# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**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.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/13/2026 | THOMAS FREW |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/13/2026 | THOMAS FREW |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

**3b** Administrator's EIN

**3c** Administrator's telephone number

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

**a** Sponsor's name

**4b** EIN

**c** Plan Name

**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 | **6a(1)** | 87 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 84 |
| **b** | Retired or separated participants receiving benefits | **6b** | 20 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 44 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 148 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 148 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | 140 |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | 148 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 4 |
| **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 Characteristic 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 Characteristic Codes in the instructions:

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**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 | | 01/01/2025 | 12/31/2025 |

**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 | (b) Total amount of fees paid |
|---|---|
| 13077 | 2240 |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

SL REED & COMPANY

KENNETH G. KILPO
11111 SANTA MONICA BLVD., SUITE 1
LOS ANGELES, CA 90025

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 13077 | 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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 0 | 2240 | 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 | 4866357 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 43168 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 9778 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 1112 | | |
| | (4) Transferred from separate account | 7c(4) | 12908 | | |
| | (5) Other (specify below) ▶ EBA CREDITS | 7c(5) | 13464 | | |
| | (6) Total additions | | | 7c(6) | 37262 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 80430 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 11063 | | |
| | (2) Administration charge made by carrier | 7e(2) | 157 | | |
| | (3) Transferred to separate account | 7e(3) | 0 | | |
| | (4) Other (specify below) ▶ ADMINISTRATIVE FEE - PRO-RATA 11.92 FEE FOR SERVICE 11631.53 | 7e(4) | 11643 | | |
| | (5) Total deductions | | | 7e(5) | 22863 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 57567 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
GREEN HILLS MEMORIAL PARK

**D** Employer Identification Number (EIN)
95-1955721

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

WINWARD CAPITAL MANAGEMENT CO

95-4553859

| (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? |
|---|---|---|---|---|---|---|
| 27 | INVESTMENT ADVISORY - PLA | 11632 | Yes [ ] No [X] | Yes [ ] No [ ] | 0 | Yes [ ] No [ ] |

**(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 | 2553 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

**(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 | 450 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
GREEN HILLS MEMORIAL PARK

**D** Employer Identification Number (EIN)
95-1955721

## Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING SPECIAL MID CAP VALUE

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

| **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) |
|---|---|---|
| 39-0989781-748 | P | 33484 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GROWTH

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-068 | P | 1584 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-259 | P | 54170 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BALANCED RET OPT

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

| **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) |
|---|---|---|
| 39-0989781-232 | P | 18852 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIRST EAGLE OVERSEAS

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-291 | P | 56992 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS MID CAP OPPORTUNITIES

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-147 | P | 1582 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA SM CAP GROWTH RET OPT

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

| **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) |
|---|---|---|
| 39-0989781-258 | P | 32677 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN EQUITY INCOME RET OPT

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

| **c** EIN-PN 39-0989781-584 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 86331 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA LIFEGOAL RET WITH BLACKROCK RET

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

| **c** EIN-PN 39-0989781-683 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 825286 |
|---|---|---|

**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 39-0989781-666 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 423300 |
|---|---|---|

**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) 3474 |
|---|---|---|

**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) 12418 |
|---|---|---|

**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) 1353 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA LIFEGOAL 2030 WITH BLACKROCK RET

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

| **c** EIN-PN 39-0989781-677 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 455739 |
|---|---|---|

**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) 31972 |
|---|---|---|

**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) 75052 |
|---|---|---|

**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) 51476 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 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) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERIC LIFEGOAL 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) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 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) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2040 BLACKROC

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

| **c** EIN-PN 39-0989781-112 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2045 BLACKROC

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

| **c** EIN-PN 39-0989781-051 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2050 BLACKROC

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

| **c** EIN-PN 39-0989781-113 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2055 BLACKROC

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

| **c** EIN-PN 39-0989781-505 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2060 BLACKROC

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

| **c** EIN-PN 39-0989781-612 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL RT BLACKROC

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

| **c** EIN-PN 39-0989781-047 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**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) 75052 |
|---|---|---|

**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) 17382 |
|---|---|---|

**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 39-0989781-584 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 86331 |
|---|---|---|

**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) 42848 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2035 WITH BLK

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

| **c** EIN-PN 39-0989781-678 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1025783 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2040 WITH BLK

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

| **c** EIN-PN 39-0989781-679 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 565054 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2045 WITH BLK

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

| **c** EIN-PN 39-0989781-680 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 269843 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2050 WITH BLK

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

| **c** EIN-PN 39-0989781-681 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 237210 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2035 WITH BLK

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

| **c** EIN-PN 39-0989781-678 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1025783 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2040 WITH BLK

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

| **c** EIN-PN 39-0989781-679 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 565054 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2045 WITH BLK

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

| **c** EIN-PN 39-0989781-680 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 269843 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2050 WITH BLK

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

| **c** EIN-PN 39-0989781-681 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 237210 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2055 WITH BLK

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

| **c** EIN-PN 39-0989781-682 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 447589 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA PARTNERS HIGH YIELD BOND RET OPT

**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) 17383 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA SHORT_TERM BOND RET OPT

**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) 42848 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA LIFEGOAL 2060 WITH BLK

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

| **c** EIN-PN 39-0989781-822 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83855 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA LIFEGOAL 2065 WITH BLK

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

| **c** EIN-PN 82-5217478-445 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12890 |
|---|---|---|

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

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

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

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

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

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

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

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

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

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

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

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

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
GREEN HILLS MEMORIAL PARK

**D** Employer Identification Number (EIN)
95-1955721

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 74498 | 72095 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 326386 | 414014 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 63656 | 178127 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 7359278 | 8487852 |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | 17798076 | 19171353 |
| **(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) | 244025 | 212548 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 4072417 | 4866357 |
| **(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) | 43167 | 57567 |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 29981503 | 33459913 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 29981503 | 33459913 |

## 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) | 1081620 | |
| **(B)** Participants | 2a(1)(B) | 555284 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 0 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1636904 |
| **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) | 16675 | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 16675 |
| **(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) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 566927 |
| (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) | | 2010731 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 4231237 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 544682 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 544682 |
| 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) | 208145 | |
| (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) | | 208145 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 752827 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 3478410 |
| 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)** [X] 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)** [X] DOL Regulation 2520.103-8 **(2)** [X] 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, CPA **(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.) | **4a** | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 500000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | | X | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
GREEN HILLS MEMORIAL PARK

**D** Employer Identification Number (EIN)
95-1955721

## Part I Distributions

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

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

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

EIN(s): _____ _____

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

| | | |
|---|---|---|
| **a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) | **14a** | |
| **b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14b** | |
| **c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **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 .

# Rojas & Associates, CPAs

1048 Irvine Avenue #245, Newport Beach, California 92660 www.rojascpa.com

Phone – 714-282-8029


October 13, 2026

To the Trust Committee
Green Hills Memorial Park Employees' Retirement Plan
27501 South Western Avenue
Rancho Palos Verdes, CA 90275

We have audited the financial statements of Green Hills Memorial Park Employees' Retirement Plan for the year ended December 31, 2025, and have issued our report thereon dated October 13, 2026. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated July 24, 2026. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

*Qualitative Aspects of Accounting Practices*

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Green Hills Memorial Park Employees' Retirement Plan are described in Note 2 to the financial statements. There were no new accounting policies adopted, and the application of existing policies was not changed during the year ended December 31, 2025. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. Based on the nature of the Plan's operations, we noted no significant estimates were necessary other than estimates of fair value of investments and the collectability of loan and employer contribution receivables. The fair value of investments were determined using the values quoted on the active market on which the individual investments were traded.

*Difficulties Encountered in Performing the Audit*

We encountered no significant difficulties in dealing with management in performing and completing our audit.

*Corrected and Uncorrected Misstatements*

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements.

*Disagreements with Management*

For purposes of this letter, a disagreement is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditors ' report. We are pleased to report that no such disagreements arose during the course of our audit.

*Management Representations*

We have requested certain representations from management that are included in the management representation letter dated October 13, 2026.

*Management Consultations with Other Independent Accountants*

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Plan's financial statements or a determination of the type of auditors 'opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

*Audit Risks*

During the course of our audit, we identify certain risks which are considered to be significant risks of material misstatement. The following risks were identified as a result of our audit procedures:

- Management override of controls.
- Revenue recognition.
- Inclusion of ineligible employees or exclusion of eligible employees.
- Accuracy of employee and employer contribution calculations.

*Other Audit Findings or Issues*

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Plan's auditors. However, these discussions occurred in the normal course or our professional relationship and our responses were not a condition to our retention.

There were no significant issues noted throughout the performance of our audit procedures.

This information is intended solely for the use of the Trust Committee of Green Hills Memorial Park Employees' Retirement Plan and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,

Rojas & Associates, CPAs

# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
GREEN HILLS MEMORIAL PARK
EMPLOYEES' RETIREMENT PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1968

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
GREEN HILLS MEMORIAL PARK

27501 SOUTH WESTERN AVE.

RANCHO PALOS VERDES CA 90275-1012

**2b** Employer Identification Number (EIN) 95-1955721

**2c** Plan Sponsor's telephone number (310) 831-0311

**2d** Business code (see instructions) 812210

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | | 10-14-26 | THOMAS FREW |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | 10-14-26 | THOMAS FREW |
| | ***Signature of employer/plan sponsor*** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

## FINANCIAL STATEMENTS
## AND SUPPLEMENTAL SCHEDULE
## DECEMBER 31, 2025 AND 2024
## 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, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, 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, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

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

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

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

**Auditors' Responsibilities for the Audit of the Financial Statements**

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

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

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

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

**Supplemental Schedules Required by ERISA**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4(I) - Schedule of Assets (Held at End of Year) as of the year ended December 31, 2025 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 13, 2026

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

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
## DECEMBER 31, 2025 AND 2024

| | 2025 | 2024 |
|---|---|---|
| ASSETS | | |
| CASH | $ 72,095 | $ 74,498 |
| INVESTMENTS | | |
| At fair value | 32,705,526 | 29,293,427 |
| At contract value | 55,730 | 43,167 |
| Total investments | 32,761,256 | 29,336,594 |
| RECEIVABLES | | |
| Employer contribution receivable | 414,014 | 326,386 |
| Notes receivable from participants | 212,548 | 234,575 |
| Overpayment receivable | - | 9,450 |
| Total receivables | 626,562 | 570,411 |
| TOTAL ASSETS | $ 33,459,913 | $ 29,981,503 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 33,459,913 | $ 29,981,503 |

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, 2025

| | |
|---|---|
| ADDITIONS TO NET ASSETS ATTRIBUTED TO | |
| Investment income | |
| Interest and dividends | $ 554,941 |
| Net investment gain in pooled separate accounts | 566,927 |
| Net appreciation in fair value of investments | 1,455,790 |
| Total investment gain | 2,577,658 |
| Interest income on notes receivable from participants | 16,675 |
| Contributions | |
| Participant contributions | 555,284 |
| Employer contributions | 1,081,620 |
| Total contributions | 1,636,904 |
| Total additions | 4,231,237 |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO | |
| Benefits paid to participants | 544,682 |
| Management fees | 208,145 |
| Total deductions | 752,827 |
| NET INCREASE | 3,478,410 |
| NET ASSETS AVAILABLE FOR BENEFITS: | |
| Beginning of year | 29,981,503 |
| End of year | $ 33,459,913 |

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

## 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 predessor retirement plan of the Plan's Sponsor. The predessor 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.

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, 2025 and 2024, there were no forfeited non-vested accounts. Forfeited accounts are reallocated to participants in the same manner as Employer non-elective contributions. There were no forfeited accounts reallocated to participants during the year ended December 31, 2025.

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.

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, 2025 and 2024.

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, 2025, expenses paid by the Plan amounted to $208,145 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.

## 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, 2025 and 2024. During the year ended December 31, 2025, 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.

NOTE 4. FAIR VALUE MEASUREMENTS(CONTINUED)

The following tables summarize assets measured at fair value on a recurring basis as of December 31, 2025 and 2024:

| | December 31, 2025 | | | |
|---|---|---|---|---|
| Assets | Level 1 | Level 2 | Level 3 | Total |
| Investments at fair value: | | | | |
| Cash - interest bearing | $ 178,127 | $ - | $ - | $ 178,127 |
| Fixed income securities | 8,487,852 | - | - | 8,487,852 |
| Common stocks | 19,171,353 | - | - | 19,171,353 |
| Total investments at fair value | $27,837,332 | $ - | $ - | $27,837,332 |
| Investments at net asset value* | | | | 4,923,924 |
| Total investments | | | | $32,761,256 |

| | December 31, 2024 | | | |
|---|---|---|---|---|
| Assets | Level 1 | Level 2 | Level 3 | Total |
| Investments at fair value: | | | | |
| Cash - interest bearing | $ 63,657 | $ - | $ - | $ 63,657 |
| Fixed income securities | 7,359,278 | - | - | 7,359,278 |
| Common stocks | 17,798,075 | - | - | 17,798,075 |
| Total investments at fair value | $25,221,010 | $ - | $ - | $25,221,010 |
| Investments at net asset value* | | | | 4,115,584 |
| Total investments | | | | $29,336,594 |

*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.

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:

| Investments | Fair Value as of December 31, 2025 | 2024 | Unfunded commitments | Redemption Frequency (if currently eligible) | Redemption notice period |
|---|---|---|---|---|---|
| Pooled Separate Accounts | $4,923,924 | $4,115,584 | n/a | Daily | Daily |

NOTE 6. NONPARTICIPANT-DIRECTED INVESTMENTS

| | December 31, 2025 | 2024 |
|---|---|---|
| Net Assets: | | |
| Cash - interest bearing | $ 178,127 | $ 63,657 |
| Fixed income securities | 8,487,852 | 7,359,278 |
| Common stocks | 19,171,353 | 17,798,075 |
| | $27,837,332 | $25,221,010 |

For the year ended December 31, 2025, investment results of nonparticipant directed investments consisted of $554,941 in interest and dividends, and $1,455,790 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.

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, 2025 and 2024, 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 13, 2026, 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.

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. During the plan year ended December 31, 2025, the plan sponsor contributed the $9,450.

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, 2025

| (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 | ** | $ 55,730 |
| * | Transamerica Life Insurance Co. | Transamerica Sm Cap Growth Ret Opt | ** | 32,677 |
| | Transamerica Life Insurance Co. | American Funds New Perspective Ret Opt | ** | 18,852 |
| | Transamerica Life Insurance Co. | First Eagle Overseas Ret Opt | ** | 56,992 |
| | Transamerica Life Insurance Co. | Templeton Global Bond Ret Opt | ** | 51,476 |
| * | Transamerica Life Insurance Co. | Transamerica LifeGoal 2060 with BlkRck Ret Opt | ** | 83,855 |
| * | Transamerica Life Insurance Co. | Transamerica Partners High Yield Bond Ret Opt | ** | 17,382 |
| * | Transamerica Life Insurance Co. | Transamerica Short-Term Bond Ret Opt | ** | 42,848 |
| * | Transamerica Life Insurance Co. | Transamerica LifeGoal Ret with BlackRock Ret Opt | ** | 825,286 |
| * | Transamerica Life Insurance Co. | Transamerica LifeGoal 2045 with BlkRck Ret Opt | ** | 269,843 |
| | Transamerica Life Insurance Co. | State Street Russell Small Cap Index Ret Opt | ** | 12,418 |
| | Transamerica Life Insurance Co. | State Street S&P Mid Cap Index Ret Opt | ** | 1,353 |
| | Transamerica Life Insurance Co. | Goldman Sachs Mid-Cap Opportunities Ret Opt | ** | 1,582 |
| | Transamerica Life Insurance Co. | Amer Funds EuroPacific Growth Ret Opt | ** | 1,583 |
| | Transamerica Life Insurance Co. | Loomis Sayles Investment Grade Bond Ret Opt | ** | 3,474 |
| | Transamerica Life Insurance Co. | TA Vanguard REIT Index Ret Opt | ** | 31,972 |
| * | Transamerica Life Insurance Co. | Transamerica LifeGoal 2030 with BlackRck Re Opt | ** | 455,739 |
| * | Transamerica Life Insurance Co. | Transamerica LifeGoal 2040 with BlkRck Ret Opt | ** | 565,054 |
| * | Transamerica Life Insurance Co. | Transamerica LifeGoal 2050 with BlkRck Ret Opt | ** | 237,210 |
| | Transamerica Life Insurance Co. | Vanguard Total Stock Market Index Ret Opt | ** | 75,052 |
| * | Transamerica Life Insurance Co. | Transamerica LifeGoal 2055 with BlkRck Ret Opt | ** | 447,589 |
| * | Transamerica Life Insurance Co. | Transamerica LifeGoal 2035 with BlackRck RetOpt | ** | 1,025,783 |
| * | Transamerica Life Insurance Co. | Loan Fund - Interest Rate 8.50% | ** | 32,866 |
| | Transamerica Life Insurance Co. | JPMorgan Equity Income Ret Opt | ** | 86,331 |
| | Transamerica Life Insurance Co. | MFS Massachusetts Inv Gr Stk | ** | 423,300 |
| | Transamerica Life Insurance Co. | Allspring Special Mid Cap Value Ret Opt | ** | 33,483 |
| | Transamerica Life Insurance Co. | Amer Funds New Perspective Ret Opt | ** | 54,170 |
| * | Transamerica Life Insurance Co. | Transamerica LifeGoal 2065 with BlackRck RetOpt | ** | 12,890 |
| | | | | 4,956,790 |
| | Windward Capital Management Co. 23821189 | Cash and Equivalents | $ 175,039 | $ 175,039 |
| | Windward Capital Management Co. 23821189 | MITSUBISHI FINANCIAL GROUP 4.286% Due 07-26-38 63,000 | 61,016 | 59,433 |
| | Windward Capital Management Co. 23821189 | WAL-MART STORES INC 5.000% Due 10-25-40 341,000 | 339,700 | 346,702 |
| | Windward Capital Management Co. 23821189 | KRAFT FOODS GROUP INC 5.000% Due 06-04-42 369,000 | 363,018 | 337,017 |
| | Windward Capital Management Co. 23821189 | PHILLIP MORRIS INTL INC 4.875% Due 11-15-43 200,000 | 196,469 | 184,287 |
| | Windward Capital Management Co. 23821189 | JPMORGAN CHASE & CO 4.950% Due 06-01-45 67,000 | 63,760 | 63,083 |
| | Windward Capital Management Co. 23821189 | FFCB 4.375% Due 01-13-38 300,000 | 297,610 | 295,362 |
| | Windward Capital Management Co. 23821189 | FFCB 5.000% Due 06-12-40 270,000 | 268,043 | 276,676 |
| | Windward Capital Management Co. 23821189 | JOHN DEERE CAPITA 5.100% Due 04-11-34 98,000 | 97,903 | 101,153 |
| | Windward Capital Management Co. 23821189 | NOMURA HOLDING 5.481% Due 06-29-35 251,000 | 249,556 | 258,521 |
| | Windward Capital Management Co. 23821189 | COOPERATIEVE CE 5.250% Due 05-24-41 409,000 | 401,060 | 410,426 |
| | Windward Capital Management Co. 23821189 | JPMORGAN CHASE & CO 5.400% Due 01-06-42 211,000 | 210,397 | 214,217 |
| | Windward Capital Management Co. 23821189 | BANK OF AMERICA COR 5.000% Due 01-21-44 304,000 | 297,116 | 291,914 |
| | Windward Capital Management Co. 23821189 | ALTRIA GROUP 5.375% Due 01-31-44 427,000 | 404,705 | 412,011 |

See accompanying independent auditors' report.

GREEN HILLS MEMORIAL PARK
EMPLOYEES' RETIREMENT PLAN
EIN:95-1955721
PLAN NUMBER 001
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR (CONTINUED)
DECEMBER 31, 2025

| (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 | CITIGROUP INC. 5.300% Due 05-06-44 218,000 | $ 207,191 | $ 211,662 |
| | Windward Capital Management Co. 23821189 | SUMITOMO MITSU 5.836% Due 07-09-44 98,000 | 97,894 | 100,811 |
| | Windward Capital Management Co. 23821189 | THE GOLDMAN SACH 5.150% Due 05-22-45 220,000 | 201,990 | 205,666 |
| | Windward Capital Management Co. 23821189 | JPMORGAN CHASE 5.625% Due 08-16-43 78,000 | 77,737 | 80,162 |
| | Windward Capital Management Co. 23821189 | BARCLAYS PLC 5.250% Due 08-17-45 204,000 | 197,270 | 195,919 |
| | Windward Capital Management Co. 23821189 | LLOYDS BANKING 5.300% Due 12-01-45 796,000 | 757,842 | 749,345 |
| | Windward Capital Management Co. 23821189 | US TREASU NT 3.875% Due 01-15-26 388,000 | 387,674 | 387,955 |
| | Windward Capital Management Co. 23821189 | US TREASUR NT 1.250% Due 12-31-26 403,000 | 367,407 | 394,043 |
| | Windward Capital Management Co. 23821189 | US TREASUR NT 2.750% Due 04-30-27 429,000 | 403,009 | 424,794 |
| | Windward Capital Management Co. 23821189 | US TREASU NT 2.625% Due 05-31-27 203,000 | 194,167 | 200,558 |
| | Windward Capital Management Co. 23821189 | US TREASU NT 1.125% Due 02-29-28 203,000 | 179,947 | 193,088 |
| | Windward Capital Management Co. 23821189 | US TREASUR NT 1.250% Due 04-30-28 429,000 | 370,091 | 407,533 |
| | Windward Capital Management Co. 23821189 | US TREASUR NT 4.375% Due 05-15-34 128,000 | 127,140 | 130,960 |
| | Windward Capital Management Co. 23821189 | US TREASURY BOND 4.375% Due 08-15-43 179,000 | 176,912 | 171,288 |
| | Windward Capital Management Co. 23821189 | US TREASURY BOND 4.500% Due 02-15-44 327,000 | 322,364 | 316,986 |
| | Windward Capital Management Co. 23821189 | US TREASURY BOND 3.625% Due 02-15-44 187,000 | 171,817 | 160,849 |
| | Windward Capital Management Co. 23821189 | US SER BONDS 4.500% Due 05-15-44 119,000 | 118,419 | 117,071 |
| | Windward Capital Management Co. 23821189 | US TREAS BOND 4.125% Due 05-18-44 200,000 | 199,944 | 183,938 |
| | Windward Capital Management Co. 23821189 | US TREASURY BOND 4.250% Due 02-15-54 354,000 | 342,862 | 320,868 |
| | Windward Capital Management Co. 23821189 | US TREASURY SER BONDS 4.250% Due 08-15-54 127,000 | 125,623 | 115,143 |
| | Windward Capital Management Co. 23821189 | ACCENTURE PLC F CLASS A 1,786 | 135,824 | 479,184 |
| | Windward Capital Management Co. 23821189 | ALPHABET INC. CLASS A 4,719 | 149,136 | 1,477,165 |
| | Windward Capital Management Co. 23821189 | ALPHABET INC. CLASS C 4,716 | 147,992 | 1,479,922 |
| | Windward Capital Management Co. 23821189 | AMAZON.COM INC 6,423 | 183,241 | 1,482,557 |
| | Windward Capital Management Co. 23821189 | AMGEN INC. 370 | 67,404 | 120,973 |
| | Windward Capital Management Co. 23821189 | APPLE INC 12,635 | 271,320 | 3,434,975 |
| | Windward Capital Management Co. 23821189 | ASML HOLDING N V F SPONSORED ADR 101 | 69,138 | 108,056 |
| | Windward Capital Management Co. 23821189 | BLACKROCK INC 557 | 199,439 | 617,499 |
| | Windward Capital Management Co. 23821189 | BOEING CO 751 | 204,834 | 163,057 |
| | Windward Capital Management Co. 23821189 | CANADIAN NATL RAILWY F 2,940 | 161,066 | 290,619 |
| | Windward Capital Management Co. 23821189 | CARRIER GLOBAL CORP 1,987 | 47,897 | 105,018 |
| | Windward Capital Management Co. 23821189 | CME GROUP INC CLASS A 1,188 | 163,524 | 324,339 |
| | Windward Capital Management Co. 23821189 | COMCAST CORP CLASS A 4,371 | 127,188 | 130,661 |
| | Windward Capital Management Co. 23821189 | CORTEVA INC 1,304 | 41,277 | 87,396 |
| | Windward Capital Management Co. 23821189 | COSTCO WHOLESALE CO 1,143 | 171,501 | 985,636 |
| | Windward Capital Management Co. 23821189 | CUMMINS INC 927 | 138,046 | 473,424 |
| | Windward Capital Management Co. 23821189 | CVS HEALTH CORP 5,003 | 281,643 | 396,999 |
| | Windward Capital Management Co. 23821189 | D R HORTON CO 2,628 | 258,929 | 378,612 |
| | Windward Capital Management Co. 23821189 | DISNEY WALT CO 2,650 | 300,837 | 301,559 |
| | Windward Capital Management Co. 23821189 | DUPONT DE NEMOURS INC IA 1,341 | 42,483 | 53,934 |
| | Windward Capital Management Co. 23821189 | FISERV INC 3,369 | 154,752 | 226,296 |
| | Windward Capital Management Co. 23821189 | LINDE PLC F 1,204 | 238,486 | 513,344 |
| | Windward Capital Management Co. 23821189 | LOCKHEED MARTIN CORP 810 | 256,000 | 391,821 |
| | Windward Capital Management Co. 23821189 | MARRIOTT INTL INC CLASS A 1,835 | 146,147 | 569,546 |
| | Windward Capital Management Co. 23821189 | NEXTERA ENERGY INC 6,139 | 328,758 | 492,802 |

GREEN HILLS MEMORIAL PARK
EMPLOYEES' RETIREMENT PLAN
EIN:95-1955721
PLAN NUMBER 001
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR (CONTINUED)
DECEMBER 31, 2025

| (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 | NIKE INC CLASS B 5,213 | $ 220,219 | $ 332,135 |
| | Windward Capital Management Co. 23821189 | OTIS WORLDWIDE CORP 1,029 | 65,355 | 89,850 |
| | Windward Capital Management Co. 23821189 | PEPSICO INC 1,594 | 146,038 | 228,806 |
| | Windward Capital Management Co. 23821189 | PROCTER & GAMBLE 1,826 | 151,637 | 261,615 |
| | Windward Capital Management Co. 23821189 | QNITY ELECTRONICS INC 640 | 57,429 | 52,295 |
| | Windward Capital Management Co. 23821189 | RTX CORP 2,001 | 139,924 | 366,892 |
| | Windward Capital Management Co. 23821189 | SALESFORCE INC 3,144 | 185,811 | 832,781 |
| | Windward Capital Management Co. 23821189 | TERADYNE INCORPORATE 1,736 | 169,965 | 336,012 |
| | Windward Capital Management Co. 23821189 | THERMO FISHER SCNTFC 559 | 266,727 | 324,159 |
| | Windward Capital Management Co. 23821189 | TJX COMPANIES INC 3,344 | 174,189 | 513,644 |
| | Windward Capital Management Co. 23821189 | ZOETIS INC CLASS A 2,380 | 189,251 | 299,576 |
| | | | | 27,217,639 |
| | Windward Capital Management Co. 89068613 | Cash and Equivalents | 3,088 | 3,088 |
| | Windward Capital Management Co. 89068613 | WAL-MART STORES INC 5.000% Due 10-25-40 5,000 | 4,975 | 5,084 |
| | Windward Capital Management Co. 89068613 | KRAFT FOODS GROUP INC 5.000% Due 06-04-42 35,000 | 34,463 | 31,966 |
| | Windward Capital Management Co. 89068613 | ALTRIA GROUP 5.375% Due 01-31-44 10,000 | 9,478 | 9,649 |
| | Windward Capital Management Co. 89068613 | CITIGROUP INC 5.300% Due 05-06-44 10,000 | 9,403 | 9,709 |
| | Windward Capital Management Co. 89068613 | SUMITOMO MITSU 5.936% Due 07-09-44 25,000 | 24,749 | 25,717 |
| | Windward Capital Management Co. 89068613 | MORGAN STANLEY 5.000% Due 01-10-45 21,000 | 20,756 | 19,849 |
| | Windward Capital Management Co. 89068613 | GOLDMAN SACHS GROUP INC 5.150% Due 05-22-45 17,000 | 16,255 | 15,892 |
| | Windward Capital Management Co. 89068613 | JPMORGAN CHASE & CO 4.950% Due 06-01-45 22,000 | 20,936 | 20,714 |
| | Windward Capital Management Co. 89068613 | US TREASU NT 3.875% Due 01-15-26 3,000 | 2,997 | 3,000 |
| | Windward Capital Management Co. 89068613 | US TREASUR NT 1.250% Due 12-31-26 3,000 | 2,735 | 2,933 |
| | Windward Capital Management Co. 89068613 | US TREASUR NT 2.750% Due 04-30-27 3,000 | 2,818 | 2,971 |
| | Windward Capital Management Co. 89068613 | US TREASU NT 2.625% Due 05-31-27 2,000 | 1,913 | 1,976 |
| | Windward Capital Management Co. 89068613 | US TREASU NT 1.125% Due 02-29-28 1,000 | 886 | 951 |
| | Windward Capital Management Co. 89068613 | US TREASUR NT 1.250% Due 04-30-28 3,000 | 2,588 | 2,850 |
| | Windward Capital Management Co. 89068613 | US TREASUR NT 4.375% Due 05-15-34 10,000 | 9,933 | 10,231 |
| | Windward Capital Management Co. 89068613 | US SER BONDS 4.500% 05-15-44 5,000 | 4,976 | 4,919 |
| | Windward Capital Management Co. 89068613 | ACCENTURE PLC F CLASS A 44.0000 | 3,982 | 11,805 |
| | Windward Capital Management Co. 89068613 | ALPHABET INC. CLASS A 114.0000 | 4,223 | 35,630 |
| | Windward Capital Management Co. 89068613 | ALPHABET INC. CLASS C 114.0000 | 3,477 | 35,720 |
| | Windward Capital Management Co. 89068613 | AMAZON.COM INC 154.0000 | 3,267 | 35,546 |
| | Windward Capital Management Co. 89068613 | AMGEN INC. 10.0000 | 1,633 | 3,134 |
| | Windward Capital Management Co. 89068613 | APPLE INC 286.0000 | 9,088 | 77,734 |
| | Windward Capital Management Co. 89068613 | ASML HOLDING N V F SPONSORED ADR 2.0000 | 1,345 | 2,140 |
| | Windward Capital Management Co. 89068613 | BLACKROCK INC 14.0000 | 5,016 | 15,641 |
| | Windward Capital Management Co. 89068613 | BOEING CO 18.0000 | 5,433 | 3,908 |
| | Windward Capital Management Co. 89068613 | CANADIAN NATL RAILWY F 71.0000 | 4,273 | 7,018 |
| | Windward Capital Management Co. 89068613 | CARRIER GLOBAL CORP 52.0000 | 1,339 | 2,766 |
| | Windward Capital Management Co. 89068613 | CME GROUP INC CLASS A 29.0000 | 3,621 | 8,070 |
| | Windward Capital Management Co. 89068613 | COMCAST CORP CLASS A 108.0000 | 3,118 | 3,235 |
| | Windward Capital Management Co. 89068613 | CORTEVA INC 35.0000 | 1,180 | 2,330 |
| | Windward Capital Management Co. 89068613 | COSTCO WHOLESALE CO 26.0000 | 4,204 | 22,664 |

GREEN HILLS MEMORIAL PARK
EMPLOYEES' RETIREMENT PLAN
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, 2025

| (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 | CUMMINS INC 22.0000 | $ 3,202 | $ 11,200 |
| | Windward Capital Management Co. 89068613 | CVS HEALTH CORP 121.0000 | 11,268 | 9,581 |
| | Windward Capital Management Co. 89068613 | D R HORTON CO 63.0000 | 6,215 | 9,115 |
| | Windward Capital Management Co. 89068613 | DISNEY WALT CO 66.0000 | 7,939 | 7,522 |
| | Windward Capital Management Co. 89068613 | DUPONT DE NEMOURS INC IA 31.0000 | 1,211 | 1,256 |
| | Windward Capital Management Co. 89068613 | FISERV INC 81.0000 | 3,371 | 5,441 |
| | Windward Capital Management Co. 89068613 | LINDE PLC F 30.0000 | 5,753 | 12,684 |
| | Windward Capital Management Co. 89068613 | LOCKHEED MARTIN CORP 19.0000 | 5,678 | 9,256 |
| | Windward Capital Management Co. 89068613 | MARRIOTT INTL INC CLASS A 45.0000 | 3,441 | 13,950 |
| | Windward Capital Management Co. 89068613 | NEXTERA ENERGY INC 153.0000 | 7,806 | 12,260 |
| | Windward Capital Management Co. 89068613 | NIKE INC CLASS B 128.0000 | 6,874 | 8,149 |
| | Windward Capital Management Co. 89068613 | OTIS WORLDWIDE CORP 26.0000 | 1,805 | 2,258 |
| | Windward Capital Management Co. 89068613 | PEPSICO INC 40.0000 | 3,645 | 5,694 |
| | Windward Capital Management Co. 89068613 | PROCTER & GAMBLE 44.0000 | 3,680 | 6,331 |
| | Windward Capital Management Co. 89068613 | QNITY ELECTRONICS INC 82.0000 | 1,664 | 1,226 |
| | Windward Capital Management Co. 89068613 | RTX CORP 48.0000 | 3,602 | 8,794 |
| | Windward Capital Management Co. 89068613 | SALESFORCE INC 77.0000 | 5,293 | 20,347 |
| | Windward Capital Management Co. 89068613 | TERADYNE INCORPORATE 43.0000 | 4,185 | 8,391 |
| | Windward Capital Management Co. 89068613 | THERMO FISHER SCNTFC 13.0000 | 6,145 | 7,581 |
| | Windward Capital Management Co. 89068613 | TJX COMPANIES INC 82.0000 | 4,452 | 12,608 |
| | Windward Capital Management Co. 89068613 | ZOETIS INC CLASS A 57.0000 | 5,306 | 7,209 |
| | | | | 619,693 |
| * | Participant Loans | Interest Rate 4.25% - 9.50% | - | 179,682 |
| | TOTAL | | $ 14,836,782 | $ 32,973,804 |

See accompanying independent auditors' report.