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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [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)

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE CALIFORNIA COMMERCE CLUB, INC. RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1990

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)
CALIF COMMERCE CLUB, INC. DBA COMMERCE CASINO

6131 TELEGRAPH RD
COMMERCE, CA 90040-2501

2b Employer Identification Number (EIN)
95-3757220

2c Plan Sponsor's telephone number
323-838-3222

2d Business code (see instructions)
713200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/22/2019	MARY SCHOTT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/22/2019	MARY SCHOTT
	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 **c** Plan Name	**4b**	EIN
		4d	PN

5	Total number of participants at the beginning of the plan year	**5**	2612
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)**	2315
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2307
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	304
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2613
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	5
f	Total. Add lines **6d** and **6e**.	**6f**	2618
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1457
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	20
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
THE CALIFORNIA COMMERCE CLUB, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CALIF COMMERCE CLUB, INC. DBA COMMERCE CASINO

D Employer Identification Number (EIN)
95-3757220

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
PRINCIPAL 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
42-0127290	61271	800536	2618	01/01/2018	12/31/2018

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
0	0

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

(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	

(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	8077167
5	Current value of plan's interest under this contract in separate accounts at year end	5	31933032

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 ▶ FLEXIBLE INVESTMENT ANNUITY

b	Balance at the end of the previous year			7b	8268274
c	Additions: (1) Contributions deposited during the year	7c(1)	391958		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	108829		
	(4) Transferred from separate account	7c(4)	1330794		
	(5) Other (specify below)	7c(5)	111962		
	▶ LOAN PAYMENT				
	(6) Total additions			7c(6)	1943543
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	10211817
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	828332		
	(2) Administration charge made by carrier	7e(2)	87360		
	(3) Transferred to separate account	7e(3)	766918		
	(4) Other (specify below)	7e(4)	48131		
	▶ LOAN WITHDRAWAL, CORRECTION				
	(5) Total deductions			7e(5)	1730741
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	8481076

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
THE CALIFORNIA COMMERCE CLUB, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CALIF COMMERCE CLUB, INC. DBA COMMERCE CASINO

D Employer Identification Number (EIN)
95-3757220

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

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

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

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

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

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

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	232580	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

COMMERCE CASINO

95-3757220

(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?
49 99	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	29521	Yes [ ] No [X]

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

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

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
COMMERCE CASINO	49 99	29521

(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.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	OTHER SERVICES

(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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
THE CALIFORNIA COMMERCE CLUB, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CALIF COMMERCE CLUB, INC. DBA COMMERCE CASINO

D Employer Identification Number (EIN)
95-3757220

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: PRIN MIDCAP VALUE III SA-Z

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

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)
42-0127290-022	P	2874936

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIQUID ASSETS SEP ACCT-Z

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

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)
42-0127290-024	P	13960252

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTL SMALLCAP SEP ACCT-Z

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

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)
42-0127290-014	P	4397756

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCP S&P 500 INDEX SA-Z

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

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)
42-0127290-016	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP S&P 600 INDEX SA-Z

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

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)
42-0127290-028	P	6073561

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400 IDX SA-Z

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

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)
42-0127290-023	P	4626528

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ AGG RETIRE I1

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

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)
47-2836296-225	C	50764

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ MOD RETIRE I1

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

c EIN-PN 47-2851418-226	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72341

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ CON RETIRE I1

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

c EIN-PN 47-2916729-227	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 583829

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ AGG 2025 I1

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

c EIN-PN 47-2935740-228	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60035

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ MOD 2025 I1

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

c EIN-PN 47-2950747-229	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 98204

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ CON 2025 I1

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

c EIN-PN 47-2961375-230	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4995230

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ AGG 2035 I1

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

c EIN-PN 47-2987118-231	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60069

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ MOD 2035 I1

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

c EIN-PN 47-3002484-232	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84674

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ CON 2035 I1

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

c EIN-PN 47-3018134-233	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6619232

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ AGG 2045 I1

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

c EIN-PN 47-3026996-234	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31711

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ MOD 2045 I1

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

c EIN-PN 47-3071639-235	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36934

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ CON 2045 I1

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

c EIN-PN 47-3144367-236	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3140977

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ AGG 2055 I1

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

c EIN-PN 47-3170652-237	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 402448

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ MOD 2055 I1

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

c EIN-PN 47-3188067-238	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 192640

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ CON 2055 I1

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

c EIN-PN 47-3216409-239	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1423335

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQTY INDX FD CLASS 1

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

c EIN-PN 20-3802168-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12239610

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK US DBT IDX FD CL 1

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

c EIN-PN 20-3802445-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 182527

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EAFE EQ INDX FD CL 1

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

c EIN-PN 20-3802495-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81274

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL STOCK I1 FUND

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

c EIN-PN 82-2436292-342	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1711405

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)

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

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

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

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

a Plan name	
b Name of 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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
THE CALIFORNIA COMMERCE CLUB, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CALIF COMMERCE CLUB, INC. DBA COMMERCE CASINO

D Employer Identification Number (EIN)
95-3757220

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1018270	1103385
(2) Participant contributions	1b(2)	309	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2807244	2712097
(9) Value of interest in common/collective trusts	1c(9)	34653039	32067239
(10) Value of interest in pooled separate accounts	1c(10)	37078695	31933032
(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)	28623225	28560864
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	7950092	8077167
(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)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	112130874	104453784
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	112130874	104453784

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)	1103385	
	(B) Participants	2a(1)(B)	5904530	
	(C) Others (including rollovers)	2a(1)(C)	195664	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		7203579
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	110882	
	(F) Other	2b(1)(F)	108829	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		219711
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	327694	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		327694
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(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)	0	
	(B) Other	2b(5)(B)	0	
	(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)		-1908374
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-2813906
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-820465
c Other income	2c		-85727
d Total income. Add all **income** amounts in column (b) and enter total	2d		2122512
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9647397	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		9647397
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	152205	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		152205
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9799602
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-7677090
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: BRADSHAW, SMITH & CO., LLP **(2)** EIN: 88-0150455

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

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

Part IV Compliance Questions

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

During the plan year:

		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	0
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	0

			Yes	No	Amount
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	0
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	0
e	Was this plan covered by a fidelity bond?	4e	X		7500000
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 ☒ 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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
THE CALIFORNIA COMMERCE CLUB, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CALIF COMMERCE CLUB, INC. DBA COMMERCE CASINO

D Employer Identification Number (EIN)
95-3757220

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): 42-0127290

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 contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**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) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

THE CALIFORNIA COMMERCE CLUB, INC.
RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

THE CALIFORNIA COMMERCE CLUB, INC. RETIREMENT SAVINGS PLAN

DECEMBER 31, 2018 AND 2017

TABLE OF CONTENTS

	PAGE
Independent auditors' report	1-2
Financial statements:	
Statements of net assets available for benefits as of December 31, 2018 and 2017	3
Statements of changes in net assets available for benefits for the years ended December 31, 2018 and 2017	4
Notes to financial statements	5-15
Supplemental schedules:	
Schedule of assets (held at end of year) as of December 31, 2018	16
Schedule of assets (held at end of year) as of December 31, 2017	17

Bradshaw, Smith & Co., LLP

CPAs, Business Advisors & Consultants
5851 West Charleston
Las Vegas, Nevada 89146
(702) 878-9788 FAX (702) 878-4510

INDEPENDENT AUDITORS' REPORT

To the 401(k) Committee of
The California Commerce Club, Inc.
Retirement Savings Plan
Commerce, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The California Commerce Club, Inc. Retirement Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Principal Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2018 and 2017, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of assets (held at end of year) as of December 31, 2018 and 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bradshaw, Smith & Co., LLP

June 28, 2019

THE CALIFORNIA COMMERCE CLUB, INC. RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2018 AND 2017

	2018	2017
Assets		
Investments, at fair value	$ 100,638,302	$ 108,305,051
Receivables:		
Notes receivable from participants	2,712,097	2,807,244
Participant contributions receivable	--	309
Employer contributions receivable	1,103,385	1,018,270
Total assets	104,453,784	112,130,874
Liabilities	--	--
Net assets available for benefits	$ 104,453,784	$ 112,130,874

The Notes to Financial Statements are an integral part of these statements.

THE CALIFORNIA COMMERCE CLUB, INC. RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017

	2018	2017
Additions to net assets attributed to:		
Employer contributions	$ 1,103,385	$ 1,018,270
Participant contributions	5,904,530	5,208,006
Rollover contributions	195,664	155,728
Interest - notes receivable from participants	110,882	99,648
Interest and dividends	436,523	435,956
Net increase in the fair value of investments	--	13,861,122
Total additions	7,750,984	20,778,730
Deductions from net assets attributed to:		
Net decrease in the fair value of investments	5,628,472	--
Benefits paid to participants	9,647,397	9,959,160
Administrative expenses	152,205	116,478
Total deductions	15,428,074	10,075,638
Net (decrease) increase	(7,677,090)	10,703,092
Net assets available for benefits:		
Beginning of year	112,130,874	101,427,782
End of year	$ 104,453,784	$ 112,130,874

The Notes to Financial Statements are an integral part of these statements.

THE CALIFORNIA COMMERCE CLUB, INC. RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017

1. Description of plan:

The following description of The California Commerce Club, Inc. Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

General:

The Plan is a voluntary savings and retirement (defined contribution) plan that covers all employees of The California Commerce Club, Inc. (the "Company" or the "Plan Sponsor"), who have completed 90 days of eligible service and are at least 21 years of age. The Company also acts as Plan Administrator. The Plan is designed to qualify under Section 401(k) of the Internal Revenue Code (the "Code"), as amended, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Custodian and record keeper of the Plan is Principal Life Insurance Company.

Eligibility:

Employees of the Company who are 21 or older and have completed 90 days of service are eligible to participant in the Plan. Participants may enroll in the Plan on the first day of the month after satisfying eligibility requirements.

Contributions:

Each participant is eligible to contribute up to 40% of their compensation annually subject to certain limits established by the Internal Revenue Service. The amount of matching contributions made by the Company on behalf of participants is determined annually at the discretion of the Company.

For the years ended December 31, 2018 and 2017, the Company matched 50% of each eligible employee's contributions, up to a maximum of 5% of the participant's wages.

The Company's contribution is funded on an annual basis, after the close of the Plan year. The allocation of the Company's matching contribution by investment option is at the discretion of the participant.

Participant accounts:

Each participant's account is credited with the participant's contributions, contributions by the Company and an allocation of net earnings or losses of the selected investment, less transaction processing and investment management expenses. Allocations of net earnings or losses are based on the participant's account balance to the total of account balances of all participants within the selected investment.

1. Description of plan (continued):

Vesting policy:

Participants are immediately fully vested in their contributions plus actual earnings thereon. Participants become fully vested in employer contributions over six years of service with the Company, as follows:

Years of Service	Percent Vested
Less than 2	0%
More than 2, less than 3	20%
More than 3, less than 4	40%
More than 4, less than 5	60%
More than 5, less than 6	80%
6 or more	100%

Payment of benefits:

On termination of service, participants with a vested account value in the Plan of more than $5,000 may elect to receive either a lump-sum amount equal to the value of their account or periodic installments, or may defer distribution until retirement, as defined in the agreement. Employees choosing to defer their distribution continue to participate in investment gains and losses but are no longer eligible for matching contributions by the Company. Terminated employees with a vested account value in the Plan between $1,000 and $5,000 may receive benefits in a lump sum distribution or may roll over benefits to an individual retirement account with an affiliate of Principal Life Insurance Company. Terminated employees with a vested account value in the Plan of $1,000 or less may receive benefits only in a lump-sum distribution.

The Plan allows hardship withdrawals, subject to account balance limits and applicable laws.

Forfeitures:

Upon termination of service, a participant forfeits any non-vested employer matching contributions and earnings thereon. Such forfeitures are used to reduce future contributions and administrative expenses by the Company. At December 31, 2018 and 2017 forfeited non-vested accounts totaled $808 and $840, respectively. During 2018 and 2017, the employer contributions and administrative expenses were reduced by $11,137 and $36,923, respectively by forfeitures from non-vested accounts.

Investment options:

The Plan's investments consist of various investment funds. Plan assets are invested in a guaranteed interest account, various pooled separate accounts, mutual funds, and collective investment trust funds as directed by the Plan participants.

Participants may change their investment options daily.

1. Description of plan (continued):

Notes receivable from participants:

After one year of participation in the Plan, participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The minimum amount of any loan is $1,000. Loan transactions are treated as a transfer to (from) the investment fund and from (to) the participant notes fund. Loan repayments are generally made over a maximum five-year period and bear interest at prevailing rates as determined by the Custodian and record keeper. Interest rates on outstanding loans range from 3.75% to 8.75%. Loans made for the purchase, major repair, or renovation of a primary residence may exceed the five-year repayment terms. All loans immediately become due and payable upon default, death, or termination of employment by the participant.

Guaranteed interest account:

The guaranteed interest account consists of seven underlying investment contracts each of which has an initial term of seven years with one contract maturing each year and its proceeds being reinvested in a new seven-year contract. The guaranteed interest account will pay contract value for a "benefit event" (e.g. termination, death, disability and retirement). However, there is a possible market value adjustment when transfers to other investment options from the guaranteed account are made. Thus, the guaranteed account is not considered to be fully benefit responsive. Contract value for the guaranteed interest account represents the amount payable to plan participants at maturity or upon a benefit event. The contract value of the guaranteed interest account was $8,481,076 and $8,268,274 as of December 31, 2018 and 2017, respectively. The interest rates earned on the contracts at December 31, 2018 and 2017 ranged from 0.62% to 2.35% and 0.62% to 1.85%, respectively.

Pooled separate accounts:

Pooled separate accounts are comprised of a wide variety of underlying investments such as equities, preferred stock, bonds, real estate and mutual funds. The Net Asset Value ("NAV") of the pooled separate accounts are based on the market value of the underlying investments. However, the pooled separate accounts' NAVs' are not publicly quoted. Beginning in 2018, the NAV became available to participants via the Plan website or when they access their account values. The NAV is the basis for current transactions and the pooled separate accounts can be redeemed at NAV as of the measurement date. Therefore, beginning in 2018, the Custodian has deemed the investments to have a "Readily Determinable Fair Value".

Mutual funds:

Mutual funds are comprised of a wide variety of underlying investments such as equities, preferred stock, and bonds. Mutual funds are valued at the net asset value of the underlying investments and reported at publicly available quoted market prices.

1. Description of plan (continued):

Collective investment trust funds:

Collective investment trust funds are comprised of target date funds with differing investment objectives. The NAV of a collective investment trust fund is based on the market value of the underlying investments, but the funds are not publicly quoted in an active market. The funds are invested in securities and other collective funds.

Subsequent events:

Management has evaluated subsequent events through June 28, 2019, the date the financials were available to be issued.

2. Summary of significant accounting policies:

Basis of accounting:

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

Use of estimates in the preparation of financial statements:

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 disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets during the reporting periods. Actual results could differ from those estimates.

Investment valuation and income recognition:

Investments are reported 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. The 401(k) Committee determines the Plan's valuation policies utilizing information provided by the Custodian. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis.

Cost basis of investments:

As permitted by Department of Labor Regulation 2520.103-11(d), Principal Life Insurance Company does not track the cost basis of investments

2. Summary of significant accounting policies (continued):

Net appreciation (depreciation) in fair value of investments:

The Plan presents in the Statement of Changes in Net Assets Available for Benefits the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation or depreciation on those investments.

Interest and dividend income:

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of benefits:

Benefits are recorded when paid.

Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2018 and 2017. If a participant ceases to make loan repayments or if any amount remains unpaid for more than 90 days after it is due, and the Plan Administrator deems the loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded. Delinquent loans are reclassified as distributions based upon the terms of the Plan.

Administrative expenses:

Certain administrative expenses of maintaining the Plan are paid by the Company. Participant initiated services fees are paid by the participants of the Plan.

Concentration of credit risk:

Each investment fund is diversified through a portfolio containing a wide variety of investments that fit the particular investment strategy and targeted composition. Further diversification is available to participants through participation in more than one fund. The quality of investments held in the fund portfolio reflects the expertise of the fund sponsor and fund managers.

The guaranteed interest account consists of a series of group annuity contracts negotiated with the Custodian. The ultimate performance of the contracts is dependent upon the ability of the issuer to honor them.

3. Investments:

During 2018 and 2017, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) as follows:

	2018	2017
Guaranteed interest account	$ (85,727)	$ (18,561)
Pooled separate accounts	(2,813,906)	6,696,853
Collective investment trust funds	(1,908,374)	2,181,104
Mutual funds	(820,465)	5,001,726
	$ (5,628,472)	$ 13,861,122

4. Fair value measurements:

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

- Level 1: Unadjusted quoted prices for identical, unrestricted assets or liabilities in active markets that a plan has the ability to access.
- Level 2: Quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from, or corroborated by, observable market data by correlation or other means for substantially the full term of the assets or liabilities.
- Level 3: Significant unobservable inputs.

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. There have been no changes in the applicable methodologies used at December 31, 2018 and 2017 other than the reclassification of the pooled separate accounts from NAV as the practical expedient to Level 1 based on the availability of published NAV's. During the year ended December 31, 2018, there were no transfers of financial instruments into or out of Level 3.

4. Fair value measurements (continued):

Following is a description of the valuation methodologies used for asset measured at fair value:

- *Guaranteed interest account:* Valued at fair value based on the amount participants would receive at year end if they were to withdraw or transfer funds prior to their maturity. This represents contract value adjusted to reflect current market interest rates by discounting the related cash flows based on current yields of similar instruments. The participant and the Plan Sponsor could potentially be assessed an early withdrawal penalty if the funds are withdrawn before maturity. In determining the reasonableness of the methodology, the Plan Administrator evaluates a variety of factors including the review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, duration or payout date). For the years ended December 31, 2018 and 2017, the significant unobservable (Level 3) inputs used to determine fair value consisted of discounted cash flows with interest rates that ranged from 2.96% to 3.10% and 2.24% to 2.77%, respectively, with a weighted average of 3.03% and 2.5%, respectively. The account pays a fixed rate of interest per the contract which changes periodically at the discretion of the Custodian. The interest rates paid on the Guaranteed Interest Accounts ranged from 0.62% to 2.35% and 0.62% to 1.85% as of December 31, 2018 and 2017, respectively. The Plan earned an average yield on these accounts of 1.38% and 1.32% for the years ended December 31, 2018 and 2017, respectively.
- *Pooled separate accounts.* Valued at the net asset value ("NAV") per unit of participation as determined by Principal Life Insurance Company, which represents an undivided interest in the underlying assets of the Funds. The purchase or redemption price of the units is determined based on the current market values of the underlying assets of the Funds. Net asset value is the fair value based on quoted market prices in an active market for the underlying assets, plus accrued dividend income and interest income. The value per unit is determined by dividing the net asset value by the number of units outstanding. There are no unfunded commitments, participants can redeem their units daily and there is no redemption notice period. In 2017 the NAV was used as the practical expedient to estimate fair value. Beginning in 2018, based on changes in the reporting of the NAV, the NAV was determined to have a readily determinable fair value and thus classified within the fair value hierarchy.
- *Collective investment trust funds.* Valued at the net asset value ("NAV") of units held by the Plan at year end. The net asset value is computed by dividing the total fair value of the assets of a fund, less its liabilities, by the total number of units outstanding at the time of such computation. Investment income earned is reinvested in the fund and included in the determination of unit values. The funds have the ability to redeem their investments in the collective funds at net asset value without restrictions. The NAV is used as the practical expedient to estimate fair value.
- *Mutual funds.* Valued at the net asset value ("NAV") of shares held by the plan at year end. Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

4. Fair value measurements (continued):

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

Investments measured at fair value on a recurring basis consisted of the following types of instruments as of December 31:

	Fair value measurements as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Guaranteed interest account	$ --	$ --	$ 8,077,167	$ 8,077,167
Mutual funds	28,560,864	--	--	28,560,864
Pooled separate acounts	31,933,032	--	--	31,933,032
Total assets in the fair value hierarchy	60,493,896	--	8,077,167	68,571,063
Investments measured at net asset value:*				
Collective investment trust funds	--	--	--	32,067,239
Total assets at fair value	$ 60,493,896	$ --	$ 8,077,167	$ 100,638,302

	Fair value measurements as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Guaranteed investment contract	$ --	$ --	$ 7,950,092	$ 7,950,092
Mutual funds	28,623,225	--	--	28,623,225
Total assets in the fair value hierarchy	28,623,225	--	7,950,092	36,573,317
Investments measured at net asset value:*				
Pooled separate accounts	--	--	--	37,078,695
Collective investment trust funds	--	--	--	34,653,039
Total assets at fair value	$ 28,623,225	$ --	$ 7,950,092	$ 108,305,051

* *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.*

4. Fair value measurements (continued):

The following table sets forth a reconciliation of changes in the fair value of the Plan's Level 3 assets in the fair value hierarchy:

	2018	2017
Guaranteed interest account:		
Beginning balance	$ 7,950,092	$ 8,977,783
Net change (realized and unrealized) included in changes in net assets available for benefits	23,100	94,791
Purchases, sales, issuances, and settlements:		
Purchases	1,183,858	512,274
Sales	(1,079,883)	(1,634,756)
Issues	--	--
Settlements	--	--
	$ 8,077,167	$ 7,950,092

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in the net increase (decrease) in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and quantitative information about the significant unobservable inputs.

2018 Instruments	Fair value	Valuation technique	Significant unobservable inputs	Range
Guaranteed interest contract	$ 8,077,167	Discounted cash flow	Treasury constant maturity rate	2.37% - 3.18%
			Composite guaranteed rate	2.96% - 3.10%
			Duration	7 years

2017 Instruments	Fair value	Valuation technique	Significant unobservable inputs	Range
Guaranteed interest contract	$ 7,950,092	Discounted cash flow	Treasury constant maturity rate	1.88% - 2.43%
			Composite guaranteed rate	2.24% - 2.77%
			Duration	7 years

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:

	Fair value as of December 31,		Unfunded commitments	Redemption frequency (if currently eligible)	Redemption notice period
	2018	2017			
Collective investment trust funds	$ 32,067,239	$ 34,653,039	N/A	Daily	12 months
Pooled separate accounts	--	37,078,695	N/A	Daily	12 months

6. Summary of information certified by the custodian:

Principal Life Insurance Company has supplied the plan administrator with certifications as of December 31, 2018 and 2017, and for the years then ended, that the Plan's investments and its income and expenses are complete and accurate.

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the Custodian.

	2018	2017
Principal Life Insurance Company:		
Investments:		
Guaranteed interest account	$ 8,077,167	$ 7,950,092
Pooled separate accounts	31,933,032	37,078,695
Collective investment trust funds	32,067,239	34,653,039
Mutual funds	28,560,864	28,623,225
Notes receivable from participants	2,712,097	2,807,244
Additions and deductions during the year ended December 31:		
Net increase (decrease) in the fair value of investments	(5,628,472)	13,861,122
Interest and dividends	436,523	435,956
Interest - notes receivable from participants	110,882	99,648

7. Administrative expenses:

Certain Plan costs and expenses, excluding brokerage fees, adjust an investment's net asset value used to value participant accounts. Participant initiated expenses, including those that relate to withdrawal charges/fees, loan expenses, and member requested services are paid directly by plan participants. Total expenses amounted to $152,205 and $116,478 for the years ended December 31, 2018 and 2017, respectively. The Company pays the annual audit, investment advisory fees, and certain other administrative costs.

8. Party-in-interest transactions:

Certain investments of the Plan are unallocated insurance contracts (guaranteed interest accounts) and shares of pooled separate accounts managed by Principal Life Insurance Company ("Principal"). Principal is the Custodian and record keeper, as defined by the Plan, and therefore, transactions involving such investments are considered exempt party-in-interest transactions.

9. Tax status:

The Plan Sponsor has not filed for a separate determination letter from the Internal Revenue Service but is utilizing a non-standardized prototype plan developed by Principal Life Insurance Company that received a determination letter dated March 31, 2014. The Plan Sponsor and its legal counsel believe that the Plan, as currently designed, is being operated in compliance with the requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. Plan termination:

Although the Company has not expressed any intent to do so, it has the right, under the Agreement, to terminate the Plan, subject to the provisions of ERISA. In the event of the Plan's termination, participants will become fully vested in their individual account, including the employer contributions.

11. Unpaid benefits to participants:

There were no unpaid benefits to participants as of December 31, 2018 and 2017.

12. Risks and uncertainties:

The Plan invests in various 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. Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults and credit rating downgrades.

SUPPLEMENTAL SCHEDULES

THE CALIFORNIA COMMERCE CLUB, INC. RETIREMENT SAVINGS PLAN
(EIN 95-3757220, PLAN 001)

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2018

(a)	(b) Identity of issue, borrower, less or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost[1]	(e) Current value
*	Principal Guaranteed Interest	Investment contract	$ --	$ 8,077,167
*	Principal Liquid Assets Sep Acct	Pooled separate accounts	--	13,960,252
*	Principal Mid-Cap Value III	Pooled separate accounts	--	2,874,935
*	Principal Mid-Cap S&P 400 Index	Pooled separate accounts	--	4,626,528
*	Principal Small Cap S&P 600 Index	Pooled separate accounts	--	6,073,560
*	Principal International Small Cap	Pooled separate accounts	--	4,397,757
	Wilmington Trust Flexpath Index+ Agg Retire I1	Collective investment trust fund	--	50,765
	Wilmington Trust Flexpath Index+ Mod Retire I1	Collective investment trust fund	--	72,341
	Wilmington Trust Flexpath Index+ Con Retire I1	Collective investment trust fund	--	583,829
	Wilmington Trust Flexpath Index+ Agg 2025 I1	Collective investment trust fund	--	60,035
	Wilmington Trust Flexpath Index+ Mod 2025 I1	Collective investment trust fund	--	98,204
	Wilmington Trust Flexpath Index+ Con 2025 I1	Collective investment trust fund	--	4,995,230
	Wilmington Trust Flexpath Index+ Agg 2035 I1	Collective investment trust fund	--	60,069
	Wilmington Trust Flexpath Index+ Mod 2035 I1	Collective investment trust fund	--	84,674
	Wilmington Trust Flexpath Index+ Con 2035 I1	Collective investment trust fund	--	6,619,233
	Wilmington Trust Flexpath Index+ Agg 2045 I1	Collective investment trust fund	--	31,711
	Wilmington Trust Flexpath Index+ Mod 2045 I1	Collective investment trust fund	--	36,934
	Wilmington Trust Flexpath Index+ Con 2045 I1	Collective investment trust fund	--	3,140,977
	Wilmington Trust Flexpath Index+ Agg 2055 I1	Collective investment trust fund	--	402,448
	Wilmington Trust Flexpath Index+ Mod 2055 I1	Collective investment trust fund	--	192,640
	Wilmington Trust Flexpath Index+ Con 2055 I1	Collective investment trust fund	--	1,423,335
	Wilmington Trust Blackrock EAFE Equity Index	Collective investment trust fund	--	81,274
	Wilmington Trust Blackrock Equity Index	Collective investment trust fund	--	12,239,610
	Wilmington Trust International Stock Fund	Collective investment trust fund	--	1,711,405
	Wilmington Blackrock US DBT Index	Collective investment trust fund	--	182,525
	Janus Balanced N Fund	Mutual fund	--	2,717,600
	Janus Enterprise N Fund	Mutual fund	--	2,642,223
	T. Rowe Price Blue Chip Growth Fund	Mutual fund	--	4,747,653
	Vanguard Windsor II Adm Fund	Mutual fund	--	2,858,889
	American Century Small Cap Value Inv Fund	Mutual fund	--	1,668,166
	Doubleline Core Fixed Inc I Fund	Mutual fund	--	5,510,274
	T. Rowe Price New Horizons Fund	Mutual fund	--	8,416,059
			--	100,638,302
*	Participant Loans	Rates of interest ranging from 3.75% to 8.75%	--	2,712,097
	Total investments		$ --	$ 103,350,399

* *Denotes party-in-interest*

(1) *As permitted by Department of Labor Regulation 2520.103-11(d), Principal Life Insurance Company does not track the cost basis of investments.*

THE CALIFORNIA COMMERCE CLUB, INC. RETIREMENT SAVINGS PLAN
(EIN 95-3757220, PLAN 001)

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2017

(a)	(b) Identity of issue, borrower, less or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost[1]	(e) Current value
*	Principal Guaranteed Interest	Investment contract	$ --	$ 7,950,092
*	Principal Liquid Assets Sep Acct	Pooled separate accounts	--	13,025,533
*	Principal Large Cap Stock Index 500 Fund	Pooled separate accounts	--	35
*	Principal Mid-Cap Value III	Pooled separate accounts	--	3,901,921
*	Principal Mid-Cap S&P 400 Index	Pooled separate accounts	--	6,055,475
*	Principal Small Cap S&P 600 Index	Pooled separate accounts	--	7,822,287
*	Principal International Small Cap	Pooled separate accounts	--	6,273,444
	Wilmington Trust Flexpath Index+ Agg Retire I1	Collective investment trust fund	--	36,432
	Wilmington Trust Flexpath Index+ Mod Retire I1	Collective investment trust fund	--	34,738
	Wilmington Trust Flexpath Index+ Con Retire I1	Collective investment trust fund	--	617,107
	Wilmington Trust Flexpath Index+ Agg 2025 I1	Collective investment trust fund	--	66,848
	Wilmington Trust Flexpath Index+ Mod 2025 I1	Collective investment trust fund	--	54,169
	Wilmington Trust Flexpath Index+ Con 2025 I1	Collective investment trust fund	--	5,142,169
	Wilmington Trust Flexpath Index+ Agg 2035 I1	Collective investment trust fund	--	29,067
	Wilmington Trust Flexpath Index+ Mod 2035 I1	Collective investment trust fund	--	71,426
	Wilmington Trust Flexpath Index+ Con 2035 I1	Collective investment trust fund	--	6,754,161
	Wilmington Trust Flexpath Index+ Agg 2045 I1	Collective investment trust fund	--	40,462
	Wilmington Trust Flexpath Index+ Mod 2045 I1	Collective investment trust fund	--	40,575
	Wilmington Trust Flexpath Index+ Con 2045 I1	Collective investment trust fund	--	3,115,541
	Wilmington Trust Flexpath Index+ Agg 2055 I1	Collective investment trust fund	--	287,415
	Wilmington Trust Flexpath Index+ Mod 2055 I1	Collective investment trust fund	--	181,677
	Wilmington Trust Flexpath Index+ Con 2055 I1	Collective investment trust fund	--	1,368,160
	Wilmington Trust Blackrock EAFE Equity Index	Collective investment trust fund	--	109,940
	Wilmington Trust Blackrock Equity Index	Collective investment trust fund	--	14,219,776
	Wilmington Trust International Stock Fund	Collective investment trust fund	--	2,294,511
	Wilmington Blackrock US DBT Index	Collective investment trust fund	--	188,865
	Janus Balanced T Fund	Mutual fund	--	2,572,506
	Janus Enterprise N Fund	Mutual fund	--	2,817,994
	T. Rowe Price Blue Chip Growth Fund	Mutual fund	--	5,032,979
	Vanguard Windsor II Adm Fund	Mutual fund	--	3,519,488
	American Century Small Cap Value Inv Fund	Mutual fund	--	2,235,798
	Doubleline Core Fixed Inc I Fund	Mutual fund	--	5,344,854
	T. Rowe Price New Horizons Fund	Mutual fund	--	7,099,606
			--	108,305,051
*	Participant Loans	Rates of interest ranging from 3.75% to 10.00%	--	2,807,244
	Total investments		$ --	$ 111,112,295

* *Denotes party-in-interest*

(1) *As permitted by Department of Labor Regulation 2520.103-11(d), Principal Life Insurance Company does not track the cost basis of investments.*

F051TF

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

THE CALIFORNIA COMMERCE CLUB, INC. RETIREMENT

EIN 95 3757220
PLAN NUMBER 001
PLAN YEAR 01/01/2018 TO 12/31/2018

(A)	(B) Identity of issuer, 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
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Agg Retire I1	$ 0.00	$ 50,764.56
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Agg 2025 I1	$ 0.00	$ 60,034.56
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Agg 2035 I1	$ 0.00	$ 60,069.19
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Agg 2045 I1	$ 0.00	$ 31,710.65
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Agg 2055 I1	$ 0.00	$ 402,448.32
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Con Retire I1	$ 0.00	$ 583,828.80
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Con 2025 I1	$ 0.00	$ 4,995,229.98
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Con 2035 I1	$ 0.00	$ 6,619,232.65
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Con 2045 I1	$ 0.00	$ 3,140,976.75
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Con 2055 I1	$ 0.00	$ 1,423,334.96
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Mod Retire I1	$ 0.00	$ 72,341.03
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Mod 2025 I1	$ 0.00	$ 98,204.34
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Mod 2035 I1	$ 0.00	$ 84,673.56
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Mod 2045 I1	$ 0.00	$ 36,934.32
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Mod 2055 I1	$ 0.00	$ 192,640.42

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

THE CALIFORNIA COMMERCE CLUB, INC. RETIREMENT

EIN 95 3757220
PLAN NUMBER 001
PLAN YEAR 01/01/2018 TO 12/31/2018

(A)	(B) Identity of issuer, 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
	American Century Investments	Registered Investment Company Amer Century Sml Cap Val R6 Fd	$ 0.00	$ 1,668,166.44
	Wilmington Trust	Common/Collective Trust BlackRock Eqty Indx Fd Class 1	$ 0.00	$ 12,239,610.33
	Wilmington Trust	Common/Collective Trust BlackRock EAFE Eq Indx Fd Cl 1	$ 0.00	$ 81,273.62
	Wilmington Trust	Common/Collective Trust BlackRock US Dbt Idx Fd Cl 1	$ 0.00	$ 182,526.59
	DoubleLine	Registered Investment Company DoubleLine Core Fixed Inc I Fd	$ 0.00	$ 5,510,273.86
*	Principal Life Insurance Company	Insurance Company General Guaranteed Interest	$ 0.00	$ 8,077,166.69
	Wilmington Trust	Common/Collective Trust International Stock I1 Fund	$ 0.00	$ 1,711,404.77
	Janus International Holding, LLC	Registered Investment Company JanusHenderson Blncd N	$ 0.00	$ 2,717,600.12
	Janus International Holding, LLC	Registered Investment Company JanusHenderson Entrprs N	$ 0.00	$ 2,642,223.02
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Intl SmallCap Sep Acct-Z	$ 0.00	$ 4,397,756.47
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Liquid Assets Sep Acct-Z	$ 0.00	$ 13,960,251.83
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap S&P 400 Idx SA-Z	$ 0.00	$ 4,626,527.87
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap Value III SA-Z	$ 0.00	$ 2,874,935.59
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmCap S&P 600 Index SA-Z	$ 0.00	$ 6,073,560.56
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price New Horizon Fd	$ 0.00	$ 8,416,059.05

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

F051TF

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

THE CALIFORNIA COMMERCE CLUB, INC. RETIREMENT

EIN 95 3757220
PLAN NUMBER 001
PLAN YEAR 01/01/2018 TO 12/31/2018

(A)	(B) Identity of issuer, 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
	T. Rowe Price Funds	Registered Investment Company T.Rowe Price Bl Chip Gr Fd	$ 0.00	$ 4,747,652.80
	Vanguard Group	Registered Investment Company Vanguard Windsor II Adm Fund	$ 0.00	$ 2,858,888.94
*	Participant Loans	Range of Interest Rates Rates Range From 3.75% To 8.75%	$ 0.00	$ 2,712,097.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)