

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ 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 RITE OF PASSAGE, INC. 401K PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 01/01/1998
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) RITE OF PASSAGE, INC. 2560 BUSINESS PKWY, STE. A MINDEN, NV 89423-8961
2b	Employer Identification Number (EIN) 88-0235002
2c	Plan Sponsor's telephone number 775-267-9411
2d	Business code (see instructions) 541600

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.	08/15/2024	CAROLYN JENKINS-BOWER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 1326
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 1140 6a(2) 1130 6b 24 6c 172 6d 1326 6e 0 6f 1326 6g(1) 642 6g(2) 709 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

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

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 1
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan RITE OF PASSAGE, INC. 401K PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 RITE OF PASSAGE, INC.	D Employer Identification Number (EIN) 88-0235002

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.
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1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(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
31-4156830	66869	GAP-CP-GB1P	709	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid 12066	(b) Total amount of fees paid 0
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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
LINCOLN INVESTMENT PLANNING 601 OFFICE CENTER DR STE 300
FORT WASHINGTON, PA 19034

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12066			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
	(c) Amount	(d) Purpose	

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 3560742**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 4807926**c** Additions: (1) Contributions deposited during the year **7c(1)** 530137(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 82542(4) Transferred from separate account **7c(4)** 212392(5) Other (specify below) **7c(5)** 27636

▶ LOAN REPAYMENTS

(6) Total additions **7c(6)** 852707**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 5660633**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 426819(2) Administration charge made by carrier **7e(2)** 6854(3) Transferred to separate account **7e(3)** 1611700(4) Other (specify below) **7e(4)** 54518

▶ LOAN WITHDRAWALS

(5) Total deductions **7e(5)** 2099891**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 3560742

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan RITE OF PASSAGE, INC. 401K PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 RITE OF PASSAGE, INC.	D Employer Identification Number (EIN) 88-0235002

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).....

No

Yes

☒
- 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

(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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-1592130

(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 37 52 62 64 67	RECORDKEEPER	143951	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LINCOLN INVESTMENT PLANNING

601 OFFICE CENTER DR STE 300
FORT WASHINGTON, PA 19034-1595

(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?
52	INVESTMENT MANAGER	84345	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTON RETIREMENT SERVICES, INC.

P.O. BOX 6450
GLENDALE, AZ 85312

86-1009405

(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 37 64	TPA	38395	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LEAFHOUSE FINANCIAL ADVISORS LLC

6504 BRIDGEPOINT PARKWAY STE 450
AUSTIN, TX 78730

26-4311657

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT ADVISORY	14302	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan RITE OF PASSAGE, INC. 401K PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 RITE OF PASSAGE, INC.	D Employer Identification Number (EIN) 88-0235002	

Part I	Asset and Liability Statement
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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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	42187	86660
(2) Participant contributions	1b(2)	1122	75883
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	498907	614278
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	21905534	26951928
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	4807926	3560742
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	27255676	31289491
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	27255676	31289491

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)	1634324	
(B) Participants	2a(1)(B)	2028400	
(C) Others (including rollovers)	2a(1)(C)	211241	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3873965
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)	33337	
(F) Other	2b(1)(F)	79104	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		112441
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(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)		3679465
c Other income	2c		26
d Total income. Add all income amounts in column (b) and enter total	2d		7665897

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3573898	
(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)		3573898
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	58184	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		58184
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3632082

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4033815
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: **FARBER HASS HURLEY LLP**

(2) EIN: **20-4207759**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	83923
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
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.	☐	☐	

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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan	B Three-digit plan number (PN)	
RITE OF PASSAGE, INC. 401K PLAN	002	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
RITE OF PASSAGE, INC.	88-0235002	

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.....
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): 31-1592130	
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

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).....
6 b	Enter the amount contributed by the employer to the plan for this plan year.....
6 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)
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
11 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:		
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
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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) and (b):	
a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
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: _____	

Part VII	IRS Compliance Questions
-----------------	---------------------------------

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No	
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).	
☒ Design-based safe harbor method	
☐ "Prior year" ADP test	
☐ "Current year" ADP test	
☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q704091A</u> .	

FINANCIAL STATEMENTS

**RITE OF PASSAGE, INC.
401(k) PLAN**

DECEMBER 31, 2023 AND 2022

**FARBER HASS HURLEY LLP
CERTIFIED PUBLIC ACCOUNTANTS**

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FARBER HASS HURLEY LLP

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Rite of Passage 401(k) Plan

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

We have performed audits of the financial statements of Rite of Passage 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, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, 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 the 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 qualified institutions as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note C 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 Auditors' 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).

28494 Westinghouse Place, Suite 102 Valencia, CA 91355

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fhhcpas.com

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Rite of Passage 401(k) 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 Rite of Passage 401(k) Plan's ability to continue as a going concern for one year after the date 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.

Auditors' 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 auditors' 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 Rite of Passage 401(k) 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 Rite of Passage 401(k) 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.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of: (1) Schedule H, line 4i - Schedule of Assets (Held at End of Year) and (2) Schedule H, line 4a - Schedule of Delinquent Participant Contributions as of or for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 schedules, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are 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).

Farber Hass Hurley LLP

Valencia, California

August 13, 2024

RITE OF PASSAGE, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ASSETS:		
Investments at fair value	\$ 26,951,928	\$ 21,905,534
Investment at contract value	3,560,742	4,807,926
Cash	-	10,430
Receivables:		
Participant deferrals	75,883	1,122
Employer match	86,660	42,187
Notes receivable from participants	<u>614,278</u>	<u>498,907</u>
Total receivables	<u>776,821</u>	<u>542,216</u>
Total assets	31,289,491	27,266,106
LIABILITIES		
Other	<u>-</u>	<u>7,174</u>
Net assets available for benefits	\$ <u><u>31,289,491</u></u>	\$ <u><u>27,258,932</u></u>

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

RITE OF PASSAGE, INC. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2023

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 3,679,491
Interest income	<u>79,104</u>
	3,758,595

Interest income on notes receivable from participants	33,337
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Contributions:

Participant deferrals	2,028,400
Employer matching	1,634,324
Participant rollovers	<u>207,985</u>
	<u>3,870,709</u>

Total additions	7,662,641
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Deductions from net assets attributed to:

Benefits paid to participants	3,573,898
Administrative expenses	<u>58,184</u>
Total deductions	<u>3,632,082</u>

Net increase	4,030,559
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Net assets available for benefits:

Beginning of year	<u>27,258,932</u>
End of year	<u>\$ 31,289,491</u>

The accompanying notes are an integral part of this financial statement.

RITE OF PASSAGE, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Rite of Passage, Inc. 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan’s provisions.

1. General

Effective January 1, 1998, the Board of Directors of Rite of Passage, Inc. adopted the Rite of Passage, Inc. 401(k) Plan. The Plan is a contributory 401(k) plan under Sections 401(a) and 401(k) of the Internal Revenue Code (IRC) for all eligible employees of Rite of Passage, Inc. and Rite Track, LLC (collectively, the “Employer”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2. Eligibility

An employee is eligible for participation in the Plan upon the completion of 1,000 hours and a year of service prior to or on entry dates of January 1, April 1, July 1, and October 1. Employees who are members of a collective bargaining unit, non-resident aliens, and employees actively participating in the Ohio Public Employees Retirement System are not eligible to participate in the Plan.

3. Contributions

Participants may elect to contribute, on a tax-deferred basis, up to the maximum amount as prescribed by Code Section 415 of the IRC and up to the maximum deferral limit per Section 402(g)(1) of the IRC. Additional “catch-up” contributions can be made beginning in the plan year in which a participant will be at least age 50 by the end of the Plan year.

The Employer makes safe harbor matching contributions equal to 100% of participant deferrals up to 6% of compensation. The Employer non-safe harbor matching contributions and non-safe harbor profit sharing contributions are discretionary and are determined annually by the Board of Directors of the Employer. No non-safe harbor Employer contributions were made during the year ended December 31, 2023.

4. Investment Options

Participants may direct employee and Employer contributions as desired in any of a variety of investment options offered by Nationwide Financial Services, Inc., as chosen by the Employer, and/or as chosen by participants through the Nationwide Financial Services, Inc.’s fund window. Participants may change their investment options daily.

RITE OF PASSAGE, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE A - DESCRIPTION OF THE PLAN (Continued)

5. Participant Accounts

Each participant's account is credited with the participant's contributions, rollovers, the Employer's matching contributions, and allocations of Employer non-safe harbor profit sharing contributions (if any), and plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

6. Notes Receivable from Participants

Participants may borrow from their account a minimum of \$1,000 up to a maximum of 50% of their vested account balance (not to exceed \$50,000 less the highest outstanding loan balance during the prior twelve-month period). Participants may have only one loan outstanding at any time. Loans shall bear an interest rate of one percentage point higher than the prime lending rate. Loans must be repaid within five years of the date of issuance in accordance with terms established by the plan administrator.

7. Vesting

Participant contributions, rollovers, Employer contributions and actual earnings on all such contributions are fully vested at all times.

8. Benefit Payments

Upon termination of service, retirement, death, or disability, a participant or a participant's beneficiary is entitled to receive a lump-sum amount equal to the value of his or her account balance. Additionally, participants may request distributions upon attaining age 59 ½, for financial hardship (if certain criteria are met), or for other reasons, as defined.

9. Plan Termination

Although it has not expressed such intent, the Employer reserves the right, at any time, to terminate the Plan subject to the provisions of ERISA by action of its Board of Directors. Upon termination of the Plan, further contributions to the Plan shall cease and the assets of the Plan would be distributed to the participants based on each individual participant's interest in the Plan.

RITE OF PASSAGE, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting.

2. Plan Administration

The Employer is the plan sponsor and the plan administrator. The administrator of the Plan is responsible for carrying out the duties imposed under ERISA.

3. Investment Valuation and Income Recognition

The investments of the Plan are stated at fair value (except for the fully benefit-responsive investment contract which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the fund's investment advisers and custodians. See Note D for discussion of fair value measurements.

Interest income is recorded as earned on the accrual basis. Dividend income is 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.

4. Payment of Benefits

Benefits are recorded when paid.

5. Administrative Expenses

Administrative expenses incurred by the custodian in performance of its duties are paid from the assets of the Plan. Certain recordkeeping expenses are paid by the Plan. Investment related expenses are included in net appreciation/depreciation in fair value of investments. Substantially all other out-of-pocket administrative expenses of the Plan are paid by the Employer. Expenses paid by the Employer are excluded from these financial statements.

6. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

RITE OF PASSAGE, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

7. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2023 or 2022. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

NOTE C - INFORMATION CERTIFIED BY CUSTODIANS

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

- Investments reflected in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2023 and 2022
- Net investment income reflected in the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2023
- Investments reflected in the Schedule of Assets (Held at End of Year)

NOTE D - FAIR VALUE MEASUREMENTS

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- quoted prices for similar assets or liabilities in active markets;
 - quoted prices for identical or similar assets or liabilities in inactive markets;

RITE OF PASSAGE, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE D - FAIR VALUE MEASUREMENTS (Continued)

- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2023 and 2022.

Mutual funds: Value per share (unit) is determined and published daily and is the basis for current transactions.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

Assets at Fair Value as of December 31, 2023

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets in the fair value hierarchy:				
Mutual funds	<u>\$ 26,951,928</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 26,951,928</u>

Assets at Fair Value as of December 31, 2022

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets in the fair value hierarchy:				
Mutual funds	<u>\$ 21,905,534</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 21,905,534</u>

RITE OF PASSAGE, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE E - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan holds an investment that meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus credited interest, less participant withdrawals, and administrative expenses. The following represents the traditional investment contract held by the Plan:

	December 31,	
	2023	2022
Traditional Investment Contract	\$ 3,560,742	\$ 4,807,926

The traditional investment contract held by the Plan is the Nationwide Fixed Select Option (the “Fixed” fund), a fixed return investment with quarterly interest rate guarantees. Deposits are guaranteed in both principal and interest by Nationwide Life Insurance Company. Amounts are held in Nationwide Life Insurance Company’s general account and are credited on a net daily basis at annual effective rates. Contract value is the beginning balance plus any deposits and credited interest, less any withdrawals, charges or expenses. In 2023, the net rate, crediting rate, and average yield was 1.97% during the first quarter and 2.07% during the second, third, and fourth quarters. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value without restrictions. In the event of contract discontinuance, the contract holder can request a lump sum distribution with a market value adjustment, or an installment payout, at contract value, over a period of years.

As of December 31, 2023, no events are probable of occurring that might limit the ability of the Plan to transact at contract value with Nationwide Life Insurance Company and that also would limit the ability of the Plan to transact at contract value with the participants.

NOTE F - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Plan investments are held with Nationwide Trust Company, FSB and Nationwide Life Insurance Company, subsidiaries of Nationwide Financial Services, Inc. Nationwide Financial Services, Inc. is the record-keeper for the Plan. These transactions qualify as party-in-interest transactions. Notes receivable from participants and the related interest income are also considered party-in-interest transactions.

RITE OF PASSAGE, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE G - TAX STATUS

The Employer adopted a non-standardized pre-approved profit sharing plan with CODA (“non-standardized plan”) which received a favorable opinion letter dated June 30, 2020, in which the Internal Revenue Service (IRS) stated that the non-standardized plan, as then designed, is in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the latest opinion letter, however, the administrator and advisors believe the Plan is currently designed and operated in compliance with the applicable provisions of the IRC. Administration errors, if any, which are insignificant or operational in nature, are handled by the plan administrator in accordance with applicable IRS correction policies. Therefore, the plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by 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 H - 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 Statement of Net Assets Available for Benefits.

NOTE I - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2023 and 2022 to Form 5500:

	<u>2023</u>	<u>2022</u>
Net assets available for benefits per the financial statements	\$31,289,491	\$27,258,932
Less: Cash	-	(10,430)
Plus: Other liability	-	7,174
Net assets available for benefits per Form 5500	<u>\$31,289,491</u>	<u>\$27,255,676</u>

RITE OF PASSAGE, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE I - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The following is a reconciliation of the net change in net assets available for benefits per the financial statements for the year ended December 31, 2023, to Form 5500:

Net increase in net assets available for benefits per the financial statements	\$ 4,030,559
Changes in:	
Cash	10,430
Other liability	<u>(7,174)</u>
Net increase in net assets available for benefits per the Form 5500	<u>\$ 4,033,815</u>

NOTE J - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events through August 13, 2024, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES FURNISHED
PURSUANT TO DOL REGULATIONS UNDER ERISA
DECEMBER 31, 2023

RITE OF PASSAGE, INC. 401(k) PLAN

PLAN NUMBER: 002 EIN: 88-0235002

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

DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
Investments -				
*	Nationwide Trust Co., FSB	BlackRock Mid Cap Growth Equity Instl	** \$	601,165
*	Nationwide Trust Co., FSB	Fidelity Advisor China Region Instl	**	180,270
*	Nationwide Trust Co., FSB	Franklin Utilities Fund Advisor Class	**	6,498
*	Nationwide Trust Co., FSB	JPMorgan Growth Advantage	**	16,885
*	Nationwide Trust Co., FSB	American Beacon International Equity	**	774
*	Nationwide Trust Co., FSB	Lazard Intl Strat Eq Inst	**	1,504
*	Nationwide Trust Co., FSB	Legg Mason CB Large Cap Growth	**	3,007,345
*	Nationwide Trust Co., FSB	Victory Sycamore Established I	**	1,553,245
*	Nationwide Trust Co., FSB	BlackRock HY Bond Portfolio K	**	147,095
*	Nationwide Trust Co., FSB	BlackRock Total Return Fund	**	70,049
*	Nationwide Trust Co., FSB	PIMCO International Bond Fund	**	434,969
*	Nationwide Trust Co., FSB	DFA Emerging Markets Core Equity	**	201,844
*	Nationwide Trust Co., FSB	DFA Global Real Estate Securities	**	4,235
*	Nationwide Trust Co., FSB	JPMorgan LC Growth Fund Class R6	**	200,016
*	Nationwide Trust Co., FSB	NW Geneva Small Cap Growth Instl	**	979,453
*	Nationwide Trust Co., FSB	PIMCO StocksPLUS Intl Instl	**	6,198
*	Nationwide Trust Co., FSB	BlackRock Strategic Income Opps I	**	328
*	Nationwide Trust Co., FSB	AB Global Bond Fund	**	111,971
*	Nationwide Trust Co., FSB	Goldman Sachs Intl Small Cap Insight	**	29,294
*	Nationwide Trust Co., FSB	Clolumbia Convertible Securities Instl	**	328,501
*	Nationwide Trust Co., FSB	Columbia Select Large Cap Growth Instl	**	6,831
*	Nationwide Trust Co., FSB	Diamond Hill Mid Cap Fund	**	127,230
*	Nationwide Trust Co., FSB	Vanguard 500 Index Fund	**	663,408
*	Nationwide Trust Co., FSB	Vanguard Balanced Index Adm	**	1,169,656
*	Nationwide Trust Co., FSB	Vanguard MC Index Fund Admiral Shares	**	118,342
*	Nationwide Trust Co., FSB	Vanguard Pacific Stock Index Adml	**	256,846
*	Nationwide Trust Co., FSB	Vanguard SC Index Fund Admiral Shares	**	54,245
*	Nationwide Trust Co., FSB	Vanguard Total Bond Mrkt Index Adm	**	27,828
*	Nationwide Trust Co., FSB	Vanguard Total Intl Stock Index Admiral	**	258,286

RITE OF PASSAGE, INC. 401(k) PLAN

PLAN NUMBER: 002 EIN: 88-0235002

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
Investments (Continued) -				
*	Nationwide Trust Co., FSB	T.Rowe Price Spectrum Mod Growth	** \$	46,310
*	Nationwide Trust Co., FSB	Vanguard Total Stock Mkt Idx Fund Adm	**	134,880
*	Nationwide Trust Co., FSB	Vannguard Explorer Adml	**	71,019
*	Nationwide Trust Co., FSB	Vanguard GNMA Adml	**	41,426
*	Nationwide Trust Co., FSB	Vanguard Inflation-Pro Securities Adml	**	3,401
*	Nationwide Trust Co., FSB	Vanguard International Growth Adml	**	244,994
*	Nationwide Trust Co., FSB	Vanguard Short-Term Federal Adml	**	3,632
*	Nationwide Trust Co., FSB	Vanguard Wellesley Income Admiral	**	55,085
*	Nationwide Trust Co., FSB	Vanguard Total Int. Bond Index Adml	**	12,534
*	Nationwide Trust Co., FSB	Lord Abbett Short Duration Income	**	5,249
*	Nationwide Trust Co., FSB	DFA US Large Cap Value Instl	**	8,359
*	Nationwide Trust Co., FSB	DFA US Small Cap Instl	**	26,619
*	Nationwide Trust Co., FSB	DFA US Targeted Value Instl	**	2,956
*	Nationwide Trust Co., FSB	Dodge & Cox International Stock Fund	**	258,757
*	Nationwide Trust Co., FSB	Cohen & Steers Real Estate Sec Instl	**	193,428
*	Nationwide Trust Co., FSB	Federal Human Resources	**	5
*	Nationwide Trust Co., FSB	Baird Core Plus Bond Inst	**	548,588
*	Nationwide Trust Co., FSB	TIAA CREF Lifecycle Index 2010 Instl	**	1,663
*	Nationwide Trust Co., FSB	TIAA CREF Lifecycle Index 2015 Instl	**	12,339
*	Nationwide Trust Co., FSB	TIAA CREF Lifecycle Index 2020 Instl	**	293,799
*	Nationwide Trust Co., FSB	TIAA CREF Lifecycle Index 2025 Instl	**	120,984
*	Nationwide Trust Co., FSB	TIAA CREF Lifecycle Index 2030 Instl	**	2,480,114
*	Nationwide Trust Co., FSB	TIAA CREF Lifecycle Index 2035 Instl	**	279,708
*	Nationwide Trust Co., FSB	TIAA CREF Lifecycle Index 2040 Instl	**	1,762,641
*	Nationwide Trust Co., FSB	TIAA CREF Lifecycle Index 2045 Instl	**	276,830
*	Nationwide Trust Co., FSB	TIAA CREF Lifecycle Index 2050 Instl	**	430,860
*	Nationwide Trust Co., FSB	TIAA CREF Lifecycle Index 2055 Instl	**	150,590
*	Nationwide Trust Co., FSB	TIAA CREF Lifecycle Index 2060 Instl	**	259,638
*	Nationwide Trust Co., FSB	TIAA CREF Lifecycle Index Retirement	**	2,326

RITE OF PASSAGE, INC. 401(k) PLAN

PLAN NUMBER: 002 EIN: 88-0235002

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
Investments (Continued) -				
*	Nationwide Trust Co., FSB	Artisan International Value Instl	**	1,765,128
*	Nationwide Trust Co., FSB	MFS Mid Cap R6	**	119,686
*	Nationwide Trust Co., FSB	PGIM Total Return Bond	**	158,644
*	Nationwide Trust Co., FSB	JPMorgan Equity Income	**	2,821,285
*	Nationwide Trust Co., FSB	Nationwide Loomis All Cap Growth	**	236,296
*	Nationwide Trust Co., FSB	JPMorgan Undis Behavioral Value	**	662,830
*	Nationwide Trust Co., FSB	Fidelity 500 Index Fund	**	406,816
*	Nationwide Trust Co., FSB	Fidelity International Index Fund	**	247,253
*	Nationwide Trust Co., FSB	Fidelity U.S. Bond Index Fund	**	249,393
*	Nationwide Trust Co., FSB	GuideStone Funds Emerging Equity	**	224,903
*	Nationwide Trust Co., FSB	Federated Hermes Instl HYBond Fund	**	125,170
*	Nationwide Trust Co., FSB	Goldman Sachs GQG Partners Int.	**	263,372
*	Nationwide Trust Co., FSB	Principal GRE Securities Fund	**	142,777
*	Nationwide Trust Co., FSB	Goldman Sachs GC Fixed Income	**	27
*	Nationwide Trust Co., FSB	Avantis U.S. SC Value Fund Instl	**	68,520
*	Nationwide Trust Co., FSB	Avantis U.S. LC Value Fund Instl	**	232,029
*	Nationwide Trust Co., FSB	Harbor International Growth Instl	**	661
*	Nationwide Trust Co., FSB	PIMCO Commodity Real Return Strat	**	110,958
*	Nationwide Trust Co., FSB	PIMCO Real Return Instl	**	97,857
*	Nationwide Trust Co., FSB	PIMCO StocksPLUS Small Cap Inst.	**	10,930
*	Nationwide Trust Co., FSB	American Funds 2030 TD Retire	**	35,331
*	Nationwide Trust Co., FSB	American Funds New World	**	651,509
*	Nationwide Trust Co., FSB	American Funds 2020 TD Retire	**	13,135
*	Nationwide Trust Co., FSB	Vanguard Selected Value Inv	**	14,373
				<u>26,951,928</u>
Fully benefit-responsive investment contract -				
*	NW Life Insurance Co.	Nationwide Fixed Select Option	**	3,560,742
		Total Investments		30,512,670
*	Participant Loans	4.25% -9.50%	-0-	614,278
		Total		<u>\$ 31,126,948</u>

* A party-in-interest as defined by ERISA

** Cost omitted for participant directed investments

RITE OF PASSAGE, INC. 401(k) PLAN

PLAN NUMBER: 002 EIN: 88-0235002

**SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
YEAR ENDED DECEMBER 31, 2023**

<u>Total that Constitute Nonexempt Prohibited Transactions***</u>				
Participant Contributions and Loan Repayments Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	Fully Corrected Under VFCP* and PTE** 2002-51
(1) \$ 471	\$ -	\$ 1	\$ -	\$ -
(2) 83,452	-	854	-	-
<u>\$ 83,923</u>	<u>\$ -</u>	<u>\$ 855</u>	<u>\$ -</u>	<u>\$ -</u>

* Voluntary Fiduciary Correction Program

** Prohibited Transaction Exemption

*** Nonexempt Prohibited Transactions represent lost earnings relating to delinquent contributions

(1) Contributions transferred late during the 2022 plan year.
Lost earnings remitted in 2023.(2) Contributions transferred late during the 2023 plan year.
Lost earnings remitted in 2024.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2023****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

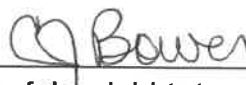
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ 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 RITE OF PASSAGE, INC. 401K PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 01/01/1998
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) RITE OF PASSAGE, INC. 2560 BUSINESS PKWY, STE. A MINDEN NV 89423-8961	2b Employer Identification Number (EIN) 88-0235002
	2c Plan Sponsor's telephone number 775-267-9411
	2d Business code (see instructions) 541600

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		8-15-24	Carolyn Jenkins-Bower
	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 (2023)
v. 2300728

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 1, 326
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 1, 140 6a(2) 1, 130 6b 24 6c 172 6d 1, 326 6e 0 6f 1, 326 6g(1) 642 6g(2) 709 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D	

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

RITE OF PASSAGE, INC. 401(k) PLAN

PLAN NUMBER: 002 EIN: 88-0235002

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

DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
Investments -				
*	Nationwide Trust Co., FSB	BlackRock Mid Cap Growth Equity Instl	** \$	601,165
*	Nationwide Trust Co., FSB	Fidelity Advisor China Region Instl	**	180,270
*	Nationwide Trust Co., FSB	Franklin Utilities Fund Advisor Class	**	6,498
*	Nationwide Trust Co., FSB	JPMorgan Growth Advantage	**	16,885
*	Nationwide Trust Co., FSB	American Beacon International Equity	**	774
*	Nationwide Trust Co., FSB	Lazard Intl Strat Eq Inst	**	1,504
*	Nationwide Trust Co., FSB	Legg Mason CB Large Cap Growth	**	3,007,345
*	Nationwide Trust Co., FSB	Victory Sycamore Established I	**	1,553,245
*	Nationwide Trust Co., FSB	BlackRock HY Bond Portfolio K	**	147,095
*	Nationwide Trust Co., FSB	BlackRock Total Return Fund	**	70,049
*	Nationwide Trust Co., FSB	PIMCO International Bond Fund	**	434,969
*	Nationwide Trust Co., FSB	DFA Emerging Markets Core Equity	**	201,844
*	Nationwide Trust Co., FSB	DFA Global Real Estate Securities	**	4,235
*	Nationwide Trust Co., FSB	JPMorgan LC Growth Fund Class R6	**	200,016
*	Nationwide Trust Co., FSB	NW Geneva Small Cap Growth Instl	**	979,453
*	Nationwide Trust Co., FSB	PIMCO StocksPLUS Intl Instl	**	6,198
*	Nationwide Trust Co., FSB	BlackRock Strategic Income Opps I	**	328
*	Nationwide Trust Co., FSB	AB Global Bond Fund	**	111,971
*	Nationwide Trust Co., FSB	Goldman Sachs Intl Small Cap Insight	**	29,294
*	Nationwide Trust Co., FSB	Clolumbia Convertible Securities Instl	**	328,501
*	Nationwide Trust Co., FSB	Columbia Select Large Cap Growth Instl	**	6,831
*	Nationwide Trust Co., FSB	Diamond Hill Mid Cap Fund	**	127,230
*	Nationwide Trust Co., FSB	Vanguard 500 Index Fund	**	663,408
*	Nationwide Trust Co., FSB	Vanguard Balanced Index Adm	**	1,169,656
*	Nationwide Trust Co., FSB	Vanguard MC Index Fund Admiral Shares	**	118,342
*	Nationwide Trust Co., FSB	Vanguard Pacific Stock Index Adml	**	256,846
*	Nationwide Trust Co., FSB	Vanguard SC Index Fund Admiral Shares	**	54,245
*	Nationwide Trust Co., FSB	Vanguard Total Bond Mrkt Index Adm	**	27,828
*	Nationwide Trust Co., FSB	Vanguard Total Intl Stock Index Admiral	**	258,286

RITE OF PASSAGE, INC. 401(k) PLAN

PLAN NUMBER: 002 EIN: 88-0235002

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
Investments (Continued) -				
*	Nationwide Trust Co., FSB	T.Rowe Price Spectrum Mod Growth	**	\$ 46,310
*	Nationwide Trust Co., FSB	Vanguard Total Stock Mkt Idx Fund Adm	**	134,880
*	Nationwide Trust Co., FSB	Vannguard Explorer Adml	**	71,019
*	Nationwide Trust Co., FSB	Vanguard GNMA Adml	**	41,426
*	Nationwide Trust Co., FSB	Vanguard Inflation-Pro Securities Adml	**	3,401
*	Nationwide Trust Co., FSB	Vanguard International Growth Adml	**	244,994
*	Nationwide Trust Co., FSB	Vanguard Short-Term Federal Adml	**	3,632
*	Nationwide Trust Co., FSB	Vanguard Wellesley Income Admiral	**	55,085
*	Nationwide Trust Co., FSB	Vanguard Total Int. Bond Index Adml	**	12,534
*	Nationwide Trust Co., FSB	Lord Abbett Short Duration Income	**	5,249
*	Nationwide Trust Co., FSB	DFA US Large Cap Value Instl	**	8,359
*	Nationwide Trust Co., FSB	DFA US Small Cap Instl	**	26,619
*	Nationwide Trust Co., FSB	DFA US Targeted Value Instl	**	2,956
*	Nationwide Trust Co., FSB	Dodge & Cox International Stock Fund	**	258,757
*	Nationwide Trust Co., FSB	Cohen & Steers Real Estate Sec Instl	**	193,428
*	Nationwide Trust Co., FSB	Federal Human Resources	**	5
*	Nationwide Trust Co., FSB	Baird Core Plus Bond Inst	**	548,588
*	Nationwide Trust Co., FSB	TIAA CREF Lifecycle Index 2010 Instl	**	1,663
*	Nationwide Trust Co., FSB	TIAA CREF Lifecycle Index 2015 Instl	**	12,339
*	Nationwide Trust Co., FSB	TIAA CREF Lifecycle Index 2020 Instl	**	293,799
*	Nationwide Trust Co., FSB	TIAA CREF Lifecycle Index 2025 Instl	**	120,984
*	Nationwide Trust Co., FSB	TIAA CREF Lifecycle Index 2030 Instl	**	2,480,114
*	Nationwide Trust Co., FSB	TIAA CREF Lifecycle Index 2035 Instl	**	279,708
*	Nationwide Trust Co., FSB	TIAA CREF Lifecycle Index 2040 Instl	**	1,762,641
*	Nationwide Trust Co., FSB	TIAA CREF Lifecycle Index 2045 Instl	**	276,830
*	Nationwide Trust Co., FSB	TIAA CREF Lifecycle Index 2050 Instl	**	430,860
*	Nationwide Trust Co., FSB	TIAA CREF Lifecycle Index 2055 Instl	**	150,590
*	Nationwide Trust Co., FSB	TIAA CREF Lifecycle Index 2060 Instl	**	259,638
*	Nationwide Trust Co., FSB	TIAA CREF Lifecycle Index Retirement	**	2,326

RITE OF PASSAGE, INC. 401(k) PLAN

PLAN NUMBER: 002 EIN: 88-0235002

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
Investments (Continued) -				
*	Nationwide Trust Co., FSB	Artisan International Value Instl	**	1,765,128
*	Nationwide Trust Co., FSB	MFS Mid Cap R6	**	119,686
*	Nationwide Trust Co., FSB	PGIM Total Return Bond	**	158,644
*	Nationwide Trust Co., FSB	JPMorgan Equity Income	**	2,821,285
*	Nationwide Trust Co., FSB	Nationwide Loomis All Cap Growth	**	236,296
*	Nationwide Trust Co., FSB	JPMorgan Undis Behavioral Value	**	662,830
*	Nationwide Trust Co., FSB	Fidelity 500 Index Fund	**	406,816
*	Nationwide Trust Co., FSB	Fidelity International Index Fund	**	247,253
*	Nationwide Trust Co., FSB	Fidelity U.S. Bond Index Fund	**	249,393
*	Nationwide Trust Co., FSB	GuideStone Funds Emerging Equity	**	224,903
*	Nationwide Trust Co., FSB	Federated Hermes Instl HYBond Fund	**	125,170
*	Nationwide Trust Co., FSB	Goldman Sachs GQG Partners Int.	**	263,372
*	Nationwide Trust Co., FSB	Principal GRE Securities Fund	**	142,777
*	Nationwide Trust Co., FSB	Goldman Sachs GC Fixed Income	**	27
*	Nationwide Trust Co., FSB	Avantis U.S. SC Value Fund Instl	**	68,520
*	Nationwide Trust Co., FSB	Avantis U.S. LC Value Fund Instl	**	232,029
*	Nationwide Trust Co., FSB	Harbor International Growth Instl	**	661
*	Nationwide Trust Co., FSB	PIMCO Commodity Real Return Strat	**	110,958
*	Nationwide Trust Co., FSB	PIMCO Real Return Instl	**	97,857
*	Nationwide Trust Co., FSB	PIMCO StocksPLUS Small Cap Inst.	**	10,930
*	Nationwide Trust Co., FSB	American Funds 2030 TD Retire	**	35,331
*	Nationwide Trust Co., FSB	American Funds New World	**	651,509
*	Nationwide Trust Co., FSB	American Funds 2020 TD Retire	**	13,135
*	Nationwide Trust Co., FSB	Vanguard Selected Value Inv	**	14,373
				<u>26,951,928</u>
Fully benefit-responsive investment contract -				
*	NW Life Insurance Co.	Nationwide Fixed Select Option	**	3,560,742
		Total Investments		30,512,670
*	Participant Loans	4.25% -9.50%	-0-	614,278
		Total		<u>\$ 31,126,948</u>

* A party-in-interest as defined by ERISA

** Cost omitted for participant directed investments