

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- 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.) [X] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

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

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/09/2025, THOMAS FREW (plan administrator); 2. Filed with authorized/valid electronic signature, 10/09/2025, THOMAS FREW (employer/plan sponsor); 3. Signature of DFE, Date, Enter name of individual signing as DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	140
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	93
	6a(2)	87
	6b	21
	6c	33
	6d	141
	6e	0
	6f	141
	6g(1)	140
6g(2)	141	
6h	12	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2H 2J 3D

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	801793-000		01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 28714	(b) Total amount of fees paid 1940
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

SL REED & COMPANY	KENNETH G. KILPO 11111 SANTA MONICA BLVD., SUITE 1 LOS ANGELES, CA 90025
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28714	0		3

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

INCENTIVE BENEFITS, INC.	911 E. COLORADO SUITE 250 PASADENA, CA 91106
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	1940	TPA ANNUAL CHARGES	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	4072417

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	0
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year **7b** 30513

c Additions: (1) Contributions deposited during the year	7c(1)	11925
	7c(2)	0
	7c(3)	918
	7c(4)	0
	7c(5)	0

(6) Total additions **7c(6)** 12843

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 43356

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
(2) Administration charge made by carrier.....	7e(2)	190
(3) Transferred to separate account	7e(3)	0
(4) Other (specify below)	7e(4)	0

(5) Total deductions **7e(5)** 190

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 43166

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

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

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	20084	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

INCENTIVE BENEFITS, INC.

95-4395222

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	RECORDKEEPER	1200	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREEN HILLS MEMORIAL PARK</u>	D Employer Identification Number (EIN) <u>95-1955721</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALLSPRING SPECIAL MID CAP VALUE</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE CO.</u>		
c EIN-PN <u>39-0989781-249</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>54530</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS EUROPACIFIC GROWTH</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE CO.</u>		
c EIN-PN <u>39-0989781-068</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5797</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS NEW PERSPECTIVE</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE CO.</u>		
c EIN-PN <u>39-0989781-259</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>40108</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS BALANCED RET OPT</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE CO.</u>		
c EIN-PN <u>39-0989781-258</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14317</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIRST EAGLE OVERSEAS</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE CO.</u>		
c EIN-PN <u>39-0989781-291</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>37325</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOLDMAN SACHS MID CAP OPPORTUNITIES</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE CO.</u>		
c EIN-PN <u>39-0989781-147</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1490</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOLDMAN SACHS TECH OPP</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE CO.</u>		
c EIN-PN <u>39-0989781-579</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11155</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO INTL SMALL MID CO RET OP		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-739	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: TA SM CAP GROWTH		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-273	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30552
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MASSACHUSETTS INV GR		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-231	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 378905
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INVEST GRADE BOND RT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-086	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3535
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CAP INX		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-033	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44502
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MID CAP INDEX		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28629
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INTL VALUE RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-097	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5422
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REAL ESTATE INDX		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-099	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41689
a Name of MTIA, CCT, PSA, or 103-12 IE: TA STABLE VALUE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-114	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-313	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40489

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2025 BLACKROC		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-049	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 473725

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERIC LIFE GOAL 2030 BLACKROCK		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-111	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 376150

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2035 BLACKROC		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-050	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54530

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2040 BLACKROCK		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 448655

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2045 BLACKROCK		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-051	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 181108

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2050 BLACKROCK		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-113	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 173587

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2055 BLACKROCK		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-505	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 312541

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2060 BLACKROCK		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-612	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58509

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL RT BLACKROCK		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-047	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 210444

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOTAL STOCK MARKET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-114	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 93737

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PART HIGH YIELD BOND		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-434	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14816
a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN EQUITY INCOME		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-302	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105242
a Name of MTIA, CCT, PSA, or 103-12 IE: TA SHORT TERM BOND		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE CO.		
c EIN-PN 39-0989781-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38914
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)

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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 GREEN HILLS MEMORIAL PARK	D Employer Identification Number (EIN) 95-1955721

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	85003	74498
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	291830	326386
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	9450	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	97494	63656
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	6408683	7359278
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	15294225	17798076
(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)	216284	244025
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	3326882	4072417
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	30514	43167
(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	25760365	29981503
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	25760365	29981503

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)	979888	
(B) Participants.....	2a(1)(B)	500097	
(C) Others (including rollovers).....	2a(1)(C)	8115	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1488100
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)	13615	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13615
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		385825
(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)		2868154
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4755694

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	337181	
(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)		337181
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)	197375	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		197375
j Total expenses. Add all expense amounts in column (b) and enter total	2j		534556

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4221138
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		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.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

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

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

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

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

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

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702528A.

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

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE
DECEMBER 31, 2024 AND 2023
WITH INDEPENDENT AUDITORS' REPORT**

INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited the accompanying financial statements of GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4(l) - Schedule of Assets (Held at End of Year) as of the year ended December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

ROJAS & ASSOCIATES, CPAs

Newport Beach, California
October 6, 2025

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

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
ASSETS		
CASH	\$ 74,498	\$ 85,003
INVESTMENTS		
At fair value	29,293,427	25,127,283
At contract value	<u>43,167</u>	<u>30,514</u>
Total investments	<u>29,336,594</u>	<u>25,157,197</u>
RECEIVABLES		
Employer contribution receivable	326,386	291,831
Notes receivable from participants	234,575	216,284
Overpayment receivable	<u>9,450</u>	<u>9,450</u>
Total receivables	<u>570,411</u>	<u>517,565</u>
TOTAL ASSETS	<u>\$ 29,981,503</u>	<u>\$ 25,760,365</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 29,981,503</u>	<u>\$ 25,760,365</u>

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

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

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024**

ADDITIONS TO NET ASSETS ATTRIBUTED TO	
Investment income	
Interest and dividends	\$ 462,965
Net investment gain in pooled separate accounts	385,825
Net appreciation in fair value of investments	<u>2,410,606</u>
 Total investment gain	 <u>3,259,396</u>
 Interest income on notes receivable from participants	 13,615
Contributions	
Participant contributions	508,212
Employer contributions	<u>979,888</u>
 Total contributions	 <u>1,488,100</u>
 Total additions	 <u>4,761,111</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Benefits paid to participants	337,181
Management fees	<u>202,792</u>
 Total deductions	 <u>539,973</u>
 NET INCREASE	 4,221,138
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	<u>25,760,365</u>
End of year	<u>\$ 29,981,503</u>

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

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

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 1. DESCRIPTION OF THE PLAN

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

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

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

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

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

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

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

See accompanying independent auditors' report.

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

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

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

Participant Loans. Participants may borrow from their fund accounts up to a maximum of \$50,000 or 50 percent of their vested account balance, whichever is less. The loans must be repaid within 5 years or 15 years if the loan proceeds will be used to purchase a primary residence. The loans are secured by the balance in the participant's account and bear an interest rate based upon the interest rate environment at the time of issuance. At December 31, 2024, the rate of interest on new loans was 9.00%. Principal and interest is paid ratably through payroll deductions. The loan will be deemed a distribution if the participant terminates employment with the Company prior to repaying the loan.

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

Forfeited Accounts. At December 31, 2024, there were no forfeited non-vested accounts. Forfeited accounts are reallocated to participants in the same manner as Employer non-elective contributions. Forfeited accounts reallocated to participants during the year ended December 31, 2024 were \$50,604.

NOTE 2. SIGNIFICANT ACCOUNTING POLICIES

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

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

Investment Contract:

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

See accompanying independent auditors' report.

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

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

Investment Valuation and Income Recognition:

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

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

Investments of the Employer contributions are non-participant directed.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Notes receivable from participants are collected through payroll withholding, or through final distribution from participant's balance after termination based upon the terms of the Plan. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

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

All administrative expenses may be paid out of the Plan unless paid by the Company. During the year ended December 31, 2024, expenses paid by the Plan amounted to \$202,792 in fees which were primarily for the administration and management of the Plan's investments.

There are no reconciling differences, in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

NOTE 3. COMPLIANCE WITH ERISA

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

See accompanying independent auditors' report.

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

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 4. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurement and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices accessible in active markets for identical assets or liabilities at the measurement date.

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

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

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

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used for the years ended December 31, 2024 and 2023. During the year ended December 31, 2024, there were no transfers of financial instruments into or out of Level 3.

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

See accompanying independent auditors' report.

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

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 4. FAIR VALUE MEASUREMENTS(CONTINUED)

The following tables summarize assets measured at fair value on a recurring basis as of December 31, 2024 and 2023:

December 31, 2024				
Assets	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Cash - interest bearing	\$ 63,657	\$ 0	\$ 0	\$ 63,657
Fixed income securities	7,359,278	0	0	7,359,278
Common stocks	<u>17,798,075</u>	<u>0</u>	<u>0</u>	<u>17,798,075</u>
Total investments at fair value	<u>\$25,221,010</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$25,221,010</u>

Investments at net asset value*	<u>4,115,584</u>
Total investments	<u>\$29,336,594</u>

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

Investments at net asset value*	<u>3,357,396</u>
Total investments	<u>\$25,157,797</u>

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

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

See accompanying independent auditors' report.

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

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

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

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

<u>Investments</u>	<u>Fair Value as of December 31,</u>		<u>Unfunded commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption notice period</u>
	<u>2024</u>	<u>2023</u>			
Pooled Separate Accounts	\$4,115,584	\$3,357,396	n/a	Daily	Daily

NOTE 6. NONPARTICIPANT-DIRECTED INVESTMENTS

	December 31,	
	<u>2024</u>	<u>2023</u>
Net Assets:		
Cash - interest bearing	\$ 63,657	\$ 66,822
Fixed income securities	7,359,278	6,384,004
Common stocks	<u>17,798,075</u>	<u>15,349,575</u>
	<u>\$25,221,010</u>	<u>\$21,800,401</u>

For the year ended December 31, 2024, investment results of nonparticipant directed investments consisted of \$462,965 in interest and dividends, and \$2,410,606 in net appreciation in the fair value of investments.

NOTE 7. INCOME TAX

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

See accompanying independent auditors' report.

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

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 7. INCOME TAX (CONTINUED)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

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

NOTE 8. PLAN TERMINATION

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

NOTE 9. SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events through October 6, 2025, the date of this report, and has determined that there were no significant subsequent events to recognize or disclose in these financial statements.

NOTE 10. RISKS AND UNCERTAINTIES

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

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

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

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

See accompanying independent auditors' report.

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

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

NOTE 11. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)

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

NOTE 12. OVERPAYMENT RECEIVABLE

During the year ended December 31, 2023, the Plan distributed funds to a terminated participant in excess of the participant's account balance, in the amount of \$9,450. If the participant does not return this amount to the Plan, Green Hills Memorial Park, the plan sponsor, will be required to reimburse this amount to the Plan. This receivable remains outstanding as of December 31, 2024.

See accompanying independent auditors' report.

REEN HILLS MEMORIAL PARK
 EMPLOYEES' RETIREMENT PLAN
 EIN:95-1955721
 PLAN NUMBER 001
 SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
 AT END OF YEAR
 DECEMBER 31, 2024

(a) Party in Interest	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment Including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Transamerica Life Insurance Co.	Transamerica Stable Value Advantage Option	**	43,167
*	Transamerica Life Insurance Co.	Transamerica Sm Cap Growth Ret Opt	**	30,552
	Transamerica Life Insurance Co.	American Funds New Perspective Ret Opt	**	40,108
	Transamerica Life Insurance Co.	First Eagle Overseas Ret Opt	**	37,326
	Transamerica Life Insurance Co.	Templeton Global Bond Ret Opt	**	40,490
*	Transamerica Life Insurance Co.	Transamerica LifeGoal 2060 with BlkRck Ret Opt	**	58,509
*	Transamerica Life Insurance Co.	Transamerica Partners High Yield Bond Ret Opt	**	14,816
*	Transamerica Life Insurance Co.	Transamerica Short-Term Bond Ret Opt	**	38,914
*	Transamerica Life Insurance Co.	Transamerica LifeGoal Ret with BlackRock Ret Opt	**	210,444
*	Transamerica Life Insurance Co.	Transamerica LifeGoal 2025 with BlackRck Ret Opt	**	473,725
*	Transamerica Life Insurance Co.	Transamerica LifeGoal 2045 with BlkRck Ret Opt	**	181,108
	Transamerica Life Insurance Co.	State Street Russell Small Cap Index Ret Opt	**	44,502
	Transamerica Life Insurance Co.	State Street S&P Mid Cap Index Ret Opt	**	28,629
	Transamerica Life Insurance Co.	Goldman Sachs Mid-Cap Opportunities Ret Opt	**	1,490
	Transamerica Life Insurance Co.	Amer Funds EuroPacific Growth Ret Opt	**	5,798
	Transamerica Life Insurance Co.	Loomis Sayles Investment Grade Bond Ret Opt	**	3,535
	Transamerica Life Insurance Co.	Vanguard International Value Ret Opt	**	5,422
	Transamerica Life Insurance Co.	TA Vanguard REIT Index Ret Opt	**	41,689
*	Transamerica Life Insurance Co.	Transamerica LifeGoal 2030 with BlackRck Re Opt	**	376,150
*	Transamerica Life Insurance Co.	Transamerica LifeGoal 2040 with BlkRck Ret Opt	**	448,655
*	Transamerica Life Insurance Co.	Transamerica LifeGoal 2050 with BlkRck Ret Opt	**	173,587

GREEN HILLS MEMORIAL PARK
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SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR (CONTINUED)
DECEMBER 31, 2024

(a) Party In Interest	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment Including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Transamerica Life Insurance Co.	Vanguard Total Stock Market Index Ret Opt	**	93,737
*	Transamerica Life Insurance Co.	Transamerica LifeGoal 2055 with BlkRck Ret Opt	**	312,542
*	Transamerica Life Insurance Co.	Transamerica LifeGoal 2035 with BlackRck RetOpt	**	846,538
	Transamerica Life Insurance Co.	Invesco International Sm Mid Company Ret Opt	**	0
*	Transamerica Life Insurance Co.	Loan Fund - Interest Rate 8.50%	**	35,833
	Transamerica Life Insurance Co.	American Funds Balanced Ret Opt	**	14,317
	Transamerica Life Insurance Co.	Goldman Sachs Technology Opportunities Ret Opt	**	11,155
	Transamerica Life Insurance Co.	JPMorgan Equity Income Ret Opt	**	105,243
	Transamerica Life Insurance Co.	MFS Massachusetts Inv Gr SIk	**	378,905
	Transamerica Life Insurance Co.	Allspring Special Mid Cap Value Ret Opt	**	54,530
	Windward Capital Management Co. 23821189	Cash and Equivalents	61,416	61,416
	Windward Capital Management Co. 23821189	JOHNSON & JOHNSON 2.625% Due 01-15-25 175,000	172,664	174,865
	Windward Capital Management Co. 23821189	THE TORONTO-DOMINION 4.250% Due 03-16-25 100,000	98,225	99,845
	Windward Capital Management Co. 23821189	DEUTSCHE BANK 4.162% Due 05-13-25 250,000	242,073	249,496
	Windward Capital Management Co. 23821189	TOYOTA MOTOR CREDIT 3.950% Due 06-30-25 75,000	74,039	74,735
	Windward Capital Management Co. 23821189	JPMORGAN CHASE & CO 3.900% Due 07-15-25 250,000	245,750	249,122
	Windward Capital Management Co. 23821189	BANK OF AMERICA 3.875% Due 08-01-25 90,000	88,419	89,573
	Windward Capital Management Co. 23821189	VISA INC. 3.150% Due 12-14-25 140,000	139,628	138,328
	Windward Capital Management Co. 23821189	mitsubishi financial group 4.286% Due 07-26-38 63,000	61,016	57,272
	Windward Capital Management Co. 23821189	WAL-MART STORES INC 5.000% Due 10-25-40 341,000	339,700	333,514
	Windward Capital Management Co. 23821189	KRAFT FOODS GROUP INC 5.000% Due 06-04-42 369,000	363,018	331,606
	Windward Capital Management Co. 23821189	PHILLIP MORRIS INTL INC 4.875% Due 11-15-43 200,000	196,469	179,082

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GREEN HILLS MEMORIAL PARK
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SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR (CONTINUED)
DECEMBER 31, 2024

(a) Party in Interest	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Windward Capital Management Co. 23821189		JPMORGAN CHASE & CO 4.950% Due 06-01-45 67,000	63,760	60,526
Windward Capital Management Co. 23821189		FEDERAL FARM CR BKS 4.125% Due 12-12-25 135,000	133,157	134,597
Windward Capital Management Co. 23821189		FEDERAL FARM CR BKS 5.050% Due 07-28-28 382,000	381,113	382,524
Windward Capital Management Co. 23821189		FHLB 4.050% Due 07-28-25 397,000	392,291	396,199
Windward Capital Management Co. 23821189		FHLB 4.100% Due 08-08-25 397,000	392,341	396,166
Windward Capital Management Co. 23821189		FEDERAL HOME LOAN BANKS 4.250% Due 09-15-27 415,000	410,191	411,762
Windward Capital Management Co. 23821189		US TREASU NT 3.875% Due 01-15-26 388,000	387,674	386,666
Windward Capital Management Co. 23821189		US TREASUR NT 1.250% Due 12-31-26 403,000	367,407	380,079
Windward Capital Management Co. 23821189		US TREASUR NT 2.750% Due 04-30-27 429,000	403,009	414,789
Windward Capital Management Co. 23821189		US TREASU NT 2.625% Due 05-31-27 203,000	194,167	195,451
Windward Capital Management Co. 23821189		US TREASU NT 1.125% Due 02-29-28 203,000	179,947	184,159
Windward Capital Management Co. 23821189		US TREASUR NT 1.250% Due 04-30-28 429,000	370,091	388,513
Windward Capital Management Co. 23821189		US TREASUR NT 4.375% Due 05-15-34 128,000	127,140	126,120
Windward Capital Management Co. 23821189		US TREASURY BOND 4.375% Due 08-15-43 179,000	176,912	168,512
Windward Capital Management Co. 23821189		US TREASURY BOND 4.500% Due 02-15-44 327,000	322,364	312,285
Windward Capital Management Co. 23821189		US TREASURY BOND 3.625% Due 02-15-44 187,000	171,817	157,723
Windward Capital Management Co. 23821189		US SER BONDS 4.500% Due 05-15-44 119,000	118,419	115,430
Windward Capital Management Co. 23821189		US TREAS BOND 4.125% Due 05-18-44 200,000	199,944	181,125
Windward Capital Management Co. 23821189		US TREASURY BOND 4.250% Due 02-15-54 354,000	342,862	323,302
Windward Capital Management Co. 23821189		US TREASURY SER BONDS 4.250% Due 08-15-54 127,000	125,623	118,165
Windward Capital Management Co. 23821189		ASML HOLDING N V F SPONSORED ADR 97.0000	65,140	67,229
Windward Capital Management Co. 23821189		AMAZON.COM INC 6,338	163,834	1,390,494

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GREEN HILLS MEMORIAL PARK
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SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR (CONTINUED)
DECEMBER 31, 2024

(a) Party in Interest	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment Including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Windward Capital Management Co. 23821189		D R HORTON CO 2,583	252,474	361,096
Windward Capital Management Co. 23821189		MARRIOTT INTL INC CLASS A 1,792	133,892	499,881
Windward Capital Management Co. 23821189		NIKE INC CLASS B 5,046	208,928	381,845
Windward Capital Management Co. 23821189		TJX COMPANIES INC 3,242	159,850	391,628
Windward Capital Management Co. 23821189		COSTCO WHOLESALE CO 1,123	152,885	1,029,136
Windward Capital Management Co. 23821189		PEPSICO INC 1,504	133,125	228,651
Windward Capital Management Co. 23821189		PROCTER & GAMBLE 1,762	141,848	295,388
Windward Capital Management Co. 23821189		AMGEN INC. 346	60,210	90,306
Windward Capital Management Co. 23821189		CVS HEALTH CORP 4,714	261,702	211,607
Windward Capital Management Co. 23821189		THERMO FISHER SCNTFC 554	264,070	288,465
Windward Capital Management Co. 23821189		ZOETIS INC CLASS A 2,314	180,312	377,089
Windward Capital Management Co. 23821189		ALPHABET INC. CLASS A 4,659	133,671	881,956
Windward Capital Management Co. 23821189		ALPHABET INC. CLASS C 4,655	132,229	886,485
Windward Capital Management Co. 23821189		COMCAST CORP CLASS A 4,091	118,439	153,527
Windward Capital Management Co. 23821189		WALT DISNEY CO 2,604	295,583	289,934
Windward Capital Management Co. 23821189		BLACKROCK INC 557	178,098	570,599
Windward Capital Management Co. 23821189		CME GROUP INC CLASS A 1,115	144,916	259,028
Windward Capital Management Co. 23821189		FISERV INC 3,357	152,155	689,595
Windward Capital Management Co. 23821189		BOEING CO 733	201,368	129,741
Windward Capital Management Co. 23821189		CANADIAN NATL RAILWY F 2,875	154,945	291,841
Windward Capital Management Co. 23821189		CARRIER GLOBAL CORP 1,924	44,135	131,322
Windward Capital Management Co. 23821189		CUMMINS INC 891	122,219	310,445

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 EIN:95-1955721
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SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR (CONTINUED)
DECEMBER 31, 2024

(a) Party in Interest	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment Including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Windward Capital Management Co. 23821189		LOCKHEED MARTIN CORP 772	238,087	374,992
Windward Capital Management Co. 23821189		OTIS WORLDWIDE CORP 973	60,270	90,112
Windward Capital Management Co. 23821189		RTX CORP 1,931	128,559	223,466
Windward Capital Management Co. 23821189		CORTEVA INC 1,252	37,909	71,297
Windward Capital Management Co. 23821189		DUPONT DE NEMOURS INC IA 1,259	95,894	96,006
Windward Capital Management Co. 23821189		LINDE PLC F 1,169	223,423	489,579
Windward Capital Management Co. 23821189		ACCENTURE PLC F CLASS A 1,759	128,491	618,799
Windward Capital Management Co. 23821189		APPLE INC 14,064	300,548	3,521,789
Windward Capital Management Co. 23821189		SALESFORCE INC 3,119	179,477	1,042,920
Windward Capital Management Co. 23821189		TERADYNE INCORPORATE 1,706	165,284	214,881
Windward Capital Management Co. 23821189		NEXTERA ENERGY INC 5,864	307,495	420,382
Windward Capital Management Co. 89068613		Cash and Equivalents	2,241	2,241
Windward Capital Management Co. 89068613		APPLE INC. 2.750% Due 01-13-25 20,000	19,871	19,988
Windward Capital Management Co. 89068613		WAL-MART STORES INC 5.000% Due 10-25-40 5,000	4,975	4,890
Windward Capital Management Co. 89068613		KRAFT FOODS GROUP INC 5.000% Due 06-04-42 35,000	34,463	31,453
Windward Capital Management Co. 89068613		GOLDMAN SACHS GROUP INC 5.150% Due 05-22-45 17,000	16,255	15,553
Windward Capital Management Co. 89068613		JPMORGAN CHASE & CO 4.950% Due 06-01-45 22,000	20,936	19,874
Windward Capital Management Co. 89068613		FEDERAL FARM CR BKS 5.050% Due 07-28-28 3,000	2,993	3,004
Windward Capital Management Co. 89068613		FHLB 4.050% Due 07-28-25 10,000	9,881	9,980
Windward Capital Management Co. 89068613		FHLB 5.000% Due 05-03-27 16,000	15,955	16,032
Windward Capital Management Co. 89068613		US TREASU NT 3.875% Due 01-15-26 3,000	2,997	2,990
Windward Capital Management Co. 89068613		US TREASUR NT 1.250% Due 12-31-26 3,000	2,735	2,829

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GREEN HILLS MEMORIAL PARK
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SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR (CONTINUED)
DECEMBER 31, 2024

(a) Party in Interest	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Windward Capital Management Co. 89068613		US TREASUR NT 2.750% Due 04-30-27 3,000	2,818	2,901
Windward Capital Management Co. 89068613		US TREASU NT 2.625% Due 05-31-27 2,000	1,913	1,926
Windward Capital Management Co. 89068613		US TREASU NT 1.125% Due 02-29-28 1,000	886	907
Windward Capital Management Co. 89068613		US TREASUR NT 1.250% Due 04-30-28 3,000	2,588	2,717
Windward Capital Management Co. 89068613		US TREASUR NT 4.375% Due 05-15-34 10,000	9,933	9,853
Windward Capital Management Co. 89068613		US SER BONDS 4.500% 05-15-44 5,000	4,976	4,850
Windward Capital Management Co. 89068613		ASML HOLDING N V F SPONSORED ADR 2.0000	1,345	1,386
Windward Capital Management Co. 89068613		AMAZON.COM INC 154.0000	3,267	33,786
Windward Capital Management Co. 89068613		D R HORTON CO 63.0000	6,112	8,743
Windward Capital Management Co. 89068613		MARRIOTT INTL INC CLASS A 45.0000	3,323	12,420
Windward Capital Management Co. 89068613		NIKE INC CLASS B 125.0000	6,672	9,463
Windward Capital Management Co. 89068613		TJX COMPANIES INC 81.0000	4,317	9,795
Windward Capital Management Co. 89068613		COSTCO WHOLESALE CO 26.0000	4,072	23,958
Windward Capital Management Co. 89068613		PEPSICO INC 38.0000	3,430	5,803
Windward Capital Management Co. 89068613		PROCTER & GAMBLE 43.0000	3,499	7,212
Windward Capital Management Co. 89068613		AMGEN INC. 9.0000	1,543	2,418
Windward Capital Management Co. 89068613		CVS HEALTH CORP 116.0000	10,955	5,206
Windward Capital Management Co. 89068613		THERMO FISHER SCNTFC 13.0000	6,123	6,783
Windward Capital Management Co. 89068613		ZOETIS INC CLASS A 57.0000	4,192	9,214
Windward Capital Management Co. 89068613		ALPHABET INC. CLASS A 113.0000	4,128	21,464
Windward Capital Management Co. 89068613		ALPHABET INC. CLASS C 113.0000	3,383	21,593
Windward Capital Management Co. 89068613		COMCAST CORP CLASS A 104.0000	2,981	3,911

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AT END OF YEAR (CONTINUED)
DECEMBER 31, 2024

(a) Party in Interest	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Windward Capital Management Co. 89068613	WALT DISNEY CO 66.0000	7,874	7,298
	Windward Capital Management Co. 89068613	BLACKROCK INC 14.0000	4,715	14,683
	Windward Capital Management Co. 89068613	CME GROUP INC CLASS A 28.0000	3,312	6,573
	Windward Capital Management Co. 89068613	FISERV INC 81.0000	3,371	16,639
	Windward Capital Management Co. 89068613	BOEING CO 18.0000	5,433	3,186
	Windward Capital Management Co. 89068613	CANADIAN NATL RAILWY F 71.0000	4,273	7,207
	Windward Capital Management Co. 89068613	CARRIER GLOBAL CORP 52.0000	1,292	3,523
	Windward Capital Management Co. 89068613	CUMMINS INC 22.0000	3,037	7,499
	Windward Capital Management Co. 89068613	LOCKHEED MARTIN CORP 19.0000	5,427	9,039
	Windward Capital Management Co. 89068613	OTIS WORLDWIDE CORP 25.0000	1,763	2,351
	Windward Capital Management Co. 89068613	RTX CORP 47.0000	3,475	5,452
	Windward Capital Management Co. 89068613	CORTEVA INC 34.0000	1,156	1,960
	Windward Capital Management Co. 89068613	DUPONT DE NEMOURS INC IA 31.0000	2,894	2,332
	Windward Capital Management Co. 89068613	LINDE PLC F 29.0000	5,576	12,292
	Windward Capital Management Co. 89068613	ACCENTURE PLC F CLASS A 44.0000	3,982	15,479
	Windward Capital Management Co. 89068613	APPLE INC 345.0000	11,295	86,318
	Windward Capital Management Co. 89068613	SALESFORCE INC 76.0000	5,167	25,522
	Windward Capital Management Co. 89068613	TERADYNE INCORPORATE 43.0000	4,165	5,435
	Windward Capital Management Co. 89068613	NEXTERA ENERGY INC 148.0000	7,467	10,622
*	Participant Loans	Interest Rate 4.25% - 9.50%	0	198,742
	TOTAL		<u>13,375,542</u>	<u>29,571,169</u>

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