial statements of Rose Villa, Inc. 403(b) 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). 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 audit of the Rose Villa, Inc. 403(b) 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 audit 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 by the bank or similar institutions 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 qualified institutions as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Disclaimer of Opinion on the Financial Statements

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the Financial Statements section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.



HANSEN HUNTER & CO. P.C.
Certified Public Accountants

Basis for Disclaimer of Opinion on the Financial Statements

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note 8 to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America (U.S. GAAP) require these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair representation 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 Rose Villa, Inc. 403(b) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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.



HANSEN HUNTER & CO. P.C.
Certified Public Accountants

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion on the Financial Statements section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for audit opinion on these financial statements.

We are required to be independent of Rose Villa, Inc. 403(b) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Supplemental Schedules Required by ERISA

The supplemental schedule of Assets Held at End of Year as of December 31, 2022 is presented for the purpose 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. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Hansen Hunter + Co. P.C.

September 19, 2023

ROSE VILLA, INC. 403(b) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS

	December 31,	
	2022	2021
Participant directed investments		
Interest-bearing cash	\$ 13,091	\$ -
Investments measured at fair value	4,648,706	5,738,739
	<u>4,661,797</u>	<u>5,738,739</u>
Notes receivable from participants	<u>33,070</u>	<u>27,415</u>
Contributions receivable		
Employer	1,139	10,623
Participant	<u>598</u>	<u>12,625</u>
	<u>1,737</u>	<u>23,248</u>
Total assets	<u>\$ 4,696,604</u>	<u>\$ 5,789,402</u>

LIABILITIES AND NET ASSETS

Operating payable	\$ 5,055	\$ 2,500
Corrective refunds payable	<u>6,020</u>	<u>10,039</u>
Total liabilities	<u>11,075</u>	<u>12,539</u>
Net assets available for benefits	<u>\$ 4,685,529</u>	<u>\$ 5,776,863</u>

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

ROSE VILLA, INC. 403(b) PLAN

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2022**

	<u>Participant Directed</u>
Additions to net assets:	
Investment income	
Dividend	\$ 279,197
Other income	<u>613</u>
Total investment income	<u>279,810</u>
Contributions	
Employer	258,991
Participants	312,969
Rollovers	<u>12,262</u>
Total contributions	<u>584,222</u>
Participant notes receivable interest	<u>1,532</u>
Total additions	<u>865,564</u>
Deductions from net assets:	
Net investment depreciation	1,291,218
Benefits paid to participants	625,496
Administration fees	<u>40,184</u>
Total deductions	<u>1,956,898</u>
Net increase (decrease)	<u>(1,091,334)</u>
Net assets available for benefits, beginning of year	<u>5,776,863</u>
Net assets available for benefits, end of year	<u><u>\$ 4,685,529</u></u>

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

ROSE VILLA, INC. 403(b) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 – Description of Plan

The following description of Rose Villa, Inc. 403(b) Plan (the Plan) is provided for general information only. 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 substantially all employees of Rose Villa, Inc. (the Organization). A participant is immediately eligible to make elective contributions. After the completion of one year of eligible service employees are eligible to receive employer discretionary matching contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions – Participants contribute to the Plan by electing to defer a portion of their total earnings per payroll period. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Pre-tax 403(b) and Roth contributions are allowed up to the maximum limit allowed by the Internal Revenue Service.

The Organization may make matching contributions each pay period on a dollar-for-dollar basis on the participant deferrals up to 4% of participant's compensation for employees with at least 1 year of employment (Match 1), with an additional discretionary match for employees with at least 2 or more years of employment with the Organization (Match 2). During the year ended December 31, 2022, the Organization made discretionary matching contributions of \$258,991.

Investment Options – Participants direct the investment of their accounts into various investment options offered by the Plan. The Plan currently offers registered investment company funds and a common/collective trust.

Participant Accounts – Each participant's account is credited with the participant's contribution, the discretionary matching Organization contribution, if applicable, and an allocation of Plan earnings and administrative expenses. Allocations are based on a ratio of the participant's account balance to the total of the investment balance. The benefit to which participants are entitled is the vested amount in their individual account.

Vesting – Participants whose employment commenced prior to January 1, 2018 are immediately vested in their elective deferral contribution, the matching Organization contributions (Match 1 and Match 2), other Organization contributions, and actual earnings thereon. Participants whose employment commences on or after January 1, 2018 are immediately vested in their elective deferral contributions and Match 1. If a participant terminates employment prior to the normal retirement age (65) for reasons other than death or disability, the portion of Match 2 is vested based on years of eligible service.

ROSE VILLA, INC. 403(b) PLAN

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

NOTE 1 – Description of Plan (continued)

Vesting (continued) – The following vesting schedule applies to Match 2 and any other Organization discretionary contributions:

<u>Years of Service</u>	<u>Vested Percentage</u>
At least 2	20%
At least 3	40%
At least 4	60%
At least 5	80%
At least 6	100%

In order to be credited with a year of service in relation to vesting, a participant must work at least 400 hours within the service year.

Payment of Benefits – Upon death, disability, normal retirement or termination of service, a participant can elect to receive the vested interest in his or her account as either a lump-sum distribution or in installments. Participant accounts less than or equal to \$5,000 are automatically disbursed as lump-sum distributions once per year. At December 31, 2022, there were \$6,378 to be distributed to participants. Benefits are recorded when paid.

Hardship Withdrawals – The Plan allows for hardship withdrawals, limited to the participant's elective deferral account balance.

Notes Receivable from Participants – The Plan makes loans to participants based on their vested account balance. The maximum loan amount is limited to 50% of the participant's vested balance or \$50,000, whichever is less. A participant may not request a loan for less than \$1,000 and the maximum number of loans a participant may have under the plan that are outstanding at any time is one. A participant must pay off an existing loan in order to take a new loan. Loans must be repaid within a reasonable period of time not to exceed five years unless the purpose is for purchase of principal residence, then it shall not exceed ten years. Repayments must be made through employer payroll deductions, consisting of principal and interest made each pay period.

Administration of Plan Assets – The Plan administrator is the Organization. The administrator entered into an annuity contract with The Variable Annuity Life Insurance Company (VALIC), the former custodian of the Plan. Under the terms of the annuity contract, VALIC held the Plan's investment assets and executed investment transactions. As of July 21, 2017, the Plan administrator entered into a contract with Charles Schwab Bank. Under the terms of the contract, Charles Schwab is the custodian of the Plan's assets. Charles Schwab Bank holds the Plan's investment assets and executes investment transactions. The annuity contract with VALIC was terminated and Plan assets were transferred from VALIC to Charles Schwab Bank on August 9, 2017, with the exception of the Insurance Company General Account. The funds invested in the Insurance Company General Account were being transferred to the new custodian at a rate of 20% per year for five years. The Insurance Company General Account was fully transferred as of August 10, 2021. As permitted by Department of Labor regulations, VALIC and Charles Schwab have certified certain financial information contained in the statements of net assets available for benefits and the statement of changes in net assets available for benefits to be complete and accurate. The administrator has also entered into a contract with Northwest Plan Services, Inc. to maintain the records of the Plan, effective August 1, 2017.

ROSE VILLA, INC. 403(b) PLAN

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

NOTE 1 – Description of Plan (continued)

Forfeitures – A forfeiture is the non-vested portion of a participant’s account that the participant loses upon termination of employment. Forfeitures can be used to restore forfeitures, reduce Organization matching contributions or to pay Plan expenses. Forfeitures available at December 31, 2022 and 2021 were \$3,252 and \$1,030, respectively. No forfeitures were used to fund employer contributions or Plan expenses during the Plan year ended December 31, 2022.

NOTE 2 – Summary of Significant Accounting Policies

Basis of Accounting – The financial statements and supplemental schedule have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Investments are reported at fair value.

Investment Valuation – Investments are stated at fair value. The Plan’s custodian, Charles Schwab Bank, certifies the fair value of the investments. If available, quoted market prices are used to value investments.

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

Fair value is the price that would be received to sell an asset or paid to transfer a liability (i.e. the “exit price”) in an orderly transaction between market participants at the measurement date.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are classified as deemed distributions based upon the terms of the Plan document.

Operating Expenses – Certain administrative fees are collected from participant accounts and paid to the record keeper, the custodian and the Plan’s investment advisor. Certain administrative expenses such as audit and legal fees are paid by the Organization and are not reported in the financial statements. Expenses related to specific participant transactions are charged to the respective participant’s account.

ROSE VILLA, INC. 403(b) PLAN

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

NOTE 2 – Summary of Significant Accounting Policies (continued)

Temporary Plan Provisions – On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (“CARES”) Act was passed by Congress. The CARES Act contains several provisions that temporarily impacted retirement plans, including the waiver of required minimum distributions, a new hardship withdrawal option, increased loan limits, and a pause option for loan payments. The provisions of the CARES Act could be effective and operationalized immediately, prior to amending the Plan document. Effective January 1, 2020, the Plan was formally amended for these provisions.

NOTE 3 – Estimates

The presentation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE 4 – Information Certified by Custodians of the Plan

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Charles Schwab Bank, the custodian, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments as shown on the statements of net assets available for benefits as of December 31, 2022 and 2021;
- Net investment activity from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2022;
- Investment information included in the footnotes and supplemental schedule of assets (held at end of year) as of December 31, 2022.

The Plan’s independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

ROSE VILLA, INC. 403(b) PLAN

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

NOTE 5 – Fair Value Measurements

The Plan has adopted the requirements of the Fair Value Measurements and Disclosure Topic of the FASB Accounting Standards Codification. This Topic defines fair value and requires enhanced disclosure about assets and liabilities carried at fair value. These additional disclosures are required only for financial assets and liabilities measured at fair value and for non-financial assets and liabilities measured at fair value on a recurring basis.

The Defined Contribution Pension Plans Topic of the FASB Accounting Standards Codification exempts defined contribution pension plans from other requirements of this Topic.

This Topic requires that a fair value measurement reflect the assumptions market participants would use in pricing an asset or liability based on the best available information. These assumptions include risks inherent in a particular valuation technique (such as a pricing model) and the risks inherent in the inputs to the model. It also specifies that transaction costs should not be considered in the determination of fair value. According to this Topic, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (exit price).

This Topic establishes a fair value hierarchy that prioritizes the inputs used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). The three levels of the fair value hierarchy defined by this Topic are as follows:

Level 1 – Quoted prices are available in active markets for identical assets or liabilities as of the reporting date. Active markets are those in which transactions for the asset or liability occur in sufficient frequency and volume to provide pricing information on an ongoing basis.

Level 2 – Pricing inputs are observable, either directly or indirectly, but are not quoted prices included within Level 1. Level 2 includes those financial instruments that are valued using external inputs with models or other valuation methodologies.

Level 3 – Pricing inputs include significant inputs that are generally less observable from objective sources. These inputs may be used with internally developed methodologies that result in management's best estimate of fair value. Level 3 instruments include those that may be more structured or otherwise tailored to customers' needs.

As required by this Topic, financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value. The descriptions of the valuation methods and assumptions used by the Plan to estimate the fair value of investments are as follows:

Interest bearing cash – The Plan uses quoted prices in active markets for identical assets to determine the fair value.

Registered investment companies – The fair values of registered investment companies are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs). There were no assets valued at fair value using Level 2 or Level 3 inputs.

ROSE VILLA, INC. 403(b) PLAN

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

NOTE 5 – Fair Value Measurements (continued)

Common/collective trust funds – The fair value is determined by the issuer of the collective trust fund based on the fair market value of the underlying investments, which is valued at the net asset value (“NAV”) of units of the collective trust fund. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily.

There have been no changes in the methodologies used at December 31, 2022 and 2021.

The following table shows the Plan’s financial assets that were accounted for at fair value on a recurring basis as of December 31, 2022 and 2021:

<u>Fair Value Measurements at Reporting Date Using:</u>				
	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
<u>December 31, 2022</u>				
<u>Assets</u>				
Interest-bearing cash	\$ 13,091	\$ 13,091	\$ -	\$ -
Registered investment company accounts	4,611,954	4,611,954	-	-
Common/collective trust*	36,752	-	-	-
Total investments measured at fair value	<u>\$ 4,661,797</u>	<u>\$ 4,625,045</u>	<u>\$ -</u>	<u>\$ -</u>
<u>December 31, 2021</u>				
<u>Assets</u>				
Registered investment company accounts	\$ 5,700,986	\$ 5,700,986	\$ -	\$ -
Common/collective trust*	37,753	-	-	-
Total investments measured at fair value	<u>\$ 5,738,739</u>	<u>\$ 5,700,986</u>	<u>\$ -</u>	<u>\$ -</u>

ROSE VILLA, INC. 403(b) PLAN

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

NOTE 5 – Fair Value Measurements (continued)

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

The following table summarizes investments measured at fair value based on net asset value per share as of December 31, 2022 and 2021:

<u>Investments</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption frequency (if currently eligible)</u>	<u>Redemption notice period</u>
<u>December 31, 2022</u>				
Common/collective trust	\$ 36,752	n/a	Daily	Varies
<u>December 31, 2021</u>				
Common/collective trust	\$ 37,753	n/a	Daily	Varies

NOTE 6 – Notes Receivable from Participants

The Plan makes loans to participants based on their vested account balance. The maximum loan request is the lesser of \$50,000 or 50% of the participant's vested balance. A participant may not request a loan for less than \$1,000 and the maximum number of loans a participant may have under the plan that are outstanding at any time is one. A participant must pay off an existing loan in order to take a new loan. Loans must be repaid within a reasonable period of time not to exceed five years unless the purpose is for purchase of principal residence, then it shall not exceed ten years. Repayments must be made through employer payroll deductions, consisting of principal and interest made each pay period. Interest rates on outstanding loans range from 4.25% to 5.25% at December 31, 2022. Loans are secured by the vested account balance of the participant.

NOTE 7 – Plan Termination

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

ROSE VILLA, INC. 403(b) PLAN

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

NOTE 8 – Excluded Contracts

As permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02 and 2010-01, Annual Reporting Requirement for 403(b) Plans, the Plan has excluded from investments in the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021, certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as detailed in the agreement. If the identified contracts, as reported by The Standard and New York Life Insurance and Annuity Corporation, were included, net assets available for benefits would increase by \$539,039 and \$559,564 as of December 31, 2022 and 2021, respectively. Further, investment income of \$15,655 and distributions of \$36,180 related to such accounts, as identified by Standard and New York Life Insurance and Annuity Corporation have also been excluded from the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2022. The accounting principles generally accepted in the United States of America requires that these accounts and the related income and distributions be included in the accompanying financial statements.

NOTE 9 – Income Tax Status

The Plan has adopted a prototype plan sponsored by Thorson Barnett & McDonald, P.C. The Internal Revenue Service notified the Sponsor that the Plan is qualified, and the trust established under the Plan is tax-exempt under the appropriate sections of the Internal Revenue Code. The Plan administrator believes that the Plan is operating in accordance with the Internal Revenue Code (IRC) to maintain the tax-exempt status for Plan participants under Section 403(b). Plan management believes the Plan is currently designed and operating in accordance with the applicable requirements of the IRC; consequently, no provisions for income taxes has been included in the accompanying financial statements.

In accordance with the guidance on accounting for uncertainty in income taxes, the Plan administrator evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure in or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 10 – Separated Participants with Deferred Vested Benefits

Included in net assets available for benefits are amounts due to participants who have withdrawn from the Plan but still have vested benefits in the Plan's net assets. For the Plan years ended December 31, 2022 and 2021, these benefits were \$1,169,909 and \$999,883, respectively.

ROSE VILLA, INC. 403(b) PLAN

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

NOTE 11 – Related Party and Party-in-Interest Transactions

Certain administrative fees are collected from participant accounts and paid to the record keeper, the custodian and the Plan's investment advisor. Administrative fees paid by the Plan to Northwest Plan Services, Inc. were \$17,812 for the year ended December 31, 2022. Administrative fees paid by the Plan to Charles Schwab Trust Bank were \$3,354 for the year ended December 31, 2022. Consulting and investment advisory fees paid by the Plan to Lucid Advisors, Inc. amounted to \$19,018 for the year ended December 31, 2022. Other administrative costs were paid by the Organization and are not reported in the financial statements. Certain Plan investments are held in investment vehicles managed by Charles Schwab, the custodian of the Plan. These transactions qualify as party-in-interest transactions.

NOTE 12 – 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:

	2022	2021
Net assets available for benefits per the financial statements	\$ 4,685,529	\$ 5,776,863
Employer contributions receivable	(4,271)	(10,458)
Corrective refunds payable	5,967	(12,422)
Operating payables	-	10,039
Net assets available for benefits per Schedule H of the Form 5500	\$ <u>4,687,225</u>	\$ <u>5,764,022</u>

The following is a reconciliation of net decrease per the financial statements to Schedule H of Form 5500:

	2022
Net decrease per the financial statements	\$ (1,091,334)
Employer contributions	12,789
Participant contributions	12,460
Rollover contributions	(8)
Net investment depreciation	(1,373)
Benefits paid to participants	(9,331)
Net decrease per Schedule H of the Form 5500	\$ <u>(1,076,797)</u>

ROSE VILLA, INC. 403(b) PLAN

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

NOTE 13 – Risks and Uncertainties

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

In addition, as a result of funds being selected by participants, certain other funds may individually represent a concentration of greater than 10% of the Plan's Investments measured at fair value in the Statements of net assets available for benefits. Although these individual funds maintain a level of diversification by investing in multiple equity, debt or other instruments, there may be a concentration of risk because the funds are invested at the direction of a single fund manager.

At December 31, 2022 and 2021, the following funds represented more than 10% of the Plan's Investments measured at fair value.

	2022	2021
T. Rowe Price Retirement 2025	7%	13%
T. Rowe Price Retirement 2030	13%	11%
T. Rowe Price Retirement 2035	14%	12%
T. Rowe Price Retirement 2040	12%	11%
T. Rowe Price Retirement 2045	13%	11%

On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. The COVID-19 pandemic and resulting global disruptions have caused significant economic uncertainty and volatility in financial markets. As a result of COVID-19, there has been heightened market risk and volatility associated with the pandemic, and this could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits, as mentioned above. Because of the uncertainty of the markets during this time, Plan management is unable to estimate the total impact the pandemic will have. The custodian and management monitor the performance of the Plan's investments including approving changes in the investment options.

NOTE 14 – Corrective Refunds Payable, Corrective Distributions and Operating Payables

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as corrective refunds payable in the accompany statements of net assets available for benefits. Subsequent to year end the excess aggregate contributions were returned to comply with the actual contribution percentage (ACP) limit under Code Section 401(m). For the years ended December 31, 2022 and 2021 corrective refunds payable were \$6,020 and \$10,039, respectively. Furthermore, during the year ended December 31, 2022 there were corrective distributions returned to participants in the amount of \$10,039 related to the ACP testing for the year ended December 31, 2021 and subsequent to the Plan year end corrective distributions were returned to participants in the amount of \$6,020 for the ACP testing related to the Plan year ended December 31, 2022.

ROSE VILLA, INC. 403(b) PLAN

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

NOTE 14 – Corrective Refunds Payable, Corrective Distributions and Operating Payables
(continued)

In addition, during the Plan year ended December 31, 2022, excess discretionary employer matching contributions were made to the Plan in error. The excess contributions amounted to \$4,271 and have been included as operating payables in the statements of net assets available for benefits. Subsequent to year-end, the excess contributions were used to fund discretionary employer matching contributions for the Plan year ending December 31, 2023.

NOTE 15 – Subsequent Events

The Plan did not have any subsequent events through September 19, 2023, which is the date the financial statements were issued, requiring recording or disclosure in the financial statements for the year ended December 31, 2022.

SUPPLEMENTAL SCHEDULE

ROSE VILLA, INC. 403(b) PLAN

**EIN 93-0471873 – PLAN NO. 002
SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS
HELD AT END OF YEAR
DECEMBER 31, 2022**

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	JPMorgan Equity Income R6	Registered Investment Company	**	\$ 797
	American Funds Capital World Bond R6	Registered Investment Company	**	552
	American Funds EuroPacific Growth Fund	Registered Investment Company	**	16,595
	DFA Emerging Markets Fund	Registered Investment Company	**	153,044
	Fidelity International Index	Registered Investment Company	**	41,725
	MassMutual Select Mid Cap Growth Fund	Registered Investment Company	**	228,853
	Metropolitan West Total Return Bond I	Registered Investment Company	**	552
	Northern Global Sustainability Index Fund	Registered Investment Company	**	26,087
	Royce International Premier Fund Institute	Registered Investment Company	**	120,439
	Prudential High Yield Bond Fund	Registered Investment Company	**	57,910
	Standard Stable Asset Fund	Common/collective trust	**	36,752
	T. Rowe Price Retirement 2010 Fund I	Registered Investment Company	**	191,804
	T. Rowe Price Retirement 2015 Fund I	Registered Investment Company	**	270
	T. Rowe Price Retirement 2020 Fund I	Registered Investment Company	**	127,506
	T. Rowe Price Retirement 2025 Fund I	Registered Investment Company	**	317,518
	T. Rowe Price Retirement 2030 Fund I	Registered Investment Company	**	589,588
	T. Rowe Price Retirement 2035 Fund I	Registered Investment Company	**	648,485
	T. Rowe Price Retirement 2040 Fund I	Registered Investment Company	**	562,645

* A party-in-interest as defined by ERISA

** Cost omitted for participant directed investments

ROSE VILLA, INC. 403(b) PLAN

EIN 93-0471873 – PLAN NO. 002
SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS
HELD AT END OF YEAR
DECEMBER 31, 2022
(Continued)

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	T. Rowe Price Retirement 2045 Fund I	Registered Investment Company	**	\$ 586,976
	T. Rowe Price Retirement 2050 Fund I	Registered Investment Company	**	287,897
	T. Rowe Price Retirement 2055 Fund I	Registered Investment Company	**	228,350
	T. Rowe Price Retirement 2060 Fund I	Registered Investment Company	**	104,172
	T. Rowe Price Retirement 2065 Fund I	Registered Investment Company	**	22,283
	Vanguard 500 Index Admiral Fund	Registered Investment Company	**	144,667
	Vanguard Extended Market Index Admiral Fund	Registered Investment Company	**	153,239
*	Schwab Government Money Fund	Interest-bearing cash	**	13,091
*	Participant Loans	Interest rates – 4.25% to 5.25% Payments terms – 60 months	-0-	33,070
	Total			\$ 4,694,867

* A party-in-interest as defined by ERISA

** Cost omitted for participant directed investments

ROSE VILLA, INC. 403(b) PLAN

**EIN 93-0471873 – PLAN NO. 002
SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS
HELD AT END OF YEAR
DECEMBER 31, 2022**

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
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	Prudential High Yield Bond Fund	Registered Investment Company	**	57,910
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	T. Rowe Price Retirement 2025 Fund I	Registered Investment Company	**	317,518
	T. Rowe Price Retirement 2030 Fund I	Registered Investment Company	**	589,588
	T. Rowe Price Retirement 2035 Fund I	Registered Investment Company	**	648,485
	T. Rowe Price Retirement 2040 Fund I	Registered Investment Company	**	562,645

* A party-in-interest as defined by ERISA

** Cost omitted for participant directed investments

ROSE VILLA, INC. 403(b) PLAN

EIN 93-0471873 – PLAN NO. 002
SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS
HELD AT END OF YEAR
DECEMBER 31, 2022
(Continued)

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	T. Rowe Price Retirement 2045 Fund I	Registered Investment Company	**	\$ 586,976
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	Vanguard 500 Index Admiral Fund	Registered Investment Company	**	144,667
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*	Schwab Government Money Fund	Interest-bearing cash	**	13,091
*	Participant Loans	Interest rates – 4.25% to 5.25% Payments terms – 60 months	-0-	33,070
	Total			\$ 4,694,867

* A party-in-interest as defined by ERISA

** Cost omitted for participant directed investments