

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN</u>		1b Three-digit plan number (PN) ▶ <u>001</u>
			1c Effective date of plan <u>01/01/1968</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	<u>GREEN HILLS MEMORIAL PARK</u> <u>27501 SOUTH WESTERN AVE.</u> <u>RANCHO PALOS VERDES, CA 90275-1012</u>		2b Employer Identification Number (EIN) <u>95-1955721</u> 2c Plan Sponsor's telephone number <u>310-831-0311</u> 2d Business code (see instructions) <u>812210</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2023	THOMAS FREW
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2023	THOMAS FREW
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 122
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) 80
a(2) Total number of active participants at the end of the plan year		6a(2) 86
b Retired or separated participants receiving benefits		6b 22
c Other retired or separated participants entitled to future benefits.....		6c 31
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 139
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 139
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 139
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 5
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: 2A 2E 2H 2J 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 GREEN HILLS MEMORIAL PARK	D Employer Identification Number (EIN) 95-1955721

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier TRANSAMERICA LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	801793-000		01/01/2022	12/31/2022

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

(a) Total amount of commissions paid 18412	(b) Total amount of fees paid 1222
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid SL REED & COMPANY KENNETH G. KILPO 11111 SANTA MONICA BLVD., SUITE 1 LOS ANGELES, CA 90025

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18412	0		3

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

INCENTIVE BENEFITS, INC. 911 E. COLORADO SUITE 250 PASADENA, CA 91106
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	1222	TPA ANNUAL CHARGES	5

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			5

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	22704
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	2474758

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	21966
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c	Additions: (1) Contributions deposited during the year	7c(1)	6220	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	346	
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		

(6) Total additions.....	7c(6)	6566
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	28532
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	175
(3) Transferred to separate account.....	7e(3)	5653
(4) Other (specify below)	7e(4)	

(5) Total deductions.....	7e(5)	5828
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	22704
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GREEN HILLS MEMORIAL PARK	D Employer Identification Number (EIN) 95-1955721	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA LIFE INSURANCE COMPANY
39-0989781

(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)

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	19605	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

INCENTIVE BENEFITS, INC.

95-4395222

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	RECORDKEEPER	125	Yes ☒ No ☐	Yes ☒ No ☐	26	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GREEN HILLS MEMORIAL PARK	D Employer Identification Number (EIN) 95-1955721	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS AMCAP			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.			
c EIN-PN 39-0989781-249	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 136809	
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GROWTH			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.			
c EIN-PN 39-0989781-068	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1933	
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.			
c EIN-PN 39-0989781-259	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14439	
a Name of MTIA, CCT, PSA, or 103-12 IE: DELAWARE IVY SCIENCE & TECH			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.			
c EIN-PN 39-0989781-258	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8387	
a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST EAGLE OVERSEAS			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.			
c EIN-PN 39-0989781-291	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5732	
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS MID CAP OPPORTUNITIES			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.			
c EIN-PN 39-0989781-147	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1366	
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO DIVERSIFIED DIVIDEND			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.			
c EIN-PN 39-0989781-579	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42511	

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO INTL SMALL MID CO RET OP		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-739	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46661
a Name of MTIA, CCT, PSA, or 103-12 IE: TA SM CAP GROWTH		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-273	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1267
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON BALANCED RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-231	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8025
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INVEST GRADE BOND RT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-086	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 667
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CAP INX		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-033	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29766
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MID CAP INDEX		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48156
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INTL VALUE RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-097	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3678
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REAL ESTATE INDX		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-099	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17425
a Name of MTIA, CCT, PSA, or 103-12 IE: TA STABLE VALUE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-114	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22704
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-313	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26903

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2025 BLACKROC		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-049	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 348808
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2030 BLACKROC		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-111	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 221468
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2035 BLACKROC		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-050	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 466578
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2040 BLACKROC		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 351685
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2045 BLACKROC		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-051	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55451
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2050 BLACKROC		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-113	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72076
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2055 BLACKROC		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-505	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 182755
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2060 BLACKROC		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-612	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25488
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL RT BLACKROC		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-047	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 128757
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOTAL STOCK MARKET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-114	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 156581

a Name of MTIA, CCT, PSA, or 103-12 IE: **TRANSAMERICA PART HIGH YIELD BOND**

b Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE CO.**

c EIN-PN 39-0989781-434	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6989
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VIRTUS CEREDEX MID-CAP VALUE EQUITY**

b Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE CO.**

c EIN-PN 39-0989781-302	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18793
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TA SHORT TERM BOND**

b Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE CO.**

c EIN-PN 39-0989781-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45590
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II **Information on Participating Plans (to be completed by DFEs)**

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection				
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>						
A Name of plan <u>GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> B Three-digit plan number (PN) ► </td> <td style="width: 20%; padding: 5px; text-align: center;"> 001 </td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>		B Three-digit plan number (PN) ►	001		
B Three-digit plan number (PN) ►	001					
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GREEN HILLS MEMORIAL PARK</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> D Employer Identification Number (EIN) <u>95-1955721</u> </td> </tr> </table>		D Employer Identification Number (EIN) <u>95-1955721</u>			
D Employer Identification Number (EIN) <u>95-1955721</u>						

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	82833	61776
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions.....		1b(1)	173717	217646
(2) Participant contributions.....		1b(2)		
(3) Other.....		1b(3)		
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	313736	185406
(2) U.S. Government securities		1c(2)		
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred		1c(3)(A)	2197879	5219323
(B) All other		1c(3)(B)		
(4) Corporate stocks (other than employer securities):				
(A) Preferred		1c(4)(A)		
(B) Common.....		1c(4)(B)	18898163	12259084
(5) Partnership/joint venture interests		1c(5)		
(6) Real estate (other than employer real property)		1c(6)		
(7) Loans (other than to participants).....		1c(7)		
(8) Participant loans.....		1c(8)	165586	197441
(9) Value of interest in common/collective trusts.....		1c(9)		
(10) Value of interest in pooled separate accounts		1c(10)	2599739	2515921
(11) Value of interest in master trust investment accounts.....		1c(11)		
(12) Value of interest in 103-12 investment entities		1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	21966	22704
(15) Other		1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	24453619	20679301

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	24453619	20679301
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	897734	
(B) Participants	2a(1)(B)	499455	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1397189
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	10810	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10810
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	259342	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		259342
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-448557
(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)		-4465123
c Other income	2c		35
d Total income. Add all income amounts in column (b) and enter total	2d		-3246304
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	368710	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		368710
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	159304	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		159304
j Total expenses. Add all expense amounts in column (b) and enter total	2j		528014
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-3774318
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **ROJAS & ASSOCIATES, CPAS**

(2) EIN: **61-1442118**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 GREEN HILLS MEMORIAL PARK		D Employer Identification Number (EIN) 95-1955721
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): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	14a		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....		14b	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)			14c
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)			
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:	15a		
a The corresponding number for the plan year immediately preceding the current plan year.....		15b	
b The corresponding number for the second preceding plan year.....			
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:	16a		
a Enter the number of employers who withdrew during the preceding plan year		16b	
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.....			
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 _____

**GREEN HILLS MEMORIAL PARK
EMPLOYEES' RETIREMENT PLAN
Rancho Palos Verdes, California**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE
DECEMBER 31, 2022 AND 2021
WITH INDEPENDENT AUDITORS' REPORT**

INDEPENDENT AUDITORS' REPORT

Trust Committee
Green Hills Memorial Park
Employees' Retirement Plan
Rancho Palos Verdes, California

Opinion

We have audited the accompanying financial statements of GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the year ended December 31, 2022, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under these standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are any conditions or events, considered in the aggregate, that raise substantial doubt about GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions,

including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

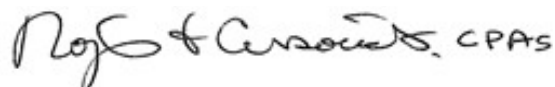
Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4(I) - Schedule of Assets (Held at End of Year) as of the year ended December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

ROJAS & ASSOCIATES, CPAs



Newport Beach, California
October 9, 2023

**GREEN HILLS MEMORIAL PARK
EMPLOYEES' RETIREMENT PLAN
Rancho Palos Verdes, California**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
ASSETS		
CASH	\$ 61,741	\$ 82,833
INVESTMENTS		
At fair value	20,138,606	24,004,146
At contract value	<u>22,705</u>	<u>21,966</u>
Total investments	<u>20,161,311</u>	<u>24,026,112</u>
RECEIVABLES		
Employer contribution	217,646	173,717
Notes receivable from participants	<u>238,638</u>	<u>170,957</u>
Total receivables	<u>456,284</u>	<u>344,674</u>
TOTAL ASSETS	<u>\$20,679,336</u>	<u>\$24,453,619</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$20,679,336</u>	<u>\$24,453,619</u>

See accompanying independent auditors' report.
The accompanying notes are an integral part of this statement.

**GREEN HILLS MEMORIAL PARK
EMPLOYEES' RETIREMENT PLAN
Rancho Palos Verdes, California**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2022**

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment income

Interest and dividends	\$ 303,229
Net investment loss in pooled separate accounts	(451,538)
Net depreciation in fair value of investments	(<u>4,504,290</u>)
Total investment loss	(<u>4,652,599</u>)

Interest income on notes receivable from participants	13,792
---	--------

Contributions

Participant contributions	499,490
Employer contributions	<u>877,681</u>

Total contributions	<u>1,377,171</u>
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Total additions (subtractions)	(<u>3,261,636</u>)
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DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits paid to participants	348,621
Management fees	<u>164,026</u>

Total deductions	<u>512,647</u>
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NET DECREASE	(3,774,283)
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>24,453,619</u>
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End of year	<u><u>\$20,679,336</u></u>
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See accompanying independent auditors' report.
The accompanying notes are an integral part of this statement.

**GREEN HILLS MEMORIAL PARK
EMPLOYEES' RETIREMENT PLAN
Rancho Palos Verdes, California**

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022**

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Green Hills Memorial Park Employees' Retirement Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Effective March 18, 2016, the Plan received the assets from Green Hills Memorial Park Employees' Retirement Plan—Frozen. This Frozen Plan was the predecessor retirement plan of the Plan's Sponsor. The predecessor plan was frozen and no new contributions are allowed for the frozen plan. The assets from the frozen plan are maintained in a separate brokerage account, and are not commingled with the assets of the Plan. The earnings from the segregated investments are fully allocated to the participant plan balances of the Frozen plan participants. The Frozen plan participant balances do not receive any income allocation from the assets of the Plan.

General. The Plan is a defined contribution plan sponsored by Green Hills Memorial Park covering all eligible employees who work at least 1,000 hours of service during the Plan year. There is no age restriction for eligibility. Entry date is the first day of the month that falls on or after the date of eligibility. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant Contributions. Each year, participants may make pretax salary deferral contributions up to the maximum allowed under the Internal Revenue Code. Participants who have attained age 50 are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

Employer Contributions. The Employer gives written notice prior to the beginning of each Plan year to all eligible participants that it will contribute three percent 3% of compensation to each participant (Guaranteed Company Contribution). The Employer makes a contribution of up to four and one half percent 4.5% of compensation each Plan year (Profit Sharing Contribution). Contributions are subject to certain limitations.

Participant Accounts. The trustee maintains a separate account for each participant and each type of contribution. Each participant may select from a series of investment options designated by the trustee and Plan administrator for their individual contributions. Each participant's account is credited with the allocation of the Employer's Guaranteed Contribution. The Profit Sharing Contribution is allocated to each participant that worked at least 1,000 hours during the Plan year and was working for the Company on the last day of the Plan year; or if the participant retires at or after normal retirement age, or becomes disabled or dies during the Plan year.

As of the end of each Plan year, and any other date the Committee designates, the Trustee will value the assets of the Plan, and the Plan's earnings and losses will be allocated to the participants. The Company's contributions and participant forfeitures are allocated after allocation of the Plan's earnings and losses.

See accompanying independent auditors' report.

**GREEN HILLS MEMORIAL PARK
EMPLOYEES' RETIREMENT PLAN
Rancho Palos Verdes, California**

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022**

NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

Vesting. Participants are fully vested in their own contributions and the Employer's Guaranteed contributions. Participants are not vested in the Employer's Profit Sharing Contribution until the Participant has three years of vesting service.

Participant Loans. Participants may borrow from their fund accounts up to a maximum of \$50,000 or 50 percent of their vested account balance, whichever is less. The loans must be repaid within 5 years or 15 years if the loan proceeds will be used to purchase a primary residence. The loans are secured by the balance in the participant's account and bear an interest rate based upon the interest rate environment at the time of issuance. At December 31, 2022, the rate of interest on new loans was 8.50%. Principal and interest is paid ratably through payroll deductions. The loan will be deemed a distribution if the participant terminates employment with the Company prior to repaying the loan.

Payment of Benefits. Upon termination due to death, retirement, disability, or termination of employment, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, a joint and survivor annuity, a life annuity if participant is not married, or installments over a period not longer than the participant's assumed life expectancy, or the purchase of a different form of annuity. For balances over \$5,000 the distribution can be made no sooner than thirty days following the receipt of the participant's election, and no later than one hundred and eighty days following receipt of the election. A lump sum distribution will be made if the participant's vested benefit is under \$1,000.

Forfeited Accounts. At December 31, 2022, there were forfeited non-vested accounts totaling \$20,089. Forfeited accounts are reallocated to participants in the same manner as Employer non-elective contributions.

NOTE 2. SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the plan are reported on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Contract:

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

See accompanying independent auditors' report.

**GREEN HILLS MEMORIAL PARK
EMPLOYEES' RETIREMENT PLAN
Rancho Palos Verdes, California**

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022**

NOTE 2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

The Transamerica Stable Value Advantage Option has been reported at contract value as it is fully benefit-responsive, however, the contract value also represents the fair value for this investment.

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisor and Trustees. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Participants may direct the investment of their 401(k) contributions into the Plan.

Investments of the Employer contributions are non-participant directed.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Notes receivable from participants are collected through payroll withholding, or through final distribution from participant's balance after termination based upon the terms of the Plan. No allowance for credit losses has been recorded as of December 31, 2022 and 2021.

Benefits are recorded when paid. There were no benefits requested before year-end that were not paid.

All administrative expenses may be paid out of the Plan unless paid by the Company. During the year ended December 31, 2022, expenses paid by the Plan amounted to \$164,026 in administration fees.

There are no reconciling differences, in the statement of net assets available for benefits and the statement of changes in net assets available for benefits, between the financial statements and the Form 5500.

NOTE 3. COMPLIANCE WITH ERISA

The Employee Retirement Income Security Act of 1974 (ERISA) required certain standards be incorporated into certain employee retirement plans. The Plan is based upon a Master Money Purchase Pension Plan through Incentive Benefits, Inc. The Master Plan has obtained an Internal Revenue Service determination letter dated March 31, 2014.

See accompanying independent auditors' report.

**GREEN HILLS MEMORIAL PARK
EMPLOYEES' RETIREMENT PLAN
Rancho Palos Verdes, California**

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022**

NOTE 4. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurement 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 highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and 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 accessible in active markets for identical assets or liabilities at the measurement date.

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets or inputs (other than quoted prices) that are observable or that are derived principally from or corroborated by observable market data through correlation or other means.

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.

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used for the years ended December 31, 2022 and 2021. During the year ended December 31, 2022, there were no transfers of financial instruments into or out of Level 3.

Common stocks, preferred stocks and exchange traded funds: Value at the closing price reported on the active market on which the individual securities are traded.

See accompanying independent auditors' report.

**GREEN HILLS MEMORIAL PARK
EMPLOYEES' RETIREMENT PLAN
Rancho Palos Verdes, California**

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022**

NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables summarize assets measured at fair value on a recurring basis as of December 31, 2022 and 2021:

December 31, 2022				
Assets	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Cash - interest bearing	\$ 185,584	\$ 0	\$ 0	\$ 185,584
Corporate bonds	5,244,823	0	0	5,244,823
Common stocks	<u>12,233,441</u>	<u>0</u>	<u>0</u>	<u>12,233,441</u>
Total investments at fair value	<u>\$17,663,848</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$17,663,848</u>
Investments at net asset value				<u>2,497,463</u>
Total investments				<u><u>\$20,161,311</u></u>

December 31, 2021				
Assets	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Cash - interest bearing	\$ 308,042	\$ 0	\$ 0	\$ 308,042
Corporate bonds	2,216,895	0	0	2,216,895
Common stocks	<u>18,884,841</u>	<u>0</u>	<u>0</u>	<u>18,884,841</u>
Total investments at fair value	<u>\$21,409,778</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$21,409,778</u>
Investments at net asset value				<u>2,616,334</u>
Total investments				<u><u>\$24,026,112</u></u>

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

The methods described above 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 methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

See accompanying independent auditors' report.

**GREEN HILLS MEMORIAL PARK
EMPLOYEES' RETIREMENT PLAN
Rancho Palos Verdes, California**

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022**

NOTE 5. FAIR VALUE OF INVESTMENTS IN ENTITIES THAT USE NAV PRACTICAL EXPEDIENT

The following table summarizes investments measured at fair value based on NAV per share as of December 31:

<u>Investments</u>	Fair Value as of December 31, <u>2022</u> <u>2021</u>		<u>Unfunded commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption notice period</u>
Pooled Separate Accounts	\$2,497,463	\$2,616,334	n/a	Daily	Daily

NOTE 6. NONPARTICIPANT-DIRECTED INVESTMENTS

	December 31, <u>2022</u> <u>2021</u>	
Net Assets:		
Cash - interest bearing	\$ 185,584	\$ 308,042
Corporate bonds	5,244,823	2,216,895
Common stocks	<u>12,233,441</u>	<u>18,884,841</u>
	<u>\$17,663,848</u>	<u>\$21,409,778</u>

For the year ended December 31, 2022, investment results of nonparticipant directed investments consisted of \$303,229 in interest and dividends, and \$4,504,290 in net depreciation in the fair value of investments.

See accompanying independent auditors' report.

**GREEN HILLS MEMORIAL PARK
EMPLOYEES' RETIREMENT PLAN
Rancho Palos Verdes, California**

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022**

NOTE 7. INCOME TAX

The IRS has informed Incentive Benefits, Inc., the prototype plan sponsor of the Plan, in an opinion letter dated March 31, 2014, that the form of the Plan is acceptable under the requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the Internal Revenue Code and the Plan continues to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) 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, and has concluded that as of December 31, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

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

NOTE 8. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants account balances become 100% vested and non-forfeitable.

NOTE 9. SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events through October 9, 2023, the date of this report, and has determined that there were no significant subsequent events to recognize or disclose in these financial statements.

NOTE 10. RISKS AND UNCERTAINTIES

The Plan invests in various types of 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

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**GREEN HILLS MEMORIAL PARK
EMPLOYEES' RETIREMENT PLAN
Rancho Palos Verdes, California**

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022**

NOTE 10. RISKS AND UNCERTAINTIES (CONTINUED)

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 and the statement of changes in net assets available for benefits.

NOTE 11. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain administrative functions are performed by officers and employees of the Company. No officer or employee receives compensation from the Plan for these services.

Certain Plan investments are managed by Transamerica Life Insurance Company, and Charles Schwab. Transamerica Life Insurance Company and Charles Schwab are custodians of the Plan, therefore, these transactions qualify as party in interest transactions.

Participant loans are made with individual participants of the Plan, therefore, transactions in these investments are considered to be party-in-interest transactions.

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**GREEN HILLS MEMORIAL PARK
EMPLOYEES' RETIREMENT PLAN
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PLAN NUMBER 001
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR
DECEMBER 31, 2022**

(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
*	Transamerica Life Insurance Co.	Transamerica Stable Value Advantage Option	**	22,705
*	Transamerica Life Insurance Co.	Janus Balanced Ret Opt	**	8,026
*	Transamerica Life Insurance Co.	American Funds AMCAP Ret Opt	**	136,810
*	Transamerica Life Insurance Co.	Transamerica Sm Cap Growth Ret Opt	**	1,267
*	Transamerica Life Insurance Co.	American Funds New Perspective Ret Opt	**	14,440
*	Transamerica Life Insurance Co.	Delaware Ivy Science & Technology Ret Opt	**	8,388
*	Transamerica Life Insurance Co.	First Eagle Overseas Ret Opt	**	5,732
*	Transamerica Life Insurance Co.	Virtus Ceredex Mid-Cap Val Eqty Ret Opt	**	18,793
*	Transamerica Life Insurance Co.	Templeton Global Bond Ret Opt	**	26,904
*	Transamerica Life Insurance Co.	Invesco Diversified Dividend Ret Opt	**	42,512
*	Transamerica Life Insurance Co.	Transamerica LifeGoal 2060 with BlkRck Ret Opt	**	25,488
*	Transamerica Life Insurance Co.	Transamerica Partners High Yield Bond Ret Opt	**	6,989
*	Transamerica Life Insurance Co.	Transamerica Short-Term Bond Ret Opt	**	45,590
*	Transamerica Life Insurance Co.	Transamerica LifeGoal Ret with BlackRock Ret Opt	**	128,757
*	Transamerica Life Insurance Co.	Transamerica LifeGoal 2025 with BlackRck RetOpt	**	348,809
*	Transamerica Life Insurance Co.	Transamerica LifeGoal 2045 with BlkRck Ret Opt	**	55,451
*	Transamerica Life Insurance Co.	State Street Russell Small Cap Index Ret Opt	**	29,767
*	Transamerica Life Insurance Co.	State Street S&P Mid Cap Index Ret Opt	**	48,157
*	Transamerica Life Insurance Co.	Goldman Sachs Mid-Cap Opportunities Ret Opt	**	1,366
*	Transamerica Life Insurance Co.	Amer Funds EuroPacific Growth Ret Opt	**	1,934
*	Transamerica Life Insurance Co.	Loomis Sayles Investment Grade Bond Ret Opt	**	668

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AT END OF YEAR
DECEMBER 31, 2022**

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*	Transamerica Life Insurance Co.	Vanguard International Value Ret Opt	**	3,679
*	Transamerica Life Insurance Co.	TA Vanguard REIT Index Ret Opt	**	17,425
*	Transamerica Life Insurance Co.	Transamerica LifeGoal 2030 with BlackRck Re Opt	**	221,468
*	Transamerica Life Insurance Co.	Transamerica LifeGoal 2040 with BlkRck Ret Opt	**	351,685
*	Transamerica Life Insurance Co.	Transamerica LifeGoal 2050 with BlkRck Ret Opt	**	72,077
*	Transamerica Life Insurance Co.	Vanguard Total Stock Market Index Ret Opt	**	156,581
*	Transamerica Life Insurance Co.	Transamerica LifeGoal 2055 with BlkRck Ret Opt	**	182,756
*	Transamerica Life Insurance Co.	Transamerica LifeGoal 2035 with BlackRck RetOpt	**	466,579
*	Transamerica Life Insurance Co.	Invesco International Sm Mid Company Ret Opt	**	46,662
	Wells Fargo Bank	Cash and Equivalents	61,741	61,741
	Windward Capital Management Co. 367590471	Cash and Equivalents	183,032	183,032
	Windward Capital Management Co. 367590471	Amazon.Com Inc 6,584	169,215	553,056
	Windward Capital Management Co. 367590471	Marriott Intl Inc Class A 1849	128,424	275,298
	Windward Capital Management Co. 367590471	Nike Inc Class B 5091	202,386	595,698
	Windward Capital Management Co. 367590471	Starbucks Corp 1494	65,431	148,205
	Windward Capital Management Co. 367590471	Tjx Companies Inc 3335	157,679	265,466
	Windward Capital Management Co. 367590471	Costco Wholesale Co 1149	134,869	524,519
	Windward Capital Management Co. 367590471	Pepsico Inc 1497	123,748	270,448
	Windward Capital Management Co. 367590471	Procter & Gamble 1796	138,153	272,202
	Windward Capital Management Co. 367590471	Amgen Inc. 349	59,312	91,661
	Windward Capital Management Co. 367590471	Cvs Health Corp 4692	252,322	437,247

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DECEMBER 31, 2022**

(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
Windward Capital Management Co. 367590471		Illumina Inc 301	59,710	60,862
Windward Capital Management Co. 367590471		Thermo Fisher Scntfc 568	270,253	312,792
Windward Capital Management Co. 367590471		Zoetis Inc Class A 2397	181,570	351,280
Windward Capital Management Co. 367590471		Alphabet Inc. Class A 4788	130,277	422,445
Windward Capital Management Co. 367590471		Alphabet Inc. Class C 4789	128,386	424,930
Windward Capital Management Co. 367590471		Comcast Corp Class A 4093	115,349	143,132
Windward Capital Management Co. 367590471		Walt Disney Co 2673	306,422	232,230
Windward Capital Management Co. 367590471		Blackrock Inc 559	168,603	396,124
Windward Capital Management Co. 367590471		Cme Group Inc Class A 1095	136,355	184,135
Windward Capital Management Co. 367590471		Jpmorgan Chase & Co 828	66,343	111,035
Windward Capital Management Co. 367590471		Boeing Co 757	208,194	144,201
Windward Capital Management Co. 367590471		Canadian Natl Railwy F 2997	160,282	356,283
Windward Capital Management Co. 367590471		Carrier Global Corp 1978	40,181	81,593
Windward Capital Management Co. 367590471		Cummins Inc 899	116,379	217,819
Windward Capital Management Co. 367590471		Lockheed Martin Corp 768	229,431	373,624
Windward Capital Management Co. 367590471		Otis Worldwide Corp 988	57,875	77,370
Windward Capital Management Co. 367590471		Raytheon Technologies Co 1979	130,740	199,721
Windward Capital Management Co. 367590471		Corteva Inc 1278	36,903	75,121
Windward Capital Management Co. 367590471		Dupont De Nemours Inc 1273	93,982	87,366
Windward Capital Management Co. 367590471		Linde Plc F 1038	178,242	338,575
Windward Capital Management Co. 367590471		Accenture Plc F Class A 1846	133,458	492,587

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(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
	Windward Capital Management Co. 367590471	Apple Inc 14496	286,387	1,883,465
	Windward Capital Management Co. 367590471	Fiserv Inc 3495	153,134	353,240
	Windward Capital Management Co. 367590471	Paypal Holdings Incorpor 1540	72,276	109,679
	Windward Capital Management Co. 367590471	Salesforce Com 3196	176,687	423,758
	Windward Capital Management Co. 367590471	Teradyne Incorporate 1767	170,767	154,347
	Windward Capital Management Co. 367590471	Nextera Energy Inc 5911	303,666	494,160
	Windward Capital Management Co. 367590471	Schwab Intermediate Term Us Trs Etf 16042	910,679	789,748
	Windward Capital Management Co. 367590471	Schwab Short Term Us Treasury Etf 17811	910,874	859,203
	Windward Capital Management Co. 367590471	Schwab Us Aggregate Bond Etf 16757	910,955	764,957
	Windward Capital Management Co. 367590471	Schwab Us Tips Etf 14642	910,222	758,309
	Windward Capital Management Co. 367590471	Ford Motor Co 80000 3.096% Due 05-04-23	80,240	79,548
	Windward Capital Management Co. 367590471	Waste Management, 150000 2.400% Due 05-15-23	149,250	148,985
	Windward Capital Management Co. 367590471	The Southern Co 150000 2.950% Due 07-01-23	146,205	150,758
	Windward Capital Management Co. 367590471	US Bancorp 225,000 2.400% Due 07-30-24	222,050	218,644
	Windward Capital Management Co. 367590471	Southern California Gas Co 60,000 3.150% Due 09-15-24	59,827	58,953
	Windward Capital Management Co. 367590471	Tiffany & Co New 60,000 3.800% Due 10-01-24	59,625	59,534
	Windward Capital Management Co. 367590471	Chevron USA Inc 60,000 3.900% Due 11-15-24	59,930	59,305
	Windward Capital Management Co. 367590471	State Str Corp 60,000 3.300% Due 12-16-24	59,015	58,658
	Windward Capital Management Co. 367590471	Johnson & Johnson 175,000 2.625% Due 01-15-25	172,664	170,923
	Windward Capital Management Co. 367590471	Toronto Dominion Bank 100,000 4.250% Due 03-16-25	98,225	99,786
	Windward Capital Management Co. 367590471	Visa Inc 140,000 3.150% Due 12-14-25	139,628	135,195

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	Windward Capital Management Co. 367590471	Federal Farm Credit Bank Federal Farm Cr Bks 135,000 4.125% Due 12-12-25	133,157	133,207
	Windward Capital Management Co. 367590471	Federal Home Ln Mtg Corp Federal Home Ln Mtg Corp 225,000 2.200% Due 09-27-24	223,328	216,549
	Windward Capital Management Co. 367590471	Federal Home Ln Mtg Corp 125,000 2.500% Due 10-08-24	124,151	120,841
	Windward Capital Management Co. 367590471	Federal Home Loan Bk Federal Home Loan Banks 240,000 2.800% Due 10-25-24	238,654	232,647
*	Participant Loans	Interest Rate 4.25% - 8.50%	0	238,638
	Windward Capital Management Co. 367593171	Cash and Equivalents	2,552	2,552
	Windward Capital Management Co. 367593171	Amazon.Com Inc 165	3,021	13,267
	Windward Capital Management Co. 367593171	Marriott Intl Inc Class A 46	3,309	6,849
	Windward Capital Management Co. 367593171	Nike Inc Class B 128	6,711	14,977
	Windward Capital Management Co. 367593171	Starbucks Corp 36	1,581	3,571
	Windward Capital Management Co. 367593171	Tjx Companies Inc 82	4,321	6,527
	Windward Capital Management Co. 367593171	Costco Wholesale Co 29	4,561	13,239
	Windward Capital Management Co. 367593171	Pepsico Inc 37	3,234	6,684
	Windward Capital Management Co. 367593171	Procter & Gamble 45	3,516	6,820
	Windward Capital Management Co. 367593171	Amgen Inc. 9	1,461	2,364
	Windward Capital Management Co. 367593171	Cvs Health Corp 115	11,016	10,717
	Windward Capital Management Co. 367593171	Illumina Inc 8	1,563	1,618
	Windward Capital Management Co. 367593171	Thermo Fisher Scntfc 14	6,584	7,710
	Windward Capital Management Co. 367593171	Zoetis Inc Class A 58	4,344	8,500
	Windward Capital Management Co. 367593171	Alphabet Inc. Class A 120	4,268	10,588
	Windward Capital Management Co. 367593171	Alphabet Inc. Class C 120	3,444	10,648

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(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
	Windward Capital Management Co. 367593171	Comcast Corp Class A 107	3,044	3,742
	Windward Capital Management Co. 367593171	Walt Disney Co 65	7,825	5,647
	Windward Capital Management Co. 367593171	Blackrock Inc 14	4,427	9,921
	Windward Capital Management Co. 367593171	Cme Group Inc Class A 27	3,042	4,540
	Windward Capital Management Co. 367593171	Jpmorgan Chase & Co 22	1,629	2,950
	Windward Capital Management Co. 367593171	Boeing Co 18	5,433	3,429
	Windward Capital Management Co. 367593171	Canadian Natl Railwy F 73	4,438	8,678
	Windward Capital Management Co. 367593171	Carrier Global Corp 51	1,149	2,104
	Windward Capital Management Co. 367593171	Cummins Inc 22	3,020	5,330
	Windward Capital Management Co. 367593171	Lockheed Martin Corp 19	5,389	9,243
	Windward Capital Management Co. 367593171	Otis Worldwide Corp 25	1,695	1,958
	Windward Capital Management Co. 367593171	Raytheon Technologies Co 51	3,833	5,147
	Windward Capital Management Co. 367593171	Corteva Inc 34	1,133	1,999
	Windward Capital Management Co. 367593171	Dupont De Nemours Inc 34	3,124	2,333
	Windward Capital Management Co. 367593171	Linde Plc F 26	4,250	8,481
	Windward Capital Management Co. 367593171	Accenture Plc F Class A 46	4,190	12,275
	Windward Capital Management Co. 367593171	Apple Inc 366	12,189	47,554
	Windward Capital Management Co. 367593171	Fiserv Inc 88	3,682	8,894
	Windward Capital Management Co. 367593171	Paypal Holdings Incorpor 39	1,558	2,778
	Windward Capital Management Co. 367593171	Salesforce Com 79	5,431	10,475
	Windward Capital Management Co. 367593171	Teradyne Incorporate 43	4,144	3,756

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	Windward Capital Management Co. 367593171	Nextera Energy Inc 149	7,381	12,456
	Windward Capital Management Co. 367593171	Schwab Intermediate Term Us Trs Etf 132	7,511	6,498
	Windward Capital Management Co. 367593171	Schwab Short Term Us Treasury Etf 122	6,258	5,885
	Windward Capital Management Co. 367593171	Schwab Us Aggregate Bond Etf 138	7,492	6,300
	Windward Capital Management Co. 367593171	Schwab Us Tips Etf 120	7,459	6,215
	Windward Capital Management Co. 367593171	Ford Motor Co 10000 3.096% Due 05-04-23	10,030	9,944
	Windward Capital Management Co. 367593171	Jpmorgan Chase 15000 2.700% Due 05-18-23	14,738	14,922
	Windward Capital Management Co. 367593171	Abbott Laboratories 11000 3.400% Due 11-30-23	10,950	10,914
	Windward Capital Management Co. 367593171	Morgan Stanley 15,000 3.700% Due 10-23-24	14,676	14,752
	Windward Capital Management Co. 367593171	Apple Inc 20,000 2.750% Due 1-13-25	19,871	19,528
	Windward Capital Management Co. 367593171	Federal Home Ln Mtg Corp 15,000 2.200% Due 09-27-24	14,889	14,437
	Windward Capital Management Co. 367593171	Federal Home Ln Mtg Corp 10,000 5.050% Due 12-30-24	9,998	9,988
	Windward Capital Management Co. 367593171	Federal Home Loan Bk Federal Home Loan Banks 10,000 2.800% Due 10-25-24	9,951	9,686
TOTAL			11,688,158	20,461,690

See accompanying independent auditors' report.