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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
INGLEWOOD PARK CEMETERY 401K PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2001

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)
INGLEWOOD PARK CEMETERY

P.O. BOX 6042
INGLEWOOD, CA 90312-6042

2b Employer Identification Number (EIN)
95-3755235

2c Plan Sponsor's telephone number
310-412-6500

2d Business code (see instructions)
812210

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.	08/19/2020	MARY GUZMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/19/2020	MARY GUZMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	315
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	291
a(2) Total number of active participants at the end of the plan year	**6a(2)**	277
b Retired or separated participants receiving benefits	**6b**	2
c Other retired or separated participants entitled to future benefits	**6c**	27
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	306
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	307
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	170
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2G 2J 2K 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
INGLEWOOD PARK CEMETERY 401K PLAN AND TRUST

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
INGLEWOOD PARK CEMETERY

D Employer Identification Number (EIN)
95-3755235

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).. . . . . [X] Yes [ ] No

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

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

FIDELITY INV INST OPERATIONS CO,INC

04-2647786

(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)

CAMBRIDGE INVESTMENT RESEARCH

42-1445429

(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?
49	ADVISOR	14142	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 64 65	RECORDKEEPER	1801	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEE ATTACHMENT TO SCHEDULE C	60	
(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.	
SEE ATTACHED 43-1804048	SEE ATTACHED	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
INGLEWOOD PARK CEMETERY 401K PLAN AND TRUST

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
INGLEWOOD PARK CEMETERY

D Employer Identification Number (EIN)
95-3755235

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4489	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	658000	689738
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	162110	232735
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5845222	7640411
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	6669821	8562884
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6669821	8562884

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)	268430	
	(B) Participants	2a(1)(B)	526488	
	(C) Others (including rollovers)	2a(1)(C)	312081	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1106999
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	10789	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	5675	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		16464
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	263317	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		263317
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		885557
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2272337
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	377473	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		377473
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	1801	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1801
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		379274
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1893063
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: WHITE, NELSON & COMPANY **(2)** EIN: 33-0686301

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

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

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

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

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

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

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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
INGLEWOOD PARK CEMETERY 401K PLAN AND TRUST

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
INGLEWOOD PARK CEMETERY

D Employer Identification Number (EIN)
95-3755235

Part I Distributions

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

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

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

EIN(s): 01-0233346 04-2647786

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

INGLEWOOD PARK CEMETERY
401(k) PLAN AND TRUST

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

YEAR ENDED DECEMBER 31, 2019

WITH INDEPENDENT AUDITORS' REPORT

EMPLOYER I.D. NUMBER: 95-3755235
PLAN NUMBER: 003

INGLEWOOD PARK CEMETERY 401(k) PLAN AND TRUST
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INDEPENDENT AUDITORS' REPORT

To the Participants and Plan Administrator of the
Inglewood Park Cemetery 401(k) Plan and Trust
Inglewood, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Inglewood Park Cemetery 401(k) Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of December 31, 2019 and 2018, and for the year ended December 31, 2019, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2019, is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

White Nelson Diehl Evans LLP

Irvine, California
August 13, 2020

INGLEWOOD PARK CEMETERY 401(k) PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

ASSETS

	2019	2018
Investments at Fair Value	$ 8,330,149	$ 6,503,222
Receivables:		
Employer contributions	-	4,489
Notes receivable from participants	232,735	162,110
Total Receivables	232,735	166,599
Net Assets Available for Benefits	$ 8,562,884	$ 6,669,821

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

INGLEWOOD PARK CEMETERY 401(k) PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2019

Additions to Net Assets Attributed to:	
Contributions:	
Participant	$ 526,488
Employer	268,430
Rollover	312,081
Total Contributions	1,106,999
Earnings on Investments:	
Net appreciation in fair value of investments	885,557
Interest and dividend income	274,106
Net Earnings on Investments	1,159,663
Interest Income on Notes Receivable from Participants	5,675
Total Additions to Net Assets Available for Benefits	2,272,337
Deductions from Net Assets Attributed to:	
Benefits paid to participants	377,473
Administrative expenses	1,801
Total Deductions to Net Assets Available for Benefits	379,274
Increase in Net Assets Available for Benefits	1,893,063
Net Assets Available for Benefits, December 31, 2018	6,669,821
Net Assets Available for Benefits, December 31, 2019	$ 8,562,884

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

Note 1: Description of the Plan

The following description of the Inglewood Park Cemetery 401(k) Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement or summary Plan description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan that was adopted by Inglewood Park Cemetery and subsidiaries (the "Company"), effective January 1, 2001, and is subject to the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code of 1986 ("IRC"), as amended. The purpose of the Plan is to provide retirement benefits for all employees who meet the Plan's eligibility requirements. The Plan is administered by a third-party administrator appointed by the Company.

Contributions

Participants may elect to contribute up to 100% of their pretax annual compensation not to exceed the maximum deferral limitation, as defined in the IRC. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans, which are presented as rollover contributions in the statement of changes in net assets available for benefits. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company may contribute a safe harbor matching contribution equal to 100% of the first 3% of the participant's compensation, which is deferred as an elective deferral, and 50% of the next 2% of the participant's compensation, which is deferred as an elective deferral. For the year ended December 31, 2019, the Company's safe harbor contributions totaled $268,430. In addition, the Company may make profit-sharing contributions at the discretion of the Board of Directors. The Company elected not to make a discretionary profit-sharing contribution for the year ended December 31, 2019.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service.

Note 1: Description of the Plan (Continued)

Vesting (Continued)

For discretionary profit-sharing contributions, participants become vested at a rate of 50% per year after two years of continual service and are considered 100% vested after three years of service. Participants are 100% vested in safe harbor contributions. For vesting purposes, continual service is considered to be a minimum of 1,000 hours during the Plan year.

Notes Receivable from Participants

Participants may borrow against their Plan account balance within Plan guidelines. Loan terms are at the discretion of the borrower but generally cannot exceed five years with the exception of loans used to purchase a primary residence. The loan amount can be a minimum of $1,000 but cannot exceed the lesser of (a) $50,000 or (b) one-half of the participant's vested account balance under the Plan. Interest is charged on the outstanding balance at rates determined by the plan administrator based on prevailing interest rates. Principal and interest are paid ratably through payroll deductions. The loans are secured by the vested account balance in the participant's account, and a participant can only have one outstanding loan at any time.

Benefit Payments

Upon termination of service, a participant may elect to receive either a lump-sum distribution equal to the vested portion of his or her account or installments over a period of not more than the participant's or beneficiary's life expectancy. For installment payments, the lump-sum value will be either segregated and separately invested by the custodian or it will be invested in a nontransferable annuity. Vested balances less than $1,000 may be distributed in a lump-sum amount without the participant's consent, and vested balances between $1,000 and $5,000 may be automatically rolled into a qualified individual retirement account in the participant's name without his or her consent. Additionally, under certain circumstances of financial hardship or upon reaching retirement age, participants are allowed to withdraw their funds from the Plan.

Forfeitures

Forfeitures of the employee's unvested portion of the Company's contributions are first used to pay administrative expenses of the Plan, and any remaining forfeitures are used to reduce employer contributions or reallocated to each eligible participant's account in the ratio that each eligible participant's compensation bears to the total compensation of all eligible participants. At December 31, 2019 and 2018, forfeited unvested accounts amounted to $18,706 and $0, respectively.

Note 1: Description of the Plan (Continued)

Administrative Expenses

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee received compensation from the Plan. The majority of administrative expenses incurred by the Plan are absorbed by the Plan sponsor except for fees related to contract administration and service fees, which are deducted from the applicable participants' accounts, and participation fees, which are allocated to individuals proportionally based on their relative account balance.

Investment management fees and operating expenses charged to the Plan for investments in the various funds are deducted from income earned on a daily basis and are reflected as a component of net appreciation (depreciation) in fair value of investments.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("US GAAP"). References to the "ASC" hereafter refer to the Accounting Standards Codification established by the Financial Accounting Standards Board ("FASB") as the source of authoritative US GAAP.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value at December 31, 2019 and 2018. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

Purchases and sales of investments are recorded as of the trade date. Interest income is recorded on the accrual basis. Dividends are accrued as of the ex-dividend date. Capital gains and/or losses are reported the day after the trade date.

Net realized and unrealized appreciation (depreciation) is recorded in the accompanying statement of changes in net assets available for benefits as net appreciation in fair value of investments.

Brokerage fees are added to the acquisition costs of assets purchased and subtracted from the proceeds of assets sold.

Note 2: Summary of Significant Accounting Policies (Continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit loss has been recorded as of December 31, 2019 and 2018. Delinquent participant loans are reclassified as distributions based upon terms of the Plan document.

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

Use of Estimates

The preparation of financial statements in accordance with US GAAP requires the use of estimates and assumptions regarding certain types of assets, liabilities, revenues and gains, and expenses and losses. Such estimates primarily relate to unsettled transactions and events as of the date of the financial statements. Accordingly, upon settlement, actual results may differ from those estimated amounts.

Note 3: Concentrations, Risks, and Uncertainties

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

Note 4: Information Prepared and Certified by the Custodian

Certain information disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2019 and 2018, and net appreciation in fair value of investments and interest and dividend income for the year ended December 31, 2019, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Fidelity Management Trust Company ("Fidelity"), the custodian of the Plan.

Note 5: Fair Value Measurements

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 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;
- Inputs other than quoted prices that are observable for the asset or liability; or
- 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's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2019 and 2018.

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

Note 5: Fair Value Measurements (Continued)

The preceding method may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation 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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value on a recurring basis as of December 31, 2019:

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 8,330,149	$ -	$ -	$ 8,330,149

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value on a recurring basis as of December 31, 2018:

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 6,503,222	$ -	$ -	$ 6,503,222

Note 6: Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, all participants would become fully vested in their accounts.

Note 7: Withdrawn Participants

At December 31, 2019 and 2018, there were no amounts allocated to accounts of persons who have elected to withdraw from the Plan but have not been paid.

Note 8: Tax Status

The Plan is based on the Volume Submitter Profit Sharing Plan under a cash or deferred arrangement with Fidelity, the custodian of the Plan, which received a determination letter from the Internal Revenue Service ("IRS") dated March 31, 2014, stating that the volume submitter plan was designed in accordance with the provisions of the IRC. The Plan has subsequently been amended since receiving the determination letter; however, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. The related trust, therefore, is not subject to tax under present income tax law.

Note 8: Tax Status (Continued)

US GAAP requires Plan management to evaluate tax positions taken by the Plan and to recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan; it has concluded that as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9: Party-in-Interest Transactions

Plan investments in mutual funds are managed by Fidelity, the custodian as defined by the Plan, and therefore, these investments qualify as party-in-interest transactions. Notes receivable from participants represent loans to employees and therefore also qualify as party-in-interest transactions. The Plan also has a number of service providers. Such providers were parties in interest under ERISA.

Note 10: Subsequent Events

The Plan has evaluated subsequent events through August 13, 2020, the date the financial statements were available to be issued.

On January 30, 2020, the World Health Organization ("WHO") announced a global health emergency because of an outbreak of a new strain of coronavirus ("COVID-19"). In March 2020, the WHO classified the COVID-19 outbreak as a pandemic based on the rapid increase of the virus and its global exposure.

The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. The pandemic has adversely affected global economic activity and greatly contributed to significant deterioration and instability in financial markets. As a result, the Plan's investment portfolio has experienced significant volatility in fair value since December 31, 2019. Because the values of the Plan's individual investments have and will continue to fluctuate in response to changing market conditions, the amount of loss for subsequent periods, if any, and related impact on the Plan's liquidity cannot be determined at this time.

On March 27, 2020, President Trump signed into law the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act"). The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants. Plan management is currently evaluating the impact of the CARES Act on the Plan's financial statements.

SUPPLEMENTAL SCHEDULE

INGLEWOOD PARK CEMETERY 401(k) PLAN AND TRUST
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2019

Form 5500, Schedule H, Line 4i
Employer I.D.: #95-3755235
Plan: #003

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	Mutual Funds			
	T. Rowe Price	T. Rowe Price Spectrum Income	$ -	$ 130,500
	Wells Fargo Funds	Wells Fargo Special Mid Cap Value R	-	1,310
	Legg Mason	ClearBridge Small Cap R	-	1,136
	BlackRock	BlackRock High Yield Bond R	-	563
	Columbia Threadneedle	Columbia Overseas Value A	-	6,219
	Baird Advisors	Baird Core Plus Bond I	-	21,490
	Alliance Bernstein	AB Global Bond A	-	2,196
	JPMorgan	JPMorgan Small Cap Core R5	-	1,086
	MFS	MFS Growth R3	-	89,085
	American Funds	American Mutual R4	-	10,328
	T. Rowe Price	T. Rowe Price International Stock R	-	1,141
	Janus Henderson	Janus Henderson Triton R	-	1,100
	MFS	MFS Value R2	-	2,162
	Cohen & Steers	Cohen & Steers Real Estate Securities R	-	4,175
	American Funds	American Funds Target Date 2060 R3	-	957
	MFS	MFS Mid Cap Growth R3	-	11,067
	American Funds	American Funds Target Date 2010 R3	-	187,196
	American Funds	American Funds Target Date 2015 R3	-	396,516
	American Funds	American Funds Target Date 2020 R3	-	1,174,030
	American Funds	American Funds Target Date 2025 R3	-	1,208,184
	American Funds	American Funds Target Date 2030 R3	-	2,281,301
	American Funds	American Funds Target Date 2035 R3	-	753,097
	American Funds	American Funds Target Date 2040 R3	-	360,927
	American Funds	American Funds Target Date 2045 R3	-	271,854
	American Funds	American Funds Target Date 2050 R3	-	158,269
	American Funds	American Funds Target Date 2055 R3	-	35,427
	Legg Mason	ClearBridge Large Cap Growth R	-	3,663
	Loomis Sayles	Loomis Sayles Global Allocation A	-	1,820
	Goldman Sachs	Goldman Sachs Small Cap Value Insights A	-	2,135
*	Fidelity Investments	Fidelity Advisor Utilities A	-	1,847
*	Fidelity Investments	Fidelity Advisor Emerging Markets A	-	1,141
*	Fidelity Investments	Fidelity Advisor Total Bond A	-	915
*	Fidelity Investments	Fidelity US Bond Index	-	149,145
*	Fidelity Investments	Fidelity 500 Index	-	226,175
*	Fidelity Investments	Fidelity Emerging Markets Index	-	2,636
*	Fidelity Investments	Fidelity Global ex US Index	-	64,671
*	Fidelity Investments	Fidelity Mid Cap Index	-	72,638
*	Fidelity Investments	Fidelity Small Cap Index	-	2,309
*	Fidelity Investments	Fidelity Government Money Market Fund Daily Money	-	689,738
*	Participant Loans	Interest Rates Ranging from 3.25% to 5.50%, and Maturities Ranging from February 2020 through April 2028	-	232,735
	Total Assets Held for Investment		$ -	$ 8,562,884

* Party in Interest
** Cost Information Excluded as Permitted for All Participant-Directed Accounts

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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
INGLEWOOD PARK CEMETERY 401K PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2001

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)

INGLEWOOD PARK CEMETERY

P.O. BOX 6042

INGLEWOOD CA 90312-6042

2b Employer Identification Number (EIN)
95-3755235

2c Plan Sponsor's telephone number
310-412-6500

2d Business code (see instructions)
812210

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	Mary Guzman	8-19-20	Mary Guzman
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Mary Guzman	8-19-20	Mary Guzman
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	315
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	291
a(2) Total number of active participants at the end of the plan year	**6a(2)**	277
b Retired or separated participants receiving benefits	**6b**	2
c Other retired or separated participants entitled to future benefits	**6c**	27
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	306
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**	**6f**	307
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	170
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2G 2J 2K 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)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ] ___	**A** (Insurance Information)
(4)	[X]	**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 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	AF TRGT DATE 2010 R3 - AMERICAN FUNDS SERVICE CO	95-2566717	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	AF TRGT DATE 2015 R3 - AMERICAN FUNDS SERVICE CO	95-2566717	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	AF TRGT DATE 2020 R3 - AMERICAN FUNDS SERVICE CO	95-2566717	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	AF TRGT DATE 2025 R3 - AMERICAN FUNDS SERVICE CO	95-2566717	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	AF TRGT DATE 2030 R3 - AMERICAN FUNDS SERVICE CO	95-2566717	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	AF TRGT DATE 2035 R3 - AMERICAN FUNDS SERVICE CO	95-2566717	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	AF TRGT DATE 2040 R3 - AMERICAN FUNDS SERVICE CO	95-2566717	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	AF TRGT DATE 2045 R3 - AMERICAN FUNDS SERVICE CO	95-2566717	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	AF TRGT DATE 2050 R3 - AMERICAN FUNDS SERVICE CO	95-2566717	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	AF TRGT DATE 2055 R3 - AMERICAN FUNDS SERVICE CO	95-2566717	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	AF TRGT DATE 2060 R3 - AMERICAN FUNDS SERVICE CO	95-2566717	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	BAIRD CORE PLUS INST - US BANCORP FUND SERVICES, LLC	39-0281260	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	BLKRK HIGH YLD BD R - BNY MELLON INVESTMENT SERVICING (US) INC.	P.O. BOX 9793 PROVIDENCE RI US 02940	0.25%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	C&S REAL ESTATE R - BOSTON FINANCIAL DATA SERVICES, INC.	P.O. BOX 8480 BOSTON MA US 02266	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	CB SMALL CAP R - BNY MELLON INVESTMENT SERVICING (US) INC.	P.O. BOX 9793 PROVIDENCE RI US 02940	0.20%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	CBA LG CAP GR R - BNY MELLON INVESTMENT SERVICING (US) INC.	P.O. BOX 9793 PROVIDENCE RI US 02940	0.25%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	COL OVERSEAS VAL A - COLUMBIA MGT INVESTMENT SERVICES CORP	SEE NOTE *2	0.25%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	FRANKLIN UTILITIES R - FRANKLIN TEMPLETON INVESTOR SRVCS LLC	94-3167260	0.25%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	GS SM CP VAL INS A - GOLDMAN SACHS & CO. LLC	13-5108880	0.25%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	HARTFORD MID CAP R3 - HARTFORD ADMINISTRATIVE SERVICES CO	41-0679409	0.25%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	I O GLOBAL A - INVESCO INVESTMENT SERVICES, INC	11 GREENWAY PLAZA, SUITE 100 HOUSTON TX US 77046	0.25%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	I O MAIN STREET R - INVESCO INVESTMENT SERVICES, INC	11 GREENWAY PLAZA, SUITE 100 HOUSTON TX US 77046	0.25%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	INVS DIVRS DIVIDND R - INVESCO INVESTMENT SERVICES, INC	11 GREENWAY PLAZA, SUITE 100 HOUSTON TX US 77046	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	J H TRITON R - JANUS SERVICES LLC	43-1804048	0.25%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	JPM SM CAP CORE R5 - DST ASSET MANAGER SOLUTIONS, INC	430 W 7TH STREET STE 219432 KANSAS CITY MO US 64105	0.25%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	LS GLOBAL ALLOC A - DST ASSET MANAGER SOLUTIONS, INC	430 W 7TH STREET STE 219432 KANSAS CITY MO US 64105	0.30%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	MFS GROWTH R3 - MFS SERVICE CENTER INC.	04-2865649	0.25%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	MFS INTL DIVRSN R3 - MFS SERVICE CENTER INC.	04-2865649	0.25%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	MFS MID CAP GRTH R3 - MFS SERVICE CENTER INC.	04-2865649	0.25%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	MFS VALUE R2 - MFS SERVICE CENTER INC.	04-2865649	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	NUVEEN SM CP VAL R3 - DST ASSET MANAGER SOLUTIONS, INC	430 W 7TH STREET STE 219432 KANSAS CITY MO US 64105	0.25%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	TEMPLETON FOREIGN R - FRANKLIN TEMPLETON INVESTOR SRVCS LLC	94-3167260	0.25%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	TRP INTL STOCK R - T. ROWE PRICE SERVICES INC	52-2269240	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	TRP SPECTRUM INCOME - T. ROWE PRICE SERVICES INC	52-2269240	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	WF SPL MID CAP VAL R - DST ASSET MANAGER SOLUTIONS, INC	430 W 7TH STREET STE 219432 KANSAS CITY MO US 64105	0.25%

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0186	FA UTILITIES A - FIDELITY SELECTCO, LLC	FUGAX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.54%
0186	FA UTILITIES A - FIDELITY DISTRIBUTORS CORPORATION	FUGAX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$1.00
1286	FA EMERG MARKETS A - FIDELITY MANAGEMENT & RESEARCH COMPANY	FAMKX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.79%
1286	FA EMERG MARKETS A - FIDELITY DISTRIBUTORS CORPORATION	FAMKX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$2.00
1341	FA TOTAL BOND A - FIDELITY MANAGEMENT & RESEARCH COMPANY	FEPAX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.30%

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
1341	FA TOTAL BOND A - FIDELITY DISTRIBUTORS CORPORATION	FEPAX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$0.00
2326	FID US BOND IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY	FXNAX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.02%
2328	FID 500 INDEX - FIDELITY MANAGEMENT & RESEARCH COMPANY	FXAIX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.01%
2344	FID EMRG MKTS IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY	FPADX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.08%
2348	FID GLB EX US IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY	FSGGX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.06%

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
2352	FID MID CAP IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY	FSMDX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.03%
2358	FID SM CAP IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY	FSSNX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.03%
2740	FID GOVT MMKT DM - FIDELITY MANAGEMENT & RESEARCH COMPANY	FZBXX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.25%
2740	FID GOVT MMKT DM - FIDELITY DISTRIBUTORS CORPORATION	FZBXX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$1,674.00
OEST	BLKRK HIGH YLD BD R - BLACKROCK ADVISORS LLC	BHYRX	BLACKROCK	FUND MANAGEMENT	0.41%

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
OEST	BLKRK HIGH YLD BD R - BLACKROCK INVESTMENTS, LLC	BHYRX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$1.00
OF2R	TRP SPECTRUM INCOME - T. ROWE PRICE ASSOCIATES, INC.	RPSIX	T. ROWE PRICE	SEE NOTE *2	0.62%*4
OIJ8	WF SPL MID CAP VAL R - WELLS FARGO FUNDS MANAGEMENT LLC	WFHHX	WELLS FARGO FUNDS	FUND MANAGEMENT	0.67%
OIJ8	WF SPL MID CAP VAL R - WELLS FARGO FUNDS DISTRIBUTOR, LLC	WFHHX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$2.00
OILS	COL OVERSEAS VAL A - COLUMBIA MGMT INVESTMENT ADVISERS, LLC	COAVX	COLUMBIA	FUND MANAGEMENT	0.82%

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
OILS	COL OVERSEAS VAL A - COLUMBIA MGT INVEST DISTRIBUTORS, INC	COAVX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$3.00
OIYQ	CB SMALL CAP R - CLEARBRIDGE INVESTMENTS, LLC	LMARX	LEGG MASON	FUND MANAGEMENT	0.70%
OIYQ	CB SMALL CAP R - LEGG MASON INVESTOR SERVICES, LLC	LMARX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$3.00
OKL8	BAIRD CORE PLUS INST - ROBERT W. BAIRD & CO. INCORPORATED	BCOIX	BAIRD	FUND MANAGEMENT	0.25%
OMOR	I O GLOBAL A - INVESCO ADVISERS, INC.	OPPAX	INVESCO	FUND MANAGEMENT	0.65%

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
OMOR	I O GLOBAL A - INVESCO DISTRIBUTORS INC	OPPAX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$2.00
OSV7	AB GLOBAL BOND A - ALLIANCEBERNSTEIN L. P.	ANAGX	ALLIANCEBERNSTEIN	FUND MANAGEMENT	0.45%
OSV7	AB GLOBAL BOND A - ALLIANCEBERNSTEIN INVESTMENTS. INC.	ANAGX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$19.00
OU5P	JPM SM CAP CORE R5 - J.P. MORGAN INVESTMENT MANAGEMENT, INC.	VSSCX	JPMORGAN	FUND MANAGEMENT	0.65%
OUCE	MFS GROWTH R3 - MASSACHUSETTS FINANCIAL SERVICES COMPANY	MFEHX	MFS	FUND MANAGEMENT	0.55%

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
OUCE	MFS GROWTH R3 - MFS FUND DISTRIBUTORS INC	MFEHX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$259.00
OUCG	MFS INTL DIVRSN R3 - MASSACHUSETTS FINANCIAL SERVICES COMPANY	MDIHX	MFS	SEE NOTE *2	1.11%*4
OUCG	MFS INTL DIVRSN R3 - MFS FUND DISTRIBUTORS INC	MDIHX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$1.00
OUFV	AF AMER MUTUAL R4 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RMFEX	AMERICAN FUNDS	FUND MANAGEMENT	0.24%
OUFV	AF AMER MUTUAL R4 - AMERICAN FUNDS DISTRIBUTORS INC	RMFEX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$6.00

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
OUKX	HARTFORD MID CAP R3 - HARTFORD FUNDS MANAGEMENT COMPANY, LLC	HFMRX	HARTFORD MUTUAL FUNDS	FUND MANAGEMENT	0.71%
OUKX	HARTFORD MID CAP R3 - HARTFORD FUNDS DISTRIBUTORS, LLC	HFMRX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$2.00
OUSG	TRP INTL STOCK R - T. ROWE PRICE ASSOCIATES, INC.	RRITX	T. ROWE PRICE	FUND MANAGEMENT	0.64%
OUSG	TRP INTL STOCK R - T. ROWE PRICE INVESTMENT SERVICES, INC.	RRITX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$1.00
OUUI	NUVEEN SM CP VAL R3 - NUVEEN FUND ADVISORS, LLC.	FSVSX	NUVEEN	FUND MANAGEMENT	0.77%

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
OUUI	NUVEEN SM CP VAL R3 - NUVEEN SECURITIES, LLC	FSVSX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$2.00
OUVN	J H TRITON R - JANUS HENDERSON DISTRIBUTORS	JGMRX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$4.00
OUVN	J H TRITON R - JANUS CAPITAL MANAGEMENT LLC	JGMRX	JANUS HENDERSON	FUND MANAGEMENT	0.64%
OUYJ	MFS VALUE R2 - MASSACHUSETTS FINANCIAL SERVICES COMPANY	MVRRX	MFS	FUND MANAGEMENT	0.46%
OUYJ	MFS VALUE R2 - MFS FUND DISTRIBUTORS INC	MVRRX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$3.00

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
OUYR	INVS DIVRS DIVIDND R - INVESCO ADVISERS, INC.	DDFRX	INVESCO	FUND MANAGEMENT	0.38%
OUYR	INVS DIVRS DIVIDND R - INVESCO DISTRIBUTORS INC	DDFRX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$2.00
OUZV	FRANKLIN UTILITIES R - FRANKLIN TEMPLETON DISTRIBUTORS INC	FRURX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$15.00
OUZV	FRANKLIN UTILITIES R - FRANKLIN ADVISERS, INC.	FRURX	FRANKLIN TEMPLETON INVESTMENTS	FUND MANAGEMENT	0.46%
OUZX	TEMPLETON FOREIGN R - TEMPLETON GLOBAL ADVISORS LIMITED	TEFRX	FRANKLIN TEMPLETON INVESTMENTS	FUND MANAGEMENT	0.69%

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
OUZX	TEMPLETON FOREIGN R - FRANKLIN TEMPLETON DISTRIBUTORS INC	TEFRX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$2.00
OV4D	C&S REAL ESTATE R - COHEN & STEERS CAPITAL MANAGEMENT, INC.	CIRRX	COHEN & STEERS	FUND MANAGEMENT	0.68%
OV4D	C&S REAL ESTATE R - COHEN & STEERS SECURITIES, LLC	CIRRX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$6.00
OV4L	AF CAP WORLD BOND R3 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RCWCX	AMERICAN FUNDS	FUND MANAGEMENT	0.44%
OV4L	AF CAP WORLD BOND R3 - AMERICAN FUNDS DISTRIBUTORS INC	RCWCX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$126.00

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
OV7V	AF TRGT DATE 2060 R3 - AMERICAN FUNDS DISTRIBUTORS INC	RCNTX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$4.00
OV7V	AF TRGT DATE 2060 R3 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RCNTX	AMERICAN FUNDS	SEE NOTE *2	1.09%*4
OVLA	MFS MID CAP GRTH R3 - MASSACHUSETTS FINANCIAL SERVICES COMPANY	OTCHX	MFS	FUND MANAGEMENT	0.71%
OVLA	MFS MID CAP GRTH R3 - MFS FUND DISTRIBUTORS INC	OTCHX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$4.00
OVQE	AF TRGT DATE 2010 R3 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RCATX	AMERICAN FUNDS	SEE NOTE *2	0.99%*4

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
OVQE	AF TRGT DATE 2010 R3 - AMERICAN FUNDS DISTRIBUTORS INC	RCATX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$769.00
OVQF	AF TRGT DATE 2015 R3 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RCJTX	AMERICAN FUNDS	SEE NOTE *2	0.99%*4
OVQF	AF TRGT DATE 2015 R3 - AMERICAN FUNDS DISTRIBUTORS INC	RCJTX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$1,913.00
OVQG	AF TRGT DATE 2020 R3 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RCCTX	AMERICAN FUNDS	SEE NOTE *2	0.99%*4
OVQG	AF TRGT DATE 2020 R3 - AMERICAN FUNDS DISTRIBUTORS INC	RCCTX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$5,557.00

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
OVQH	AF TRGT DATE 2025 R3 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RCDTX	AMERICAN FUNDS	SEE NOTE *2	1.01%*4
OVQH	AF TRGT DATE 2025 R3 - AMERICAN FUNDS DISTRIBUTORS INC	RCDTX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$5,517.00
OVQI	AF TRGT DATE 2030 R3 - AMERICAN FUNDS DISTRIBUTORS INC	RCETX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$9,654.00
OVQI	AF TRGT DATE 2030 R3 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RCETX	AMERICAN FUNDS	SEE NOTE *2	1.03%*4
OVQJ	AF TRGT DATE 2035 R3 - AMERICAN FUNDS DISTRIBUTORS INC	RCFTX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$3,255.00

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
OVQJ	AF TRGT DATE 2035 R3 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RCFTX	AMERICAN FUNDS	SEE NOTE *2	1.04%*4
OVQK	AF TRGT DATE 2040 R3 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RCKTX	AMERICAN FUNDS	SEE NOTE *2	1.05%*4
OVQK	AF TRGT DATE 2040 R3 - AMERICAN FUNDS DISTRIBUTORS INC	RCKTX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$1,381.00
OVQL	AF TRGT DATE 2045 R3 - AMERICAN FUNDS DISTRIBUTORS INC	RCHTX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$1,161.00
OVQL	AF TRGT DATE 2045 R3 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RCHTX	AMERICAN FUNDS	SEE NOTE *2	1.05%*4

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
OVQM	AF TRGT DATE 2050 R3 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RCITX	AMERICAN FUNDS	SEE NOTE *2	1.07%*4
OVQM	AF TRGT DATE 2050 R3 - AMERICAN FUNDS DISTRIBUTORS INC	RCITX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$640.00
OVQN	AF TRGT DATE 2055 R3 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RCMTX	AMERICAN FUNDS	SEE NOTE *2	1.07%*4
OVQN	AF TRGT DATE 2055 R3 - AMERICAN FUNDS DISTRIBUTORS INC	RCMTX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$104.00
OVU6	CBA LG CAP GR R - LEGG MASON PARTNERS FUND ADVISOR, LLC	LMPLX	LEGG MASON	FUND MANAGEMENT	0.63%

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
OVU6	CBA LG CAP GR R - LEGG MASON INVESTOR SERVICES, LLC	LMPLX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$6.00
OY1B	LS GLOBAL ALLOC A - LOOMIS SAYLES & COMPANY LP	LGMAX	NATIXIS FUNDS	FUND MANAGEMENT	0.75%
OY3E	I O MAIN STREET R - INVESCO ADVISERS, INC.	OMGNX	INVESCO	FUND MANAGEMENT	0.46%
OY3E	I O MAIN STREET R - INVESCO DISTRIBUTORS INC	OMGNX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$2.00
OYH1	ABF SM CAP VALUE A - RESOLUTE INVESTMENT DISTRIBUTORS, INC	ABSAX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$1.00

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
OYH1	ABF SM CAP VALUE A - AMERICAN BEACON ADVISORS INC	ABSAX	AMERICAN BEACON	FUND MANAGEMENT	0.73%
OYWE	GS SM CP VAL INS A - GOLDMAN SACHS ASSET MANAGEMENT, L.P.	GSATX	GOLDMAN SACHS	FUND MANAGEMENT	0.80%
OYWE	GS SM CP VAL INS A - GOLDMAN SACHS & CO. LLC	GSATX	NATIONAL FINANCIAL SERVICES LLC	PAYING AGENT	$1.00

SCHEDULE C SUPPLEMENTAL REPORT

*1 If EIN is provided, Address will not be provided. If EIN is not available and Address is available, the Address will be displayed. If neither EIN nor Address is available "See Note *2" will be displayed.

*2 Disclosures in this report are intended to satisfy the alternative reporting option. If complete information for non-Fidelity funds and/or other third party service providers related to compensation is not available, more information for the annual operating expenses of the fund may be found in the Fee Table of the Fund Summary section of each prospectus and/or statement of additional information. In addition, information about the services provided and the identity of the entities performing services with respect to each fund may be found in the Fund Services section of each prospectus. If the compensation being reported relates to a Fidelity fund, more information for the annual operating expenses of the fund may be found in the Fee section of one or more of the following sources: investment management agreement, trust agreement, collective trust participation agreement, commingled pool participation agreement, mutual fund prospectus, statement of additional information, the fund's investment manager or annuity provider.

*3 For Self-Directed Brokerage Investments, each fund family may offer an indirect support fee paid to Fidelity Investments. Each indirect support fee paid by a fund may differ depending on the form of investment. Please contact your Fidelity representative to receive information on indirect support fees for your Self- Directed Brokerage Investments.

*4 Net Expense Ratio is displayed.

*5 Gross Expense Ratio is displayed.

*6 Disclosures in this report are intended to satisfy the alternative reporting option. If complete information for this Fund is not available, the fee information for the annual operating expenses and/or information about the services provided and identity of the entities performing the services can be found in the Fee section of one or more of the following sources: investment management agreement, trust agreement, collective trust participation agreement, commingled pool participation agreement, mutual fund prospectus, the fund's investment manager or annuity provider.

Additional Information:

Fidelity may have provided non-monetary compensation, such as meals or business entertainment, to associates or service providers during the plan year for which this data is being reported. If you believe there are associates or plan service providers who have received total non-monetary compensation, from all sources of $5,000 or more, that are not reflected on this report, you may contact your Fidelity representative and ask for a detailed summary of non-monetary compensation provided during the plan year. For additional information, please refer to the Auditor's Guide.

Fidelity utilizes omnibus accounts at unaffiliated banks to facilitate transactions for the defined contribution plans it services as set forth in your trust or service agreement or letter of authorization. If markets permit, omnibus account balances are invested in short-term investments that generally earn a rate approximating the Target Federal Funds Rate and/or money market rates. These earnings are called "float" and are considered eligible indirect compensation for purposes of Schedule C. Fidelity uses these earnings to pay bank fees and make other required adjustments and generally retains any float earnings that exceed such fees and adjustments. Fidelity is responsible for paying bank fees to the extent they exceed float earnings.

Since the amount of float generated depends on the length of time that assets are held in the omnibus accounts, Fidelity adheres to the following specific time frames within which cash pending investment or distribution is held:

SCHEDULE C SUPPLEMENTAL REPORT

- If contributions are received by Fidelity in good order before the close of trading, Fidelity executes transactions in the investment options as of that day's closing price (the "transaction date" or "T"). Settlement of trades for most investment options occurs on the following business day ("T+1") or, in the case of certain securities including company stock, on T+2 (prior to September 5, 2017 the settlement period for certain securities including company stock was T+3).
- Exchange requests received by Fidelity in good order before the close of trading are processed in that day's nightly cycle. If investment options have identical settlement rules, exchanges between them generate no overnight balances, as money is received from one investment option and conveyed to another investment option on the same business day. If investment options have different settlement rules, balances attributable to exchanges may remain in the omnibus account for a few days if FMTC serves as trustee of the plan.
- Disbursement requests received in good order before the close of trading are processed in that day's nightly cycle, and reflected as debits from participant accounts as of that date ("T"). Proceeds attributable to disbursements are received from investment options or from the unaffiliated Plan trustee based on the settlement period for the investment options. Disbursements are made to participants on T+2 either through electronic funds transfers or by mailing a check. Disbursement proceeds distributed by check remain in the omnibus account until the check is presented for payment.

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

Name of Plan:

► INGLEWOOD PARK CEMETERY 401(K) SAVINGS PLAN

Employer Identification Number:► 95-3755235

For plan year (beginning/ending):► 01-01-2019 / 12-31-2019 Plan number: 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	FIDELITY INVESTMENTS	BLKRK HIGH YLD BD R		$562.89
*	FIDELITY INVESTMENTS	TRP SPECTRUM INCOME		$130,500.47
*	FIDELITY INVESTMENTS	WF SPL MID CAP VAL R		$1,310.21
*	FIDELITY INVESTMENTS	COL OVERSEAS VAL A		$6,218.86
*	FIDELITY INVESTMENTS	CB SMALL CAP R		$1,135.87
*	FIDELITY INVESTMENTS	BAIRD CORE PLUS INST		$21,490.33
*	FIDELITY INVESTMENTS	I O GLOBAL A		$0.00
*	FIDELITY INVESTMENTS	AB GLOBAL BOND A		$2,196.37
*	FIDELITY INVESTMENTS	JPM SM CAP CORE R5		$1,085.80
*	FIDELITY INVESTMENTS	MFS GROWTH R3		$89,085.36
*	FIDELITY INVESTMENTS	MFS INTL DIVRSN R3		$0.00
*	FIDELITY INVESTMENTS	AF AMER MUTUAL R4		$10,328.27
*	FIDELITY INVESTMENTS	HARTFORD MID CAP R3		$0.00
*	FIDELITY INVESTMENTS	TRP INTL STOCK R		$1,141.17
*	FIDELITY INVESTMENTS	NUVEEN SM CP VAL R3		$0.00
*	FIDELITY INVESTMENTS	J H TRITON R		$1,099.65
*	FIDELITY INVESTMENTS	MFS VALUE R2		$2,161.65
*	FIDELITY INVESTMENTS	INVS DIVRS DIVIDND R		$0.00
*	FIDELITY INVESTMENTS	FRANKLIN UTILITIES R		$0.00
*	FIDELITY INVESTMENTS	TEMPLETON FOREIGN R		$0.00
*	FIDELITY INVESTMENTS	C&S REAL ESTATE R		$4,174.98
*	FIDELITY INVESTMENTS	AF CAP WORLD BOND R3		$0.00
*	FIDELITY INVESTMENTS	AF TRGT DATE 2060 R3		$956.91
*	FIDELITY INVESTMENTS	MFS MID CAP GRTH R3		$11,066.82
*	FIDELITY INVESTMENTS	AF TRGT DATE 2010 R3		$187,196.14
*	FIDELITY INVESTMENTS	AF TRGT DATE 2015 R3		$396,515.94
*	FIDELITY INVESTMENTS	AF TRGT DATE 2020 R3		$1,174,029.96
*	FIDELITY INVESTMENTS	AF TRGT DATE 2025 R3		$1,208,184.21
*	FIDELITY INVESTMENTS	AF TRGT DATE 2030 R3		$2,281,300.78
*	FIDELITY INVESTMENTS	AF TRGT DATE 2035 R3		$753,096.83
*	FIDELITY INVESTMENTS	AF TRGT DATE 2040 R3		$360,927.06
*	FIDELITY INVESTMENTS	AF TRGT DATE 2045 R3		$271,853.86
*	FIDELITY INVESTMENTS	AF TRGT DATE 2050 R3		$158,268.58
*	FIDELITY INVESTMENTS	AF TRGT DATE 2055 R3		$35,427.01
*	FIDELITY INVESTMENTS	CBA LG CAP GR R		$3,662.74
*	FIDELITY INVESTMENTS	LS GLOBAL ALLOC A		$1,819.98
*	FIDELITY INVESTMENTS	I O MAIN STREET R		$0.00
*	FIDELITY INVESTMENTS	ABF SM CAP VALUE A		$0.00

*	FIDELITY INVESTMENTS	GS SM CP VAL INS A		$2,134.73
*	FIDELITY INVESTMENTS	FA UTILITIES A		$1,846.85
*	FIDELITY INVESTMENTS	FA EMERG MARKETS A		$1,141.09
*	FIDELITY INVESTMENTS	FA TOTAL BOND A		$914.62
*	FIDELITY INVESTMENTS	FID US BOND IDX		$149,145.25
*	FIDELITY INVESTMENTS	FID 500 INDEX		$226,175.33
*	FIDELITY INVESTMENTS	FID EMRG MKTS IDX		$2,636.34
*	FIDELITY INVESTMENTS	FID GLB EX US IDX		$64,671.24
*	FIDELITY INVESTMENTS	FID MID CAP IDX		$72,637.53
*	FIDELITY INVESTMENTS	FID SM CAP IDX		$2,308.90
*	FIDELITY INVESTMENTS	FID GOVT MMKT DM		$689,738.14
*	Participant Loans			$232,735.39
				8,562,884.11