

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 <h2 style="text-align: center;">2023</h2> 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 10/01/2023 and ending 09/30/2024

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

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>CYPRESS LAWN CEMETERY ASSOCIATION RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CYPRESS LAWN CEMETERY ASSOCIATION</u> <u>1370 EL CAMINO REAL</u> <u>COLMA, CA 94014-3239</u>	1c Effective date of plan <u>10/01/1964</u> 2b Employer Identification Number (EIN) <u>94-0416370</u> 2c Plan Sponsor's telephone number <u>650-755-0580</u> 2d Business code (see instructions) <u>812210</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2025	RAYMOND SALA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">RETIREMENT PLAN COMMITTEE</p> <p style="color: blue;">1370 EL CAMINO REAL COLMA, CA 94014-3239</p>	<p>3b Administrator's EIN 94-2941989</p> <p>3c Administrator's telephone number 650-755-0580</p>
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<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
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5 Total number of participants at the beginning of the plan year	5	169
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	41
a(2) Total number of active participants at the end of the plan year	6a(2)	39
b Retired or separated participants receiving benefits	6b	82
c Other retired or separated participants entitled to future benefits	6c	33
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	154
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	10
f Total. Add lines 6d and 6e	6f	164
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I

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

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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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)

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>CYPRESS LAWN CEMETERY ASSOCIATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CYPRESS LAWN CEMETERY ASSOCIATION</u>	D Employer Identification Number (EIN) <u>94-0416370</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>16035860</u>
	b Actuarial value	2b	<u>17141143</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>94</u>	<u>11626286</u>
	b For terminated vested participants	<u>34</u>	<u>1401533</u>
	c For active participants	<u>41</u>	<u>3686459</u>
	d Total	<u>169</u>	<u>16714278</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.19 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>0</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	<u>07/15/2025</u>
	<u>DYLAN RIEKEMAN, F.S.A., E.A.</u>	Date
	Type or print name of actuary	<u>23-08506</u>
	<u>USI CONSULTING GROUP</u>	Most recent enrollment number
	Firm name	<u>629-895-7845</u>
	<u>5301 VIRGINIA WAY, SUITE 400</u> <u>BRENTWOOD, TN 37027</u>	Telephone number (including area code)
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>9.36</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.35</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	102.52 %
15	Adjusted funding target attainment percentage	15	102.52 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	105.61 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:				
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	0
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount

	33	
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34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)

	39	0
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40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan CYPRESS LAWN CEMETERY ASSOCIATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CYPRESS LAWN CEMETERY ASSOCIATION	D Employer Identification Number (EIN) 94-0416370	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

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

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

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

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)

USI CONSULTING GROUP

06-1053228

(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?
11	NONE	9532	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>CYPRESS LAWN CEMETERY ASSOCIATION 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>CYPRESS LAWN CEMETERY ASSOCIATION</u>	D Employer Identification Number (EIN) <u>94-0416370</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: PR/MM LIAB DRIVEN SOLUTION CIT I

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

c EIN-PN <u>30-6225619-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11870858</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PR/MM LIAB DRIVEN SOLUTION CIT II

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

c EIN-PN <u>80-6049172-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5512022</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, 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 plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan CYPRESS LAWN CEMETERY ASSOCIATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CYPRESS LAWN CEMETERY ASSOCIATION	D Employer Identification Number (EIN) 94-0416370

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	-7891	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	9541	499
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	444896	162919
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	12383677	17382880
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3205637	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	16035860	17546298
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	16035860	17546298

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)		
(B) Participants	2a(1)(B)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12435	
(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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)	58495	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	1468467	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1468467	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		2499531
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		171357
c Other income	2c		1599
d Total income. Add all income amounts in column (b) and enter total	2d		2743417

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1223447	
(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)		1223447
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(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)	9532	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		9532
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1232979

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1510438
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: HOOD & STRONG LLP

(2) EIN: 94-1254756

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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 0.

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 540393.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>CYPRESS LAWN CEMETERY ASSOCIATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CYPRESS LAWN CEMETERY ASSOCIATION</u>	D Employer Identification Number (EIN) <u>94-0416370</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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): <u>41-6257133</u>		
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	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Cypress Lawn Cemetery Association Retirement Plan

September 30, 2024 (Liquidation Basis) and 2023

Independent Auditors' Report,
Financial Statements and
Supplemental Schedules

Plan Sponsor: Cypress Lawn
Cemetery Association
Plan Sponsor EIN: 94-0416370
Plan Number: 001

Cypress Lawn Cemetery Association Retirement Plan

Independent Auditors' Report, Financial Statements and Supplemental Schedules

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Independent Auditors' Report

THE RETIREMENT COMMITTEE
CYPRESS LAWN CEMETERY
ASSOCIATION RETIREMENT PLAN
Colma, California

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

We have performed audits of the financial statements of the **CYPRESS LAWN CEMETERY ASSOCIATION RETIREMENT PLAN (the Plan)**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits in liquidation as of September 30, 2024 and the statement of net assets available for benefits as of September 30, 2023, the related statement of changes in net assets available for benefits in liquidation for the year ended September 30, 2024, and the statement of accumulated benefits as of September 30, 2023, and the related statement of changes in accumulated benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended September 30, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter – Plan Termination and Liquidation Basis

As discussed in Note 8 to the financial statements, on April 30, 2024, the Board of Directors of Cypress Lawn Cemetery Association adopted a resolution to terminate the Plan effective June 30, 2024, and management determined that liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis of accounting used in presenting the 2023 financial statements to the liquidation basis of accounting used in presenting the 2024 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

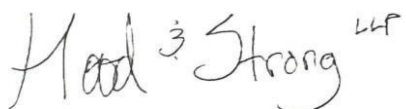
Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions as of or for the year ended September 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



San Francisco, California
July 15, 2025

Cypress Lawn Cemetery Association Retirement Plan

Statement of Net Assets Available for Benefits in Liquidation

<i>September 30,</i>	(In Liquidation) 2024	(Ongoing) 2023
Assets:		
Investments, at liquidation value/fair value:		
Cash equivalent - money market fund	\$ 162,919	\$ 437,005
Common/collective trust funds	17,382,880	12,383,677
Mutual funds	-	3,205,637
Total investments, at liquidation value/fair value	17,545,799	16,026,319
Income receivable	499	9,541
Total assets	17,546,298	16,035,860
Liabilities:		
Accrued liquidation costs	75,589	-
Total liabilities	75,589	-
Net Assets Available for Benefits	\$ 17,470,709	\$ 16,035,860

See accompanying notes to the financial statements.

Cypress Lawn Cemetery Association Retirement Plan

Statement of Changes in Net Assets Available for Benefits in Liquidation

<i>Years Ended September 30,</i>	(In Liquidation) 2024	(Ongoing) 2023
Additions to Net Assets Attributed to:		
Investment income:		
Net appreciation in liquidation value/fair value of investments	\$ 2,670,888	\$ 1,284,578
Interest and dividends	70,930	136,639
Other income	1,599	3,407
Total additions	2,743,417	1,424,624
Deductions from Net Assets Attributed to:		
Benefit payments	(1,223,447)	(1,199,074)
Administrative expenses	(85,121)	-
Total deductions	(1,308,568)	(1,199,074)
Net Increase	1,434,849	225,550
Net Assets Available for Benefits, beginning of year	16,035,860	15,810,310
Net Assets Available for Benefits, end of year	\$ 17,470,709	\$ 16,035,860

See accompanying notes to the financial statements.

Cypress Lawn Cemetery Association Retirement Plan

Statement of Accumulated Benefits

September 30, 2023

(Ongoing)

Actuarial Present Value of Accumulated Benefits

Vested Benefits:

Active participants	\$ 2,894,109
Retired participants	10,372,565
Terminated participants with vested benefits	577,813

Total vested benefits 13,844,487

Nonvested Benefits 8,440

Total Actuarial Present Value of Accumulated Benefits \$ 13,852,927

See accompanying notes to the financial statements.

Cypress Lawn Cemetery Association Retirement Plan

Statement of Changes in Accumulated Benefits

<i>Year Ended September 30, 2023</i>	<i>(Ongoing)</i>
Actuarial Present Value of Accumulated Benefits, beginning of year	\$ 13,797,967
Increase During Plan Year Attributed to:	
Benefits accumulated (including investment gains and losses)	263,339
Interest	990,695
Benefits paid	(1,199,074)
Net increase	54,960
Actuarial Present Value of Accumulated Benefits, end of year	\$ 13,852,927

See accompanying notes to the financial statements.

Cypress Lawn Cemetery Association Retirement Plan

Notes to the Financial Statements

Note 1 - Description of the Plan:

The following description of the Cypress Lawn Cemetery Association Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Summary Plan Description and/or Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan, an employee defined benefit plan, was established on October 1, 1964, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan is administered by the Retirement Committee appointed by the Cypress Lawn Cemetery Association’s (the “Association”) Board of Directors, which is responsible for keeping accurate and complete records of the Plan’s operations, informing participants of changes or amendments to the Plan, ensuring that the Plan conforms to the law and government regulations, and providing participants with any reports and documents required by law. Effective May 1, 2007, the Board of Directors of the Association approved freezing the Plan. Employees hired after May 1, 2007 are not eligible to participate in the Plan. Active participants as of May 1, 2007 continued to accrue benefits in accordance with the Plan provisions. In October 2010, the Association approved freezing benefit accruals under the Plan for all participants effective January 1, 2012. As further discussed in Note 8, the Board of Directors of the Association adopted a resolution effective June 30, 2024 to terminate the Plan. In conjunction with this resolution, the Plan adopted Amendment Number One to the Amended and Restated Cypress Lawn Cemetery Association Retirement Plan document.

Plan Administrator

The Association is the administrator of the Plan. As administrator, the Association has exclusive authority and responsibility for all matters in connection with the operation and administration of the Plan (including the authority and responsibility to invest, manage, and control the assets of the Plan specifically allocated to the Trustee). Principal Bank is the appointed Trustee of the Plan’s investments.

Pension Benefits

Participants with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65). The Plan permits early retirement at ages 55 through 64, provided the participant has completed a minimum of 10 years of vesting service, as defined by the Plan. Upon retirement, participants will receive the value of their accumulated plan benefits as a life annuity payable monthly. Participants may elect to receive their pension benefits in the form of a joint and survivor annuity. If participants terminate before rendering five years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Association’s contributions.

Cypress Lawn Cemetery Association Retirement Plan

Notes to the Financial Statements

Annual retirement benefits are calculated as follows:

1. For service prior to October 1, 1985: 1% of the first \$9,000 of the average salary over the five years preceding October 1, 1985 plus 2% of that same average salary in excess of \$9,000, multiplied by the number of years of credited service prior to October 1, 1985.
2. For service from October 1, 1985 to October 1, 1989: 1% of annual salary of the first \$9,000 of salary during each year of service plus 2% of such salary in excess of \$9,000 for each year of service.
3. For service on and after October 1, 1989: 1.35% of salary during each year of service plus 0.65% of such salary in excess of \$9,000 for each year of service, up to 35 total years of service.

Death and Disability Benefits

If a participant dies after becoming vested, a death benefit equal to the value of the participant's accumulated pension benefits is paid to the participant's surviving spouse in the form of a survivor annuity for life. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Eligibility for death and disability benefits begins on the date the participant would have been eligible for early retirement.

Note 2 - Summary of Significant Accounting Policies:

Basis of Accounting

Due to the decision during 2024 to terminate the Plan, management determined that liquidation of the Plan is imminent therefore the financial statements for 2024 have been prepared using the liquidation basis of accounting. Under the liquidation basis, assets are measured at the amounts expected to be realized and liabilities are measured based on the amounts expected to be settled. The 2023 financial statements were prepared, using going concern, on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires the Plan Administrator 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.

Cypress Lawn Cemetery Association Retirement Plan

Notes to the Financial Statements

Investment Valuation and Income Recognition

Investments are reported at liquidation value for the year ended September 30, 2024 and fair value for the year ended September 30, 2023. Liquidation value is the estimated value which the Plan expects to collect at liquidation. Fair value is the price that would be received to sell assets or paid to transfer liabilities in an orderly transaction between market participants at the measurement date. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment advisor and Trustee. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are reflected on a trade date basis. Interest is recorded as earned on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Benefits

The Statements of Accumulated Benefits and Changes in Accumulated Benefits were presented as of and for the year ended September 30, 2023 (2023). Accumulated benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of deceased employees, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated benefits is determined by the Plan's actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of September 30, 2023 and 2022 are as follows:

	2023	2022
Rate of return on investments	5.92%	6.11%
Discount rates	7.50%	7.50%
Mortality	IRS 2023 Statist Mortality Table (based on RP-2014)	IRS 2022 Statist Mortality Table (based on RP-2014)
Normal retirement age	65	65

Cypress Lawn Cemetery Association Retirement Plan

Notes to the Financial Statements

The foregoing actuarial assumptions were based on the presumption that the Plan would continue. With the decision to terminate the Plan, different actuarial assumptions and other factors may be applicable in determining the actuarial present value of accumulated benefits. The actuary indicated that the decision to terminate the Plan effective June 30, 2024, as discussed further in Note 8, did not impact the actuarial present value of accumulated benefits as of September 30, 2023.

The Plan's termination resulted in changes to certain actuarial assumptions for the year ended September 30, 2024. The interest rate changed from 7.50% as of September 30, 2023 to 4.81% as of September 30, 2024. Mortality was updated from the IRS 2023 Statis Mortality Table (based on RP-2014) to the IRS 2024 Generational Mortality Table with mortality improvement projected under Projection Scale MP-2021. The impact was an increase of \$993,920 in the actuarial present value of accumulated plan benefits for interest due to the decrease in the discount period and an increase of \$2,994,027 for changes in actuarial assumptions for the year ended September 30, 2024. As a result of the Plan's termination, all participants became 100% vested.

Contributions

Contributions from the Association are accrued by the Plan and recognized in the Plan year as designated by the Association.

Funding Policy

The Association's funding policy is to make at least the minimum contribution to the Plan as determined by the Plan's independent actuary. No employee contributions are permitted. The Plan has met the minimum funding requirements of ERISA for the years ended September 30, 2024 and 2023.

Administrative Expenses

Administrative expenses associated with the Plan are paid by the Association. Expenses paid by the Association are excluded from these financial statements. In addition, certain investment related expenses are included in net appreciation in the liquidation or fair value of investments.

Benefit Payments

Benefits are recorded when paid.

Subsequent Events

The Plan Administrator has evaluated subsequent events from September 30, 2024 through July 15, 2025, the date these financial statements were available to be issued, and determined that no other material subsequent events occurred that required recognition or additional disclosure in these financial statements other than the matters described below and Note 8.

Cypress Lawn Cemetery Association Retirement Plan

Notes to the Financial Statements

Following the termination described in Note 8, final distributions from plan assets were made on February 3, 2025, by lump-sum payments totaling \$10,862,528, and on February 28, 2025, when \$5,574,000 for annuity payments was transferred to an insurance company. As of May 15, 2025, all investments had been liquidated. During 2025, the Plan Sponsor intends to file the final Form 5500 and related documents with the Department of Labor and IRS to formally terminate the Plan.

Note 3 - Information Certified by Principal Bank (Trustee):

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at September 30, 2024 and 2023, and net appreciation in liquidation/fair value of investments, interest and dividends, and other income for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Principal Bank.

Note 4 - Fair Value Measurements:

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

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

Cypress Lawn Cemetery Association Retirement Plan

Notes to the Financial Statements

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 on a recurring basis and recognized in the accompanying Statement of Net Assets Available for Benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at liquidation value at September 30, 2024 and at fair value at September 30, 2023. The liquidation value has been determined to approximate fair value, therefore there have been no changes in the methodologies used at September 30, 2024 and 2023.

Cash equivalent - money market fund: Valued based on redemption values on the last business day of the Plan year.

Common/collective trust funds: Valued at the net asset value ("NAV") of units of a bank collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

While the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the liquidation/fair value of certain financial instruments could result in different value measurements at the reporting dates.

Cypress Lawn Cemetery Association Retirement Plan

Notes to the Financial Statements

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at liquidation value as of September 30, 2024 and at fair value as of September 30, 2023:

September 30, 2024	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash equivalent - money market fund	\$ 162,919			\$ 162,919
Total assets in the fair value hierarchy	\$ 162,919	-	-	162,919
Investments measured at NAV using the practical expedient (a)				<u>17,382,880</u>
Total investments, at liquidation value				<u>\$ 17,545,799</u>
September 30, 2023	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash equivalent - money market fund	\$ 437,005			\$ 437,005
Mutual funds	3,205,637			3,205,637
Total assets in the fair value hierarchy	\$ 3,642,642	-	-	3,642,642
Investments measured at NAV using the practical expedient (a)				<u>12,383,677</u>
Total investments, at fair value				<u>\$ 16,026,319</u>

Cypress Lawn Cemetery Association Retirement Plan

Notes to the Financial Statements

- (a) Certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair values and net asset values presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statement of Net Assets Available for Benefits.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments measured at NAV per share representing liquidation value as of September 30, 2024 and fair value as of September 30, 2023, as a practical expedient. The redemption notice period is applicable to the Plan.

	September 30, 2024 <u>NAV</u>	September 30, 2023 <u>NAV</u>	Unfunded <u>Commitments</u>	Redemption Frequency <u>(if eligible)</u>	Redemption Notice <u>Period</u>
Collective trust funds:					
Bond funds	\$ 17,382,880	\$ 6,893,257	n/a	Daily	1 to 6 days
Index funds	-	\$ 2,223,217	n/a	Daily	1 day
Large cap funds	-	\$ 1,020,450	n/a	Daily	1 day
International funds	-	\$ 910,316	n/a	Daily	1 day
Small cap funds	-	\$ 499,720	n/a	Daily	1 day
Value funds	-	\$ 417,144	n/a	Daily	1 day
Equity funds	-	\$ 419,573	n/a	Daily	1 to 6 days

Note 5 - Party-in-interest Transactions:

Certain investments held by the Plan, including a money market fund and common/collective trust funds, are managed by Principal Bank, which is also the Trustee of the Plan. Any purchases and sales of these funds are performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan, and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

Note 6 - Plan Premium:

The Pension Benefit Guaranty Corporation ("PBGC") requires annual premium payments to cover all participants in the Plan. For the years ended September 30, 2024 and 2023, \$19,188 and \$62,528, respectively, was paid by the Association.

Cypress Lawn Cemetery Association Retirement Plan

Notes to the Financial Statements

Note 7 - Tax Status:

The Plan obtained its latest determination letter dated December 15, 2016 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (“IRC”). The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires Plan management to evaluate tax provisions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that is more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management evaluated the Plan’s tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

Note 8 - Plan Termination

On April 30, 2024, the Board of Directors of the Association adopted a resolution to terminate the Plan effective June 30, 2024. The Plan notified the covered employees about the intent to terminate the plan. All participants became fully vested as of June 30, 2024 and have an option to receive, upon termination of the Plan, a lump sum payment or an annuity for the accumulated benefits. As part of the resolution to terminate the Plan, Amendment Number One to the Amended and Restated Cypress Lawn Cemetery Association Retirement Plan was adopted effective June 30, 2024. The amendment added certain provisions to prepare the Plan for the Termination as well as changing certain definitions.

Upon termination of the Plan, the net assets are allocated for payment of Plan benefits to the participants in order of the priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination, subject to a statutory ceiling on the amount of an individual’s monthly benefit.

Whether all participants receive their benefits will depend on the sufficiency of the Plan’s net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Cypress Lawn Cemetery Association Retirement Plan

Notes to the Financial Statements

As of September 30, 2024, all Plan assets remained in trust pending the final settlement of participant benefits.

As of July 15, 2025, the date these financial statements were available to be issued, the Plan has been effectively terminated and all Plan assets in Trust have been properly and effectively disbursed. No additional funding was necessary or required from the Association to effect this termination.

Note 9 - Risks and Uncertainties:

Investment securities are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the nature of risks associated with investment securities, it is at least reasonably possible that changes in the level of risks in the near term could materially affect the amounts reported in the Statement of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

The underlying securities of the Plan's investments could include securities with contractual cash flows, such as, but not limited to, asset-backed securities, collateralized mortgage obligations, and commercial mortgage backed securities and real estate. The value, liquidity, and related income of these securities may be particularly sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by real or perceived difficulties of the issuers, changes in interest rates and conditions in financial markets.

The following table presents the fair value of single investments representing more than 10% of the Plan's net assets as of September 30, 2024 and 2023:

	2024	2023
Principal/Multi-manager Liability Driven Solution CIT I	\$ 11,870,858	-
Principal/Multi-manager Liability Driven Solution CIT II	\$ 5,512,022	-
Allspring Core Bond CIT N	-	\$ 2,299,231
Principal/Dodge & Cox Intermediate Bond CIT N	-	\$ 2,295,599
Principal/Federated Total Return Bond CIT N	-	\$ 2,298,427
Metropolitan West Total Return Bond Fund Class I #512	-	\$ 2,296,736

Cypress Lawn Cemetery Association Retirement Plan

Notes to the Financial Statements

Note 10 - Reconciliation of Financial Statement to Form 5500:

The following is a reconciliation of net assets available for benefits in liquidation per these financial statements as of September 30, 2024 to the Form 5500:

Net assets available for benefit in liquidation per these financial statements	\$ 17,470,709
Adjustments to liquidation basis:	
Administrative expenses incurred in liquidation	75,589
<hr/>	
Net assets per Form 5500	\$ 17,546,298
<hr/>	

The following is a reconciliation of net increase in net assets available for benefits in liquidation per these financial statements to net income per the Form 5500 for the year ended September 30, 2024:

Net increase in net assets available for benefit in liquidation per these financial statements	\$ 1,434,849
Adjustments to liquidation basis:	
Administrative expenses incurred in liquidation	75,589
<hr/>	
Net income per Form 5500	\$ 1,510,438
<hr/>	

Cypress Lawn Cemetery Association Retirement Plan

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

Plan Sponsor: Cypress Lawn Cemetery Association

Plan Sponsor EIN: 94-0416370

Plan Number: 001

(See Independent Auditors' Report)

September 30, 2024

- (a) Identity of issue, borrower, lessor, or similar party
- (b) Description of investment, including maturity date, rate of interest, par or maturity value
- (c) Cost
- (d) Current value

	(a)	(b)	(c)	(d)
Registered Investment Companies:				
* Principal Blackrock Short- term Investment Fund A S1		Money market fund	\$ 162,919	\$ 162,919
* Principal/Multi-manager Liability Driven Solution CIT I		Common/collective trust fund	11,100,375	11,870,858
* Principal/Multi-manager Liability Driven Solution CIT II		Common/collective trust fund	5,068,777	5,512,022
Total Investments			\$ 16,332,071	\$ 17,545,799

* Managed by Party-in-Interest

Cypress Lawn Cemetery Association Retirement Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

Plan Sponsor: Cypress Lawn Cemetery Association

Plan Sponsor EIN: 94-0416370

Plan Number: 001

(See Independent Auditors' Report)

Year Ended September 30, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)			
Single Transaction Exceeds 5% of Value:								
Principal/Blackrock S&P Midcap Index CIT N	Common/collective trust fund	\$ 952,077	\$ 468,982	\$ 952,077	\$	483,095		
Principal/Blackrock S&P 500 Index CIT N	Common/collective trust fund	1,444,397	536,044	1,444,397		908,352		
Metropolitan West Total Return Bond Fund Class I #512	Mutual Fund	2,406,513	2,835,262	2,406,513		(428,749)		
Principal/Dodge & Cox Intermediate Bond CIT N	Common/collective trust fund	2,413,649	2,123,260	2,413,649		290,389		
Principal/Federated Total Return Bond CIT N	Common/collective trust fund	2,410,793	2,210,306	2,410,793		200,486		
Allspring Core Bond CIT N	Common/collective trust fund	2,412,495	2,273,430	2,412,495		139,066		
Principal/Multi-manager Liability Driven Solution CIT II	Common/collective trust fund	\$ 5,357,194						
Principal/Multi-manager Liability Driven Solution CIT I	Common/collective trust fund	11,384,038						
Series of Transactions With Same Broker Exceeds 5% of Value:								
No Transactions Qualified for This Section								
Series of Transactions in Same Security Exceeds 5% of Value:								
Principal Blackrock S/T Investment Fund F	Common/collective trust fund	1,186,493						
Principal Blackrock S/T Investment Fund F	Common/collective trust fund	1,468,466						
Principal/Blackrock S&P Midcap Index CIT N	Common/collective trust fund	1,027,562				520,438		
Principal/Blackrock S&P 500 Index CIT N	Common/collective trust fund	1,574,969				987,371		
Metropolitan West Total Return Bond Fund Class I #512	Mutual Fund	35,803						
Metropolitan West Total Return Bond Fund Class I #512	Mutual Fund	33,935						
Metropolitan West Total Return Bond Fund Class I #512	Mutual Fund	27,742						
Principal/Dodge & Cox Intermediate Bond CIT N	Common/collective trust fund	2,438,884				(433,796)		
Principal/Dodge & Cox Intermediate Bond CIT N	Common/collective trust fund	2,451,454				294,513		
Principal/Federated Total Return Bond CIT N	Common/collective trust fund	2,450,030				203,505		
Allspring Core Bond CIT N	Common/collective trust fund	44,537						
Allspring Core Bond CIT N	Common/collective trust fund	2,313,145				140,661		
Principal/Multi-manager Liability Driven Solution CIT II	Common/collective trust fund	5,401,407				16,185		
Principal/Multi-manager Liability Driven Solution CIT II	Common/collective trust fund	348,816						
Principal/Multi-manager Liability Driven Solution CIT I	Common/collective trust fund	11,407,536						
Principal/Multi-manager Liability Driven Solution CIT I	Common/collective trust fund	310,413				3,253		

Single Transaction With One Broker Exceeds 5% of Value:
No Transactions Qualified for This Section

Supplementary Schedule

Age Near Year	Years of Credited Service										
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25											
25-29											
30-34											
35-39					2						2
40-44					2	2					4
45-49					1	1	1				3
50-54					4		1	1			6
55-59					6	1					7
60-64					5	2					7
65-69					6	1					7
70+					3	2					5
Total					29	9	2	1			41

Statement of Actuarial Assumptions and Methods

Minimum Funding Annual Interest Rates	24-month segment rates averaged through the end of May 2023 and published in June 2023 (as prescribed by IRC 430) and adjusted to reflect ARPA: <ul style="list-style-type: none"> • Segment 1 (0 – 5 years) 4.75% • Segment 2 (5 to 20 years) 5.00% • Segment 3 (more than 20 years) 5.74% • Effective Interest Rate 5.19%
Maximum Deductible Annual Interest Rates	24-month segment rates averaged through the end of May 2023 and published in June 2023 (as prescribed by IRC 430) as follows: <ul style="list-style-type: none"> • Segment 1 (0 – 5 years) 3.03% • Segment 2 (5 to 20 years) 4.11% • Segment 3 (more than 20 years) 4.27% • Effective Interest Rate 4.08%
Annual Expected Return on Assets	Interest Rate for developing Actuarial Value of Assets; limited to third segment rate 5.92%
PBGC Annual Interest Rates	Segment rates for September 2023 and published in October 2023 using the Standard Method (as prescribed by IRC 430) as follows: <ul style="list-style-type: none"> • Segment 1 (0 – 5 years) 5.58% • Segment 2 (5 to 20 years) 5.66% • Segment 3 (more than 20 years) 5.56% • Effective Interest Rate 5.62%
ASC 960 Discount Rate	Discount Rate 7.50% Rationale: as selected by the Plan Sponsor based on a review of historical returns
Salary Scale	Not applicable
Mortality	Funding: IRS 2023 Static Mortality Table (based on RP-2014) with mortality improvement projected after year 2006 under Projection Scale MP-2021. ASC 960-20: IRS 2023 Static Mortality Table (based on RP-2014) with mortality improvement projected after year 2006 under Projection Scale MP-2021. Rationale: as selected by the Plan Sponsor to align with minimum funding requirements.

*Schedule SB, Part V – Statement of Actuarial Assumptions and Methods
Cypress Lawn Cemetery Association Retirement Plan
EIN/PN: 94-0416370/001
Plan Year: 2023*

Rates of Retirement

Actives are assumed to retire based on age as follows:

<u>Age</u>	<u>Rate</u>
55-64	2%
60-61	100%

Rationale: - as selected by the Plan Sponsor to meet historical experience

Terminated Vested participants and Deferred Beneficiaries are assumed to commence at Normal Retirement Date.

Weighted Average Retirement Age is 64. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Rates of Turnover

<u>Age</u>	<u>Withdrawal (Unisex)</u>
25	12.0%
30	10.0%
35	8.0%
40	6.5%
45	5.0%
50	3.5%
55	0.0%

Rationale: - as selected by Plan Sponsor to meet historical experience

Rates of Disability

None

**Assumptions Made In
Valuing Spouse's Benefit**

70% of employees included in the valuation are assumed to be married. This percentage is used as the probability that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.

Optional Form Selection

All employees are assumed to elect the life annuity form of benefit.

Provision for Expenses

None assumed.

*Schedule SB, Part V – Statement of Actuarial Assumptions and Methods
Cypress Lawn Cemetery Association Retirement Plan
EIN/PN: 94-0416370/001
Plan Year: 2023*

Standing Elections	The client has not signed an election that provides for the automatic use of the Carryover Balance and/or Prefunding Balance if necessary to meet the minimum funding requirement.
Asset Method	<p>Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets.</p> <p>ASC 960-20: Market Value of Assets plus, any contributions for prior plan years that will be made in this plan year.</p>
Funding Method	<p>Pure Unit Credit</p> <p>The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities. These inputs include economic and non-economic assumptions, plan provisions, and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.</p>
Employees Valued	Only participants as of the valuation date were valued.
Changes in Assumptions and Methods since the Last Actuarial Valuation	<p>The interest rates used for determining the funding target were 4.75%, 5.00% and 5.74%. These rates were updated to the rates required for the current plan year.</p> <p>The mortality table for the funding target was changed as required under PPA '06.</p>
Justification for Changes in Actuarial Assumptions	The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

Cypress Lawn Cemetery Association Retirement Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

Plan Sponsor: Cypress Lawn Cemetery Association

Plan Sponsor EIN: 94-0416370

Plan Number: 001

(See Independent Auditors' Report)

Year Ended September 30, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved		Expense incurred with transaction						
Description of asset	(g)	Cost of asset	(h)	Current value of asset on transaction date	(i)	Net gain or (loss)		
Single Transaction Exceeds 5% of Value:								
Principal/Blackrock S&P Midcap Index CIT N	Common/collective trust fund	\$ 952,077	\$ 468,982	\$ 952,077	\$	483,095		
Principal/Blackrock S&P 500 Index CIT N	Common/collective trust fund	1,444,397	536,044	1,444,397		908,352		
Metropolitan West Total Return Bond Fund Class I #512	Mutual Fund	2,406,513	2,835,262	2,406,513		(428,749)		
Principal/Dodge & Cox Intermediate Bond CIT N	Common/collective trust fund	2,413,649	2,123,260	2,413,649		290,389		
Principal/Federated Total Return Bond CIT N	Common/collective trust fund	2,410,793	2,210,306	2,410,793		200,486		
Allspring Core Bond CIT N	Common/collective trust fund	2,412,495	2,273,430	2,412,495		139,066		
Principal/Multi-manager Liability Driven Solution CIT II	Common/collective trust fund	\$ 5,357,194	5,357,194					
Principal/Multi-manager Liability Driven Solution CIT I	Common/collective trust fund	11,384,038	11,384,038					
Series of Transactions With Same Broker Exceeds 5% of Value:								
<i>No Transactions Qualified for This Section</i>								
Series of Transactions in Same Security Exceeds 5% of Value:								
Principal Blackrock S/T investment Fund F	Common/collective trust fund	1,186,493						
Principal Blackrock S/T investment Fund F	Common/collective trust fund	1,468,466	1,468,466	1,468,466		520,438		
Principal/Blackrock S&P Midcap Index CIT N	Common/collective trust fund	1,027,562	507,124	1,027,562		987,371		
Principal/Blackrock S&P 500 Index CIT N	Common/collective trust fund	1,574,969	587,596	1,574,969				
Metropolitan West Total Return Bond Fund Class I #512	Mutual Fund	35,803	35,803					
Metropolitan West Total Return Bond Fund Class I #512	Mutual Fund	33,935	33,935					
Metropolitan West Total Return Bond Fund Class I #512	Mutual Fund	2,438,884	2,872,680	2,438,884		(433,796)		
Principal/Dodge & Cox Intermediate Bond CIT N	Common/collective trust fund	27,742	27,742					
Principal/Dodge & Cox Intermediate Bond CIT N	Common/collective trust fund	2,451,454	2,156,941	2,451,454		294,513		
Principal/Federated Total Return Bond CIT N	Common/collective trust fund	46,300	46,300					
Principal/Federated Total Return Bond CIT N	Common/collective trust fund	2,450,030	2,246,523	2,450,030		203,505		
Allspring Core Bond CIT N	Common/collective trust fund	44,537	44,537					
Principal/Multi-manager Liability Driven Solution CIT II	Common/collective trust fund	5,401,407	5,401,407					
Principal/Multi-manager Liability Driven Solution CIT II	Common/collective trust fund	11,407,536	11,407,536					
Principal/Multi-manager Liability Driven Solution CIT I	Common/collective trust fund	348,816	348,816					
Principal/Multi-manager Liability Driven Solution CIT I	Common/collective trust fund	310,413	310,413					

Single Transaction With One Broker Exceeds 5% of Value:
No Transactions Qualified for This Section

Supplementary Schedule

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 <hr/> 2023 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **Round off amounts to nearest dollar.**


▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan CYPRESS LAWN CEMETERY ASSOCIATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CYPRESS LAWN CEMETERY ASSOCIATION	D Employer Identification Number (EIN) 94-0416370	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>10</u>	Day <u>01</u>	Year <u>2023</u>
2 Assets:			
a Market value.....	2a	16,035,860	
b Actuarial value.....	2b	17,141,143	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	94	11,626,286	11,626,286
b For terminated vested participants.....	34	1,401,533	1,401,533
c For active participants.....	41	3,686,459	3,690,540
d Total.....	169	16,714,278	16,718,359
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	5.19%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	0	
b Expected plan-related expenses.....	6b	0	
c Target normal cost.....	6c	0	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>07/15/2025</u> Date
	DYLAN RIEKEMAN, F.S.A., E.A. Type or print name of actuary	<u>2308506</u> Most recent enrollment number
	USI CONSULTING GROUP Firm name	<u>629-895-7845</u> Telephone number (including area code)
	5301 VIRGINIA WAY, SUITE 400 BRENTWOOD TN 37027 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
9	Amount remaining (line 7 minus line 8).....	0	0
10	Interest on line 9 using prior year's actual return of <u>9.36</u> %.....	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.35</u> %.....		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	102.52 %
15	Adjusted funding target attainment percentage.....	15	102.52 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	105.61 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	0
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

PLAN YEAR: 2023
EIN/PN: 94-0416370/001

Schedule SB, Line 22 - Description of Weighted Average Retirement Age
Plan Name: Cypress Lawn Cemetery Association Retirement Plan

The weighted average retirement age is determined as follows:

Age (1)	Retirement Rate (2)	Number of Lives (3)	Number Retiring (4)	Weighting (1) x (4)
55	2.00%	100,000	2,000	110,000
56	2.00%	98,000	1,960	109,760
57	2.00%	96,040	1,921	109,497
58	2.00%	94,119	1,882	109,156
59	2.00%	92,237	1,845	108,855
60	2.00%	90,392	1,808	108,480
61	2.00%	88,584	1,772	108,092
62	2.00%	86,812	1,736	107,632
63	2.00%	85,076	1,702	107,226
64	2.00%	83,374	1,667	106,688
65	100.00%	81,707	81,707	5,310,955
Total			<hr/> 100,000	<hr/> 6,396,341

Weighted Average Retirement Age = $6,396,341 / 100,000 = 63.96341$

Summary of Principal Plan Provisions

Plan Sponsor	Cypress Lawn Cemetery Association Retirement Plan
EIN/PN	94-0416370/001
Effective Date	October 1, 1964; restated effective January 1, 2017.
Plan Year	The 12-month period beginning each October 1.
Plan Freeze Date	The plan was frozen effective January 1, 2012. No benefits will accrue after that date.
Participation	Each employee hired on or before May 1, 2007 is eligible to become a participant on the April 1 or October 1 following the completion of one year of service and attainment of age 21.
Compensation	A participant's compensation, for purposes of the plan, shall mean total salary and wages paid during the plan year.
Years of Service	A participant's years of service are calculated using the elapsed time method. For periods of service less than a whole year, a year of service is credited on a prorated basis with a year of service being equivalent to 365 days. A period of service for a participant is credited from the employment commencement date or rehire date to the employee's severance date, as defined by the plan.
Accrued Benefit	<p>An annuity for life starting at age 65 equal to the sum of the following:</p> <p>(a) For service prior to 10/1/85: 1.0% of the first \$9,000 of the average salary over the five years preceding 10/1/85 plus 2.0% of such salary in excess of \$9,000, multiplied by the number of years of credited service prior to 10/1/85;</p> <p>(b) For service from 10/1/85 to 10/1/89: 1.0% of the first \$9,000 of the member's salary during each year of service plus 2.0% of such salary in excess of \$9,000 for each year of service;</p> <p>(c) For service on or after 10/1/89: 1.35% of the member's salary during each year of service, plus 0.65% of such salary in excess of \$9,000 for each year of service, up to 35 total years of service.</p>

Normal Retirement Benefit

Eligibility:

Age 65, or fifth anniversary if later

Monthly Benefit:

The Accrued Benefit

Early Retirement Benefit

Eligibility:

Age 55 and 10 Years of Service.

Monthly Benefit:

The benefit commencing immediately upon early retirement is equal to the Normal Retirement Benefit reduced by 6-2/3% per year for the first 5 years preceding the Normal Retirement Date, and 3-1/3% per year for the next 5 years preceding the Normal Retirement Date.

Delayed Retirement

Eligibility:

Retirement postponed until beyond Normal Retirement Date

Monthly Benefit:

The benefit, commencing on the participant's actual date of retirement, is the greater of the benefit computed in the same manner as above for normal retirement, with service and compensation computed as of the delayed retirement date, or the normal retirement benefit increased by the actuarial equivalent of the payments the participant would have received during the deferred period.

Termination Benefit

Eligibility:

Upon termination of employment prior to retirement after completion of at least five Years of Service.

Monthly Benefit:

The accrued benefit, to commence at the participant's normal retirement date, is computed in the same manner as above for normal retirement, but using the participant's average earnings and benefit service at his date of termination.

*Schedule SB, Part V – Summary of Plan Provisions
Cypress Lawn Cemetery Association Retirement Plan
EIN/PN: 94-0416370/001
Plan Year: 2023*

Death Benefit	<p>Eligibility:</p> <p>100% vested and married.</p> <p>Monthly Benefit:</p> <p>In the case of a vested participant who dies after becoming eligible for early retirement, the surviving spouse shall receive a benefit equal to what the spouse would have received had the participant (i) retired on the day before death and (ii) elected a 50% joint and survivor annuity.</p> <p>In the case of a vested participant who dies before becoming eligible for early retirement, the surviving spouse shall receive a benefit equal to what the spouse would have received had the participant (i) separated from service on the earlier of the actual time of separation or the date of death, (ii) survived to the earliest date of eligibility for early retirement, (iii) retired with a 50% joint and survivor annuity based on his vested accrued benefit at the time of separation or death, and (iv) died the next day.</p>
Optional Forms of Payments	<p>Life Annuity 100% Joint & Survivor Annuity 50% Joint & Survivor Annuity</p>
Benefits Available As Lump Sums	<p>This plan pays only small benefit amounts (lump sum less than \$5,000).</p>
Maximum Benefit Limit	<p>The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.</p>
Plan Compensation Limit	<p>The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.</p>
Changes in Plan Provisions	<p>The automatic changes, if any, in the plan compensation limit and maximum benefit limit were recognized as amendments for funding purposes.</p>

Cypress Lawn Cemetery Association Retirement Plan

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

Plan Sponsor: Cypress Lawn Cemetery Association

Plan Sponsor EIN: 94-0416370

Plan Number: 001

(See Independent Auditors' Report)

September 30, 2024

- (a) Identity of issue, borrower, lessor, or similar party
- (b) Description of investment, including maturity date, rate of interest, par or maturity value
- (c) Cost
- (d) Current value

	(a)	(b)	(c)	(d)
Registered Investment Companies:				
* Principal Blackrock Short- term Investment Fund A S1		Money market fund	\$ 162,919	\$ 162,919
* Principal/Multi-manager Liability Driven Solution CIT I		Common/collective trust fund	11,100,375	11,870,858
* Principal/Multi-manager Liability Driven Solution CIT II		Common/collective trust fund	5,068,777	5,512,022
Total Investments			\$ 16,332,071	\$ 17,545,799

* Managed by Party-in-Interest