

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1968
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) GREEN HILLS MEMORIAL PARK 27501 SOUTH WESTERN AVE. RANCHO PALOS VERDES, CA 90275-1012
2b	Employer Identification Number (EIN) 95-1955721
2c	Plan Sponsor's telephone number 310-831-0311
2d	Business code (see instructions) 812210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2024	THOMAS FREW
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2024	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

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	5 142
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 88 6a(2) 93 6b 18 6c 29 6d 140 6e 0 6f 140 6g(1) 141 6g(2) 140 6h 3
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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan 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

(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		01/01/2023	12/31/2023

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

(a) Total amount of commissions paid 21753	(b) Total amount of fees paid 1472
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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	
21753			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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1472	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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	3326881

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 ▶ STABLE VALUE OPTION

b Balance at the end of the previous year	7b	22704
c Additions: (1) Contributions deposited during the year	7c(1)	7400
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	568
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	7968
d Total of balance and additions (add lines 7b and 7c(6))	7d	30672
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	159
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	159
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	30513

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	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

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

A Name of plan 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).....

X

YesNo
- 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

(b)

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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	17305	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	625	Yes ☒ No ☐	Yes ☒ No ☐	0	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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREEN HILLS MEMORIAL PARK</u>	D Employer Identification Number (EIN) <u>95-1955721</u>	

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: <u>ALLSPRING SPECIAL MID CAP VALUE</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE CO.</u>				
c EIN-PN <u>39-0989781-249</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22217</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS EUROPACIFIC GROWTH</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE CO.</u>				
c EIN-PN <u>39-0989781-068</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4489</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS NEW PERSPECTIVE</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE CO.</u>				
c EIN-PN <u>39-0989781-259</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20185</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS BALANCED RET OPT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE CO.</u>				
c EIN-PN <u>39-0989781-258</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10872</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIRST EAGLE OVERSEAS</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE CO.</u>				
c EIN-PN <u>39-0989781-291</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7815</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOLDMAN SACHS MID CAP OPPORTUNITIES</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE CO.</u>				
c EIN-PN <u>39-0989781-147</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1251</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOLDMAN SACHS TECH OPP</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE CO.</u>				
c EIN-PN <u>39-0989781-579</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8614</u>		

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) 57992
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) 1506
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MASSACHUSETTS INV GR		
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) 192131
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) 2383
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) 37004
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) 60503
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) 4310
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) 38065
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) 30514
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) 35441

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) 412050
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) 295392
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) 656351
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) 448875
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) 114323
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) 119868
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) 250012
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) 42899
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) 170090
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) 214062

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) 11674
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JP MORGAN EQUITY INCOME**

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) 50732
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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) 35762
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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, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan 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	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	61776	85003
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	217646	291830
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		9450
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	185406	97494
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	5219323	6408683
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	12259084	15294225
(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)	197441	216284
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2515921	3326882
(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)	22704	30514
(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	20679301	25760365
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	20679301	25760365

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)	971906	
(B) Participants	2a(1)(B)	479159	
(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)		1451065
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)	14024	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14024
(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)	22021	
(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)		22021
(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)		421901
(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)		3806882
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5715893

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	475682	
(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)		475682
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	159147	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		159147
j Total expenses. Add all expense amounts in column (b) and enter total	2j		634829

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5081064
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** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan 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
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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.)
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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
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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
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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.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: 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) 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) 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)	14a 14b 14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☒ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A 22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702528A</u> .	
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**GREEN HILLS MEMORIAL PARK
EMPLOYEES' RETIREMENT PLAN
Rancho Palos Verdes, California**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE
DECEMBER 31, 2023 AND 2022
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, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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, 2023 and 2022, and the changes in its net assets available for benefits for the year ended December 31, 2023, 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.

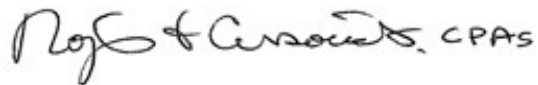
Supplemental Schedules Required by ERISA

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, 2023 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

A handwritten signature in dark ink, appearing to read "Rojas & Associates, CPAs", is written above a solid horizontal line.

Newport Beach, California
October 3, 2024

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

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2023 AND 2022**

	<u>2023</u>	<u>2022</u>
ASSETS		
CASH	\$ 85,003	\$ 61,741
INVESTMENTS		
At fair value	25,127,283	20,138,606
At contract value	<u>30,514</u>	<u>22,705</u>
Total investments	<u>25,157,797</u>	<u>20,161,311</u>
RECEIVABLES		
Employer contribution	291,831	217,646
Notes receivable from participants	216,284	238,638
Overpayment receivable	<u>9,450</u>	<u>0</u>
Total receivables	<u>517,565</u>	<u>456,284</u>
TOTAL ASSETS	<u>\$25,760,365</u>	<u>\$20,679,336</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$25,760,365</u>	<u>\$20,679,336</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, 2023**

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment income

Interest and dividends	\$ 317,641
Net investment gain in pooled separate accounts	421,901
Net appreciation in fair value of investments	<u>3,515,851</u>

Total investment gain	<u>4,255,393</u>
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Interest income on notes receivable from participants	14,024
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Contributions

Participant contributions	479,159
Employer contributions	<u>951,830</u>

Total contributions	<u>1,430,989</u>
---------------------	------------------

Total additions	<u>5,700,406</u>
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DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits paid to participants	455,607
Management fees	<u>163,770</u>

Total deductions	<u>619,377</u>
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NET INCREASE	5,081,029
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>20,679,336</u>
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End of year	<u><u>\$25,760,365</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, 2023**

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, 2023**

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, 2023, the rate of interest on new loans was 9.50%. 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, 2023, there were forfeited non-vested accounts totaling \$20,473. 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, 2023**

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, 2023 and 2022.

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, 2023, expenses paid by the Plan amounted to \$163,770 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.

New Accounting Pronouncements Adopted in Current Year:

ASU No. 2016-13

In June 2016, the Financial Accounting Standards Board ("FASB") established Topic 326 *Measurement of Credit Losses on Financial Instruments*, by issuing Accounting Standards Update ("ASU") 2016-13 which provides financial statement users with improved information about expected credit losses on financial assets and commitments to extend credit. The amendments affect trade receivables, loans, debt securities, net investments in leases, off-balance sheet credit exposures, reinsurance receivables and certain other financial assets that have the contractual

See accompanying independent auditors' report.

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

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023**

NOTE 2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

right to receive cash. Topic 326 was subsequently amended by ASU 2022-02, *Troubled Debt Restructurings and Vintage Disclosures*, which eliminated the accounting guidance on troubled debt restructurings for creditors, and amends the guidance on "vintage disclosures" to require disclosure of current-period gross write-offs by year of origination.

A modified-retrospective transition approach is required, via a cumulative-effect adjustment to retained earnings as of the beginning of the first reporting period in which the guidance is effective.

The Plan adopted the new standards effective January 1, 2023. The adoption of these standards did not have a material effect on any reported results.

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.

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.

See accompanying independent auditors' report.

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

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023**

NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

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, 2023 and 2022. During the year ended December 31, 2023, 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.

The following tables summarize assets measured at fair value on a recurring basis as of December 31, 2023 and 2022:

	December 31, 2023			
Assets	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Cash - interest bearing	\$ 66,822	\$ 0	\$ 0	\$ 66,822
Fixed income securities	6,384,004	0	0	6,384,004
Common stocks	<u>15,349,575</u>	<u>0</u>	<u>0</u>	<u>15,349,575</u>
Total investments at fair value	<u>\$21,800,401</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$21,800,401</u>
Investments at net asset value				<u>3,357,396</u>
Total investments				<u>\$25,157,797</u>

	December 31, 2022			
Assets	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Cash - interest bearing	\$ 185,584	\$ 0	\$ 0	\$ 185,584
Fixed income securities	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>\$20,161,311</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.

See accompanying independent auditors' report.

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

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023**

NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

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.

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>	<u>Fair Value as of December 31,</u> <u>2023</u> <u>2022</u>		<u>Unfunded commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption notice period</u>
Pooled Separate Accounts	\$3,357,396	\$2,497,463	n/a	Daily	Daily

NOTE 6. NONPARTICIPANT-DIRECTED INVESTMENTS

	<u>December 31,</u> <u>2023</u> <u>2022</u>	
Net Assets:		
Cash - interest bearing	\$ 66,822	\$ 185,584
Fixed income securities	6,384,004	5,244,823
Common stocks	<u>15,349,575</u>	<u>12,233,441</u>
	<u>\$21,800,401</u>	<u>\$17,663,848</u>

For the year ended December 31, 2023, investment results of nonparticipant directed investments consisted of \$317,641 in interest and dividends, and \$3,515,851 in net appreciation 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
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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, 2023 and 2022, 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 3, 2024, 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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**NOTES TO FINANCIAL STATEMENTS
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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

NOTE 12. OVERPAYMENT RECEIVABLE

During the year ended December 31, 2023, the Plan distributed funds to a terminated participant in excess of the participant's account balance, in the amount of \$9,450. If the participant does not return this amount to the Plan, Green Hills Memorial Park, the plan sponsor, will be required to reimburse this amount to the Plan.

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**GREEN HILLS MEMORIAL PARK
EMPLOYEES' RETIREMENT PLAN
EIN:95-1955721
PLAN NUMBER 001
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR
DECEMBER 31, 2023**

(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	**	30,514
*	Transamerica Life Insurance Co.	Transamerica Sm Cap Growth Ret Opt	**	1,506
	Transamerica Life Insurance Co.	American Funds New Perspective Ret Opt	**	20,186
	Transamerica Life Insurance Co.	First Eagle Overseas Ret Opt	**	7,815
	Transamerica Life Insurance Co.	Templeton Global Bond Ret Opt	**	35,441
*	Transamerica Life Insurance Co.	Transamerica LifeGoal 2060 with BlkRck Ret Opt	**	42,899
*	Transamerica Life Insurance Co.	Transamerica Partners High Yield Bond Ret Opt	**	11,674
*	Transamerica Life Insurance Co.	Transamerica Short-Term Bond Ret Opt	**	35,763
*	Transamerica Life Insurance Co.	Transamerica LifeGoal Ret with BlackRock Ret Opt	**	170,090
*	Transamerica Life Insurance Co.	Transamerica LifeGoal 2025 with BlackRck RetOpt	**	412,050
*	Transamerica Life Insurance Co.	Transamerica LifeGoal 2045 with BlkRck Ret Opt	**	114,324
	Transamerica Life Insurance Co.	State Street Russell Small Cap Index Ret Opt	**	37,004
	Transamerica Life Insurance Co.	State Street S&P Mid Cap Index Ret Opt	**	60,504
	Transamerica Life Insurance Co.	Goldman Sachs Mid-Cap Opportunities Ret Opt	**	1,251
	Transamerica Life Insurance Co.	Amer Funds EuroPacific Growth Ret Opt	**	4,490
	Transamerica Life Insurance Co.	Loomis Sayles Investment Grade Bond Ret Opt	**	2,383
	Transamerica Life Insurance Co.	Vanguard International Value Ret Opt	**	4,310
	Transamerica Life Insurance Co.	TA Vanguard REIT Index Ret Opt	**	38,065
*	Transamerica Life Insurance Co.	Transamerica LifeGoal 2030 with BlackRck Re Opt	**	295,393
*	Transamerica Life Insurance Co.	Transamerica LifeGoal 2040 with BlkRck Ret Opt	**	448,875
*	Transamerica Life Insurance Co.	Transamerica LifeGoal 2050 with BlkRck Ret Opt	**	119,869

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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
	Transamerica Life Insurance Co.	Vanguard Total Stock Market Index Ret Opt	**	214,063
*	Transamerica Life Insurance Co.	Transamerica LifeGoal 2055 with BlkRck Ret Opt	**	250,013
*	Transamerica Life Insurance Co.	Transamerica LifeGoal 2035 with BlackRck RetOpt	**	656,352
	Transamerica Life Insurance Co.	Invesco International Sm Mid Company Ret Opt	**	57,993
*	Transamerica Life Insurance Co.	Loan Fund - Interest Rate 8.50%	**	38,624
	Transamerica Life Insurance Co.	American Funds Balanced Ret Opt	**	10,872
	Transamerica Life Insurance Co.	Goldman Sachs Technology Opportunities Ret Opt	**	8,615
	Transamerica Life Insurance Co.	JPMorgan Equity Income Ret Opt	**	50,732
	Transamerica Life Insurance Co.	MFS Massachusetts Inv Gr Stk	**	192,132
	Transamerica Life Insurance Co.	Allspring Special Mid Cap Value Ret Opt	**	22,217
	Windward Capital Management Co. 23821189	Cash and Equivalents	64,989	64,989
	Windward Capital Management Co. 23821189	U.S. BANCORP 2.400% Due 07-30-24 225,000	222,050	223,351
	Windward Capital Management Co. 23821189	SOUTHERN CALIF G 3.150% Due 09-15-24 60,000	59,827	59,670
	Windward Capital Management Co. 23821189	TIFFANY & CO. 3.800% Due 10-01-24 60,000	59,625	59,838
	Windward Capital Management Co. 23821189	CHEVRON U.S.A. IN 3.900% Due 11-15-24 60,000	59,930	59,691
	Windward Capital Management Co. 23821189	STATE STREET CORP 3.300% Due 12-16-24	59,015	59,105
	Windward Capital Management Co. 23821189	JOHNSON & JOHNSON 2.625% Due 01-15-25 175,000	172,664	173,465
	Windward Capital Management Co. 23821189	THE TORONTO-DOMINION 4.250% Due 03-16-25 100,000	98,225	98,500
	Windward Capital Management Co. 23821189	DEUTSCHE BANK 4.162% Due 05-13-25 250,000	242,073	248,056
	Windward Capital Management Co. 23821189	TOYOTA MOTOR CREDIT 3.950% Due 06-30-25 75,000	74,039	74,118
	Windward Capital Management Co. 23821189	JPMORGAN CHASE & CO 3.900% Due 07-15-25 250,000	245,750	250,622
	Windward Capital Management Co. 23821189	BANK OF AMERICA 3.875% Due 08-01-25 90,000	88,419	90,105

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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. 23821189	VISA INC. 3.150% Due 12-14-25 140,000	139,628	136,834
	Windward Capital Management Co. 23821189	FEDERAL FARM CR BKS 4.125% Due 12-12-25 135,000	133,157	133,612
	Windward Capital Management Co. 23821189	FEDERAL FARM CR BKS 5.050% Due 07-28-28 382,000	381,113	393,118
	Windward Capital Management Co. 23821189	FEDERAL HOME LN MTG 2.200% Due 09-27-24 225,000	223,328	221,662
	Windward Capital Management Co. 23821189	FEDERAL HOME LN MTG 2.500% Due 10-08-24 125,000	124,151	123,415
	Windward Capital Management Co. 23821189	FEDERAL HOME LN MTG 5.350% Due 05-16-25 100,000	99,990	100,414
	Windward Capital Management Co. 23821189	FHLMC 5.500% Due 11-17-25 75,000	74,839	75,378
	Windward Capital Management Co. 23821189	FHLMC 5.750% Due 04-26-27 70,000	69,979	70,582
	Windward Capital Management Co. 23821189	FHLB 2.800% Due 10-25-24 240,000	238,654	236,957
	Windward Capital Management Co. 23821189	FHLB 4.050% Due 07-28-25 397,000	392,291	401,585
	Windward Capital Management Co. 23821189	FHLB 4.100% Due 08-08-25 397,000	392,341	401,324
	Windward Capital Management Co. 23821189	FHLB 5.300% Due 02-05-26 120,000	119,964	122,360
	Windward Capital Management Co. 23821189	FHLB 5.300% Due 06-05-26 100,000	99,820	100,051
	Windward Capital Management Co. 23821189	FEDERAL HOME LOAN BANKS 4.250% Due 09-15-27 415,000	410,191	416,247
	Windward Capital Management Co. 23821189	US TREASU NT 3.875% Due 01-15-26 388,000	387,674	392,040
	Windward Capital Management Co. 23821189	US TREASUR NT 1.250% Due 12-31-26 403,000	367,407	372,177
	Windward Capital Management Co. 23821189	US TREASUR NT 2.750% Due 04-30-27 429,000	403,009	414,890
	Windward Capital Management Co. 23821189	US TREASU NT 2.625% Due 05-31-27 203,000	194,167	194,871
	Windward Capital Management Co. 23821189	US TREASU NT 1.125% Due 02-29-28 203,000	179,947	182,395
	Windward Capital Management Co. 23821189	US TREASUR NT 1.250% Due 04-30-28 429,000	370,091	385,289
	Windward Capital Management Co. 23821189	ASML HOLDING N V F SPONSORED ADR 97.0000	65,140	73,421
	Windward Capital Management Co. 23821189	AMAZON.COM INC 6,427	169,645	976,518

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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. 23821189	D R HORTON CO 2,580	251,015	392,108
	Windward Capital Management Co. 23821189	MARRIOTT INTL INC CLASS A 1,777	126,205	400,731
	Windward Capital Management Co. 23821189	NIKE INC CLASS B 4,947	200,195	538,926
	Windward Capital Management Co. 23821189	STARBUCKS CORP 1,446	64,377	138,830
	Windward Capital Management Co. 23821189	TJX COMPANIES INC 3,221	155,362	302,162
	Windward Capital Management Co. 23821189	COSTCO WHOLESALE CO 1,107	136,719	747,314
	Windward Capital Management Co. 23821189	PEPSICO INC 1,444	122,198	247,076
	Windward Capital Management Co. 23821189	PROCTER & GAMBLE 1,732	134,986	253,807
	Windward Capital Management Co. 23821189	AMGEN INC. 338	57,620	97,351
	Windward Capital Management Co. 23821189	CVS HEALTH CORP 4,537	249,395	358,242
	Windward Capital Management Co. 23821189	ILLUMINA INC 289	57,270	40,240
	Windward Capital Management Co. 23821189	THERMO FISHER SCNTFC 549	261,153	291,596
	Windward Capital Management Co. 23821189	ZOETIS INC CLASS A	180,513	460,069
	Windward Capital Management Co. 23821189	ALPHABET INC. CLASS A 4,665	129,986	651,654
	Windward Capital Management Co. 23821189	ALPHABET INC. CLASS C 4,660	128,041	656,734
	Windward Capital Management Co. 23821189	COMCAST CORP CLASS A 3,955	113,155	173,427
	Windward Capital Management Co. 23821189	WALT DISNEY CO 2,604	297,984	235,896
	Windward Capital Management Co. 23821189	BLACKROCK INC 545	165,516	442,431
	Windward Capital Management Co. 23821189	CME GROUP INC CLASS A 1,060	132,850	223,236
	Windward Capital Management Co. 23821189	FISERV INC 3,376	151,305	448,468
	Windward Capital Management Co. 23821189	BOEING CO 734	202,245	191,324
	Windward Capital Management Co. 23821189	CANADIAN NATL RAILWY F 2,915	158,013	366,211

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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. 23821189	CARRIER GLOBAL CORP 1,917	40,002	110,496
	Windward Capital Management Co. 23821189	CUMMINS INC 870	114,316	208,426
	Windward Capital Management Co. 23821189	LOCKHEED MARTIN CORP 743	223,792	336,757
	Windward Capital Management Co. 23821189	OTIS WORLDWIDE CORP 947	56,491	84,728
	Windward Capital Management Co. 23821189	RTX CORP 1,908	128,545	160,539
	Windward Capital Management Co. 23821189	CORTEVA INC 1,234	36,977	59,133
	Windward Capital Management Co. 23821189	DUPONT DE NEMOURS INC IA 1,230	92,860	94,624
	Windward Capital Management Co. 23821189	LINDE PLC F 1,160	218,767	476,424
	Windward Capital Management Co. 23821189	ACCENTURE PLC F CLASS A 1,793	133,523	629,182
	Windward Capital Management Co. 23821189	APPLE INC 14,135	291,533	2,721,412
	Windward Capital Management Co. 23821189	SALESFORCE INC 3,110	175,887	818,365
	Windward Capital Management Co. 23821189	TERADYNE INCORPORATE 1,727	167,137	187,414
	Windward Capital Management Co. 23821189	NEXTERA ENERGY INC 5,702	295,097	346,339
	Windward Capital Management Co. 89068613	Cash and Equivalents	1,833	1,833
	Windward Capital Management Co. 89068613	MORGAN STANLEY 3.700% Due 10-23-24 15,000	14,676	14,910
	Windward Capital Management Co. 89068613	APPLE INC. 2.750% Due 01-13-25 20,000	19,871	19,852
	Windward Capital Management Co. 89068613	FEDERAL FARM CR BKS 5.050% Due 07-28-28 3,000	2,993	3,087
	Windward Capital Management Co. 89068613	FEDERAL HOME LN MTG 2.200% Due 09-27-24 15,000	14,889	14,777
	Windward Capital Management Co. 89068613	FEDERAL HOME LN MTG 5.050% Due 12-30-24 10,000	9,998	9,965
	Windward Capital Management Co. 89068613	FHLB 2.800% Due 10-25-24 10,000	9,944	9,873
	Windward Capital Management Co. 89068613	FHLB 5.250% Due 05-22-25 15,000	14,996	15,054
	Windward Capital Management Co. 89068613	FHLB 4.050% Due 07-28-25 10,000	9,881	10,115

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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. 89068613	FHLB 5.300% Due 02-05-26 10,000	9,997	10,197
	Windward Capital Management Co. 89068613	FHLB 5.000% Due 05-03-27 16,000	15,955	16,059
	Windward Capital Management Co. 89068613	US TREASU NT 3.875% Due 01-15-26 3,000	2,997	3,031
	Windward Capital Management Co. 89068613	US TREASUR NT 1.250% Due 12-31-26 3,000	2,735	2,771
	Windward Capital Management Co. 89068613	US TREASUR NT 2.750% Due 04-30-27 3,000	2,818	2,901
	Windward Capital Management Co. 89068613	US TREASU NT 2.625% Due 05-31-27 2,000	1,913	1,920
	Windward Capital Management Co. 89068613	US TREASU NT 1.125% Due 02-29-28 1,000	886	898
	Windward Capital Management Co. 89068613	US TREASUR NT 1.250% Due 04-30-28 3,000	2,588	2,694
	Windward Capital Management Co. 89068613	ASML HOLDING N V F SPONSORED ADR 2.0000	1,345	1,514
	Windward Capital Management Co. 89068613	AMAZON.COM INC 156.0000	3,441	23,703
	Windward Capital Management Co. 89068613	D R HORTON CO 64.0000	6,228	9,727
	Windward Capital Management Co. 89068613	MARRIOTT INTL INC CLASS A 46.0000	3,309	10,373
	Windward Capital Management Co. 89068613	NIKE INC CLASS B 123.0000	6,489	13,354
	Windward Capital Management Co. 89068613	STARBUCKS CORP 36.0000	1,581	3,456
	Windward Capital Management Co. 89068613	TJX COMPANIES INC 82.0000	4,321	7,692
	Windward Capital Management Co. 89068613	COSTCO WHOLESALE CO 28.0000	4,487	18,482
	Windward Capital Management Co. 89068613	PEPSICO INC 37.0000	3,234	6,284
	Windward Capital Management Co. 89068613	PROCTER & GAMBLE 45.0000	3,516	6,594
	Windward Capital Management Co. 89068613	AMGEN INC. 9.0000	1,461	2,592
	Windward Capital Management Co. 89068613	CVS HEALTH CORP115.0000	11,016	9,080
	Windward Capital Management Co. 89068613	ILLUMINA INC 8.0000	1,563	1,114
	Windward Capital Management Co. 89068613	THERMO FISHER SCNTFC 14.0000	6,584	7,431

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	Windward Capital Management Co. 89068613	ZOETIS INC CLASS A 58.0000	4,344	11,447
	Windward Capital Management Co. 89068613	ALPHABET INC. CLASS A 115.0000	4,120	16,064
	Windward Capital Management Co. 89068613	ALPHABET INC. CLASS C 115.0000	3,352	16,207
	Windward Capital Management Co. 89068613	COMCAST CORP CLASS A 107.0000	3,044	4,692
	Windward Capital Management Co. 89068613	WALT DISNEY CO 65.0000	7,825	5,869
	Windward Capital Management Co. 89068613	BLACKROCK INC 14.0000	4,427	11,365
	Windward Capital Management Co. 89068613	CME GROUP INC CLASS A 27.0000	3,042	11,252
	Windward Capital Management Co. 89068613	FISERV INC 88.0000	3,682	11,690
	Windward Capital Management Co. 89068613	BOEING CO 18.0000	5,433	4,692
	Windward Capital Management Co. 89068613	CANADIAN NATL RAILWY F 73.0000	4,438	9,171
	Windward Capital Management Co. 89068613	CARRIER GLOBAL CORP 51.0000	1,149	2,930
	Windward Capital Management Co. 89068613	CUMMINS INC 22.0000	3,020	5,271
	Windward Capital Management Co. 89068613	LOCKHEED MARTIN CORP 19.0000	5,389	8,612
	Windward Capital Management Co. 89068613	OTIS WORLDWIDE CORP 25.0000	1,695	2,237
	Windward Capital Management Co. 89068613	RTX CORP 51.0000	3,833	4,291
	Windward Capital Management Co. 89068613	CORTEVA INC 34.0000	1,133	1,629
	Windward Capital Management Co. 89068613	DUPONT DE NEMOURS INC IA 34.0000	3,124	2,616
	Windward Capital Management Co. 89068613	LINDE PLC F 29.0000	5,414	11,911
	Windward Capital Management Co. 89068613	ACCENTURE PLC F CLASS A	4,190	16,142
	Windward Capital Management Co. 89068613	APPLE INC	11,839	68,156
	Windward Capital Management Co. 89068613	SALESFORCE INC	5,431	20,788

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	Windward Capital Management Co. 89068613	TERADYNE INCORPORATE	4,144	4,666
	Windward Capital Management Co. 89068613	NEXTERA ENERGY INC	7,381	9,050
*	Participant Loans	Interest Rate 4.25% - 8.50%	0	177,659
	TOTAL		<u>12,233,159</u>	<u>25,374,081</u>

** Historical cost information is not required on Schedule H, Part IV, Line 4i - Schedule of Assets Held for Investment Purposes at End of Year for Participant directed investment funds.

See accompanying independent auditors' report.