# 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

**2020**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**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. | 10/15/2021 | LONNIE COLEMAN |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/15/2021 | LONNIE COLEMAN |
| | **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** | 2714 |
| **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)** | 2372 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 915 |
| **b** Retired or separated participants receiving benefits | **6b** | 2 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 635 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 1552 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 2 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 1554 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 1221 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 95 |
| **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)

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

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

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

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

**a Pension Schedules**

| | | |
|---|---|---|
| **(1)** | [X] | **R** (Retirement Plan Information) |
| **(2)** | [ ] | **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary |
| **(3)** | [ ] | **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |

**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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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

**2020**

**This Form is Open to Public Inspection**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**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 | 1554 | 01/01/2020 | 12/31/2020 |

**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 | 7816516 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 33486100 |

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. | 6d | |

Specify nature of costs ▶

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 | 8201692 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 200798 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 114994 | | |
| | (4) Transferred from separate account | 7c(4) | 2511834 | | |
| | (5) Other (specify below) | 7c(5) | 65059 | | |
| | ▶ LOAN PAYMENT | | | | |
| | (6) Total additions | | | 7c(6) | 2892685 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 11094377 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 1423154 | | |
| | (2) Administration charge made by carrier | 7e(2) | 31157 | | |
| | (3) Transferred to separate account | 7e(3) | 1757633 | | |
| | (4) Other (specify below) | 7e(4) | 21966 | | |
| | ▶ LOAN WITHDRAWAL | | | | |
| | (5) Total deductions | | | 7e(5) | 3233910 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 7860467 |

## Part III Welfare Benefit Contract Information

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

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

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

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

Specify nature of costs.

## Part IV Provision of Information

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2020**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**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

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

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

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 | 182408 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

NFP RETIREMENT, INC.

33-0905143

| (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? |
|---|---|---|---|---|---|---|
| 26 99 | INV ADV, PARTICIPANTS | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 43712 | 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 |
|---|---|---|
| NFP RETIREMENT, INC. | 26 99 | 43712 |

| **(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<br><br>42-0127290 | INVESTMENT ADVISORY (PRTCPNT) |

| **(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)**<br>(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

**2020**

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

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**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 LIQUID ASSETS SEP ACCT-Z | | |
| **b** Name of sponsor of entity listed in (a): | PRINCIPAL LIFE INSURANCE COMPANY | | |
| **c** EIN-PN | 42-0127290-024 | **d** Entity code | P |
| **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 19737096 | | |
| **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 | 42-0127290-014 | **d** Entity code | P |
| **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3408759 | | |
| **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 | 42-0127290-028 | **d** Entity code | P |
| **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 5516086 | | |
| **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 | 42-0127290-023 | **d** Entity code | P |
| **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 4824158 | | |
| **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 | 47-2836296-225 | **d** Entity code | C |
| **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 229967 | | |
| **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) | 112211 | | |
| **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) | 844401 | | |

**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 | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 47-2935740-228 | C | 221915 |

**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 | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 47-2950747-229 | C | 55224 |

**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 | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 47-2961375-230 | C | 6346079 |

**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 | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 47-2987118-231 | C | 652989 |

**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 | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 47-3002484-232 | C | 199943 |

**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 | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 47-3018134-233 | C | 8535746 |

**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 | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 47-3026996-234 | C | 79087 |

**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 | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 47-3071639-235 | C | 134995 |

**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 | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 47-3144367-236 | C | 3830364 |

**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 | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 47-3170652-237 | C | 242782 |

**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) 87936 |
|---|---|---|

**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) 2093986 |
|---|---|---|

**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) 13296031 |
|---|---|---|

**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) 3567435 |
|---|---|---|

**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) 308503 |
|---|---|---|

**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) 1586619 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE I1 FUND

**b** Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.

| **c** EIN-PN 38-4065329-426 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3375314 |
|---|---|---|

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

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

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

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

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

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

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

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

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

**Part II** **Information on Participating Plans (to be completed by DFEs)**
(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 |
| **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

**2020**

**This Form is Open to Public Inspection**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**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) | 1233681 | 0 |
| **(2)** Participant contributions | 1b(2) | 0 | 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) | 2841312 | 2495080 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 47311745 | 45801526 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 31801855 | 33486100 |
| **(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) | 33502197 | 39617265 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 8073264 | 7816516 |
| **(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 | 124764054 | 129216487 |
| | **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 | 124764054 | 129216487 |

## 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) | 0 | |
| | **(B)** Participants | 2a(1)(B) | 3295378 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 152980 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 3448358 |
| **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) | 134016 | |
| | **(F)** Other | 2b(1)(F) | 114994 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 249010 |
| | **(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) | 266213 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 266213 |
| | **(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) | | 4869154 |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | 994125 |
| **(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) | | 8377482 |
| **c** Other income | 2c | | 170810 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 18375152 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 13630857 | |
| **(2)** To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| **(3)** Other | 2e(3) | 18 | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 13630875 |
| **f** Corrective distributions (see instructions) | 2f | | 0 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 109436 |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | 0 | |
| **(2)** Contract administrator fees | 2i(2) | 182408 | |
| **(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) | | 182408 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 13922719 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 4452433 |
| **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)** ☐ Unmodified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

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

**(1)** Name: RUBIN BROWN LLP **(2)** EIN: 43-0765316

**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)** ☐ 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 |

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2020**

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

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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

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

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

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

# *THE CALIFORNIA COMMERCE CLUB, INC.*
# *RETIREMENT SAVINGS PLAN*

*FINANCIAL STATEMENTS*

*DECEMBER 31, 2020*

## Index


**Page**

**Independent Auditors' Report** ..... 1 - 2

**Financial Statements**

Statement Of Net Assets Available For Benefits ..... 3

Statement Of Changes In Net Assets Available For Benefits ..... 4

Notes To Financial Statements ..... 5 - 16

**Supplemental Schedule**

Schedule Of Assets Held At End Of Year ..... 17

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CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS

# Independent Auditors' Report

401(k) Committee
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 statement of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, 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 audit 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.

RubinBrown LLP is a member of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities.

***Basis For Disclaimer Of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Principal Life Insurance Company (Principal), the Asset Custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that Principal holds investment assets and executes investment transactions. The Plan Administrator has obtained a certification from Principal as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the Plan Administrator by Principal 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 - Supplemental Schedule***

The supplemental schedule of assets held at end of year as of December 31, 2020 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA is presented for the purpose of additional analysis and is 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 this supplemental schedule.

**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 schedule, other than that derived from the information certified by Principal, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

RubinBrown LLP

September 16, 2021

# THE CALIFORNIA COMMERCE CLUB, INC.
# RETIREMENT SAVINGS PLAN
## STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

| | December 31, | |
|---|---|---|
| | **2020** | 2019 |
| **Assets** | | |
| **Investments - At Fair Value** | **$ 126,721,407** | $ 120,689,061 |
| **Receivables** | | |
| Notes receivable from participants | **2,495,080** | 2,841,312 |
| Employer contribution receivable | — | 1,233,681 |
| **Total Receivables** | **2,495,080** | 4,074,993 |
| **Net Assets Available For Benefits** | **$ 129,216,487** | $ 124,764,054 |

# THE CALIFORNIA COMMERCE CLUB, INC.
# RETIREMENT SAVINGS PLAN

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
## For The Year Ended December 31, 2020

| | |
|---|---|
| **Additions To Net Assets Attributed To:** | |
| **Contributions** | |
| Participant | $ 3,295,378 |
| Rollover | 152,980 |
| **Total Contributions** | 3,448,358 |
| **Deductions From Net Assets Attributed To:** | |
| Benefits paid to participants | 13,740,311 |
| Administrative fees | 182,408 |
| **Total Deductions** | 13,922,719 |
| **Investment Income** | |
| Net appreciation in fair value of investments | 14,325,239 |
| Interest and dividends | 381,207 |
| **Net Investment Income** | 14,706,446 |
| **Interest Income On Notes Receivable From Participants** | 134,016 |
| **Other Income** | 86,332 |
| **Net Increase** | 4,452,433 |
| **Net Assets Available For Benefits - Beginning Of Year** | 124,764,054 |
| **Net Assets Available For Benefits - End Of Year** | $ 129,216,487 |

# 1. Description Of The 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 complete 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 (IRS). In addition, participants who are 50 or older by the end of the taxable year shall be eligible to make catch-up contributions subject the IRS limits. Rollover contributions are permitted by eligible participants without satisfying the entry requirements. 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, 2020 and 2019, the Company matched 0% and 50% of each eligible employee's contributions, up to a maximum of 5% of the participant's wages, respectively.

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.

### Vesting

Participants are immediately fully vested in their contributions plus actual earnings thereon. Participants become fully vested in Company 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.

The Coronavirus Aid Relief, and Economic Security Act (CARES Act) was signed into law on March 27, 2020. Section 2022 of the CARES Act permits eligible Plan participants to request penalty-free distributions of up to $100,000 for qualifying coronavirus-related reasons. These reasons include adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced, or being unable to work due to a lack of childcare due to COVID-19. The ability to request Coronavirus related distributions under the CARES Act ceased as of December 31, 2020.

### Forfeitures

Upon termination of service, a participant forfeits any non-vested Company contributions and earnings thereon. The Company uses such forfeitures to reduce future contributions and administrative expenses. At December 31, 2020 and 2019, forfeited non-vested accounts totaled $1,469 and $3, respectively. During 2020, administrative expenses were reduced by $35,203 from forfeitures of 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.

### 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.

The CARES Act also allows impacted participants to borrow up to $100,000 or 100% of their vested balance and delay loan payments due from March 27, 2020 through December 31, 2020, including those due following a severance from employment, for up to one year. The plan was formally amended to implement these changes on June 29, 2020.

## 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, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. 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 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments represents the difference between the aggregate fair value of investments at year end and the values at the beginning of the year and includes any realized gains and losses on investments bought and sold during the year.

### Other Income

The Plan entered into a revenue sharing agreement with the Custodian. The agreement was provided to reduce the overall expenses paid by the Plan through a credit based on the assets of the Plan. The credit was allocated back to the participants each quarter and is classified as other income. The amount of the credit in 2020 was $86,332.

### 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, 2020 and 2019. 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

The Company pays certain administrative expenses of maintaining the Plan. 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.

### Payment Of Benefits

Benefit payments are recorded when paid.

## 3. 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 the Plan has the ability to access.

- Level 2: Quoted prices for similar assets or liabilities in active market; 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 of other means for substantially the full term of the assets or liabilities.

- Level 3: Significant unobservable inputs.

The asset 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 valuation methodologies used at December 31, 2020 or 2019. During the year ended December 31, 2020, there were no transfers of financial instruments into or out of Level 3.

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

**Guaranteed Interest Account**

The guaranteed interest account (GIC) 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 GIC is 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 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. 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).

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 0.32% to 2.35% and 0.62% to 1.85% as of December 31, 2020 and 2019, respectively. The Plan earned an average yield on these accounts of 1.30% and 1.49% for the years ended December 31, 2020 and 2019, respectively.

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 $7,860,467 and $8,201,692 as of December 31, 2020 and 2019, 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. Valued at the net asset value (NAV) per unit of participation as determined by the Custodian, 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. The NAV was determined to have a readily determinable fair value and thus classified within the fair value hierarchy. The pooled separate accounts' NAVs' are not publicly quoted. The NAV is available to participants via the Plan website or when they access their account values.

### Collective Investment Trust Funds

Collective investment trust funds are comprised of target date funds with differing investment objectives. The funds are invested in securities and other collective funds. The NAV of a collective investment trust fund is based on the market value of the underlying investments, however, the collective investment trust funds are not publicly quoted in an active market. 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. The NAV was determined to have a readily determinable fair value and thus classified within the fair value hierarchy. The NAV is available to participants via the Plan website or when they access their account values. 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.

### 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 at year end. 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 NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of:

| | December 31, 2020 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Guaranteed interest account | $ — | $ — | $ 7,816,516 | $ 7,816,516 |
| Pooled separate accounts | 33,486,100 | — | — | 33,486,100 |
| Collective investment trust funds | 45,801,526 | — | — | 45,801,526 |
| Mutual funds | 39,617,265 | — | — | 39,617,265 |
| Total assets in the fair value hierarchy | $ 118,904,891 | $ — | $ 7,816,516 | 126,721,407 |
| Investments measured at net asset value per share * | | | | — |
| **Total Investments At Fair Value** | | | | $ 126,721,407 |

| | December 31, 2019 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Guaranteed interest account | $ — | $ — | $ 8,073,264 | $ 8,073,264 |
| Pooled separate accounts | 31,801,855 | — | — | 31,801,855 |
| Collective investment trust funds | 47,311,745 | — | — | 47,311,745 |
| Mutual funds | 33,502,197 | — | — | 33,502,197 |
| Total assets in the fair value hierarchy | $ 112,615,797 | $ — | $ 8,073,264 | 120,689,061 |
| Investments measured at net asset value per share * | | | | — |
| **Total Investments At Fair Value** | | | | $ 120,689,061 |

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:

| | **2020** | 2019 |
|---|---|---|
| **Guaranteed Interest Account:** | | |
| Beginning balance | **$ 8,073,264** | $ 8,077,167 |
| Net change (realized and unrealized) included in changes in net assets available for benefits | **199,470** | 398,284 |
| Purchases, sales, issuances and settlements: | | |
| Purchases | **265,857** | 482,619 |
| Sales | **(722,075)** | (884,806) |
| | **$ 7,816,516** | $ 8,073,264 |

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.

| 2020 Instruments | Fair Value | Valuation Technique | Significant Unobservable Inputs | Range |
|---|---|---|---|---|
| Guaranteed interest account | $ 7,816,516 | Discounted cash flow | Treasury constant maturity rate | 0.36% - 1.79% |
| | | | Composite guaranteed rate | 0.61% - 1.00% |
| | | | Duration | 7 years |

| 2019 Instruments | Fair Value | Valuation Technique | Significant Unobservable Inputs | Range |
|---|---|---|---|---|
| Guaranteed interest account | $ 8,073,264 | Discounted cash flow | Treasury constant maturity rate | 1.40% - 2.70% |
| | | | Composite guaranteed rate | 2.07% - 2.26% |
| | | | Duration | 7 years |

## 4. Summary Of Information Certified By The Asset Custodian

The Custodian has supplied the Plan Administrator with certifications as of December 31, 2020 and 2019, 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. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to this information that appears throughout the financial statements and supplemental schedule.

| | **2020** | 2019 |
|---|---|---|
| Principal Life Insurance Company: | | |
| Investments: | | |
| Guaranteed interest account | **$ 7,816,516** | $ 8,073,264 |
| Pooled separate accounts | **33,486,100** | 31,801,855 |
| Collective investment trust funds | **45,801,526** | 47,311,745 |
| Mutual funds | **39,617,265** | 33,502,197 |
| Notes receivable from participants | **2,495,080** | 2,841,312 |
| Additions and deductions during the year ended December 31, 2020: | | |
| Net increase in the fair value of investments | **$ 14,325,239** | |
| Interest and dividends | **381,207** | |
| Interest - notes receivable from participants | **134,016** | |

## 5. 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 $182,408 for the year ended December 31, 2020. The Company pays the annual audit, investment advisory fees, and certain other administrative costs.

## 6. Party In Interest Transactions

Certain investments of the Plan are unallocated insurance contracts (guaranteed interest accounts) and units of pooled separate accounts managed by the Custodian, and therefore, transactions involving such investments are considered exempt party in interest transactions.

## 7. 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 favorable opinion 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 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.

## 8. Plan Termination

Although the Company has not expressed any intent to do so, it has the right, under the Plan 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.

## 9. 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, which such changes could materially affect participants' account balances, and the amounts reported in the statement 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.

## 10. Covid-19

In March 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization. The COVID-19 pandemic has led to extreme volatility in financial markets and has affected, and may continue to affect, the market price of Plan assets. While the potential economic impact brought by COVID-19 may be difficult to assess or predict, a widespread pandemic could result in significant disruption of global financial markets. The extent to which COVID-19 impacts the financial markets will depend on future developments that are highly uncertain and cannot be predicted. The governor of California also mandated the temporary closure of the Plan Sponsor during 2020 due to COVID-19. As a result, the Plan has seen a decline of participant contributions during that period as a result of related personnel furloughs.

## 11. Subsequent Events

Management has evaluated subsequent events through the date the financials were available for issue, which is the date of the Independent Auditors' Report.

# Supplemental Schedule

# THE CALIFORNIA COMMERCE CLUB, INC.
# RETIREMENT SAVINGS PLAN

## EIN: 95-3757220 PLAN NUMBER: 001
## SCHEDULE OF ASSETS HELD AT END OF YEAR
## December 31, 2020

| (a) | (b) Identity Of Issuer, Borrower, Lessor Or Similar Party | (c) Description Of Investment | (d) Cost(1) | (e) Current Value |
|---|---|---|---|---|
| | **Guaranteed Interest Account** | | | |
| * | Principal Guaranteed Interest | Insurance Company General Fund | | $ 7,816,516 |
| | **Pooled Separate Accounts** | | | |
| * | Principal Life Insurance Company | Principal Liquid Assets Sep Acct | | 19,737,096 |
| * | Principal Life Insurance Company | Principal Mid-Cap S&P 400 Index | | 4,824,159 |
| * | Principal Life Insurance Company | Principal Small Cap S&P 600 Index | | 5,516,086 |
| * | Principal Life Insurance Company | Principal International Small Cap | | 3,408,759 |
| | | **Total Pooled Separate Accounts** | | 33,486,100 |
| | **Common Investment Trust Funds** | | | |
| | Wilmington Trust | Flexpath Index+ Agg Retire I1 | | 229,966 |
| | Wilmington Trust | Flexpath Index+ Mod Retire I1 | | 112,211 |
| | Wilmington Trust | Flexpath Index+ Con Retire I1 | | 844,401 |
| | Wilmington Trust | Flexpath Index+ Agg 2025 I1 | | 221,915 |
| | Wilmington Trust | Flexpath Index+ Mod 2025 I1 | | 55,224 |
| | Wilmington Trust | Flexpath Index+ Con 2025 I1 | | 6,346,079 |
| | Wilmington Trust | Flexpath Index+ Agg 2035 I1 | | 652,989 |
| | Wilmington Trust | Flexpath Index+ Mod 2035 I1 | | 199,943 |
| | Wilmington Trust | Flexpath Index+ Con 2035 I1 | | 8,535,746 |
| | Wilmington Trust | Flexpath Index+ Agg 2045 I1 | | 79,087 |
| | Wilmington Trust | Flexpath Index+ Mod 2045 I1 | | 134,995 |
| | Wilmington Trust | Flexpath Index+ Con 2045 I1 | | 3,830,364 |
| | Wilmington Trust | Flexpath Index+ Agg 2055 I1 | | 242,782 |
| | Wilmington Trust | Flexpath Index+ Mod 2055 I1 | | 87,936 |
| | Wilmington Trust | Flexpath Index+ Con 2055 I1 | | 2,093,986 |
| | Wilmington Trust | Blackrock EAFE Equity Index | | 308,503 |
| | Wilmington Trust | Blackrock Equity Index | | 13,296,031 |
| | Wilmington Trust | International Stock Fund | | 1,586,619 |
| | Wilmington Trust | Blackrock US DBT Index | | 3,567,435 |
| | Wilmington Trust | Large Cap Value I1 Fund | | 3,375,314 |
| | | **Total Common Investment Trust Funds** | | 45,801,526 |
| | **Mutual Funds** | | | |
| | Janus International Holding, LLC | Janus Henderson Balanced N Fund | | 3,258,687 |
| | Janus International Holding, LLC | Janus Henderson Enterprise N Fund | | 3,556,538 |
| | T. Rowe Price Funds | T. Rowe Price Blue Chip Growth Fund | | 7,672,334 |
| | T. Rowe Price Funds | T. Rowe Price New Horizons Fund | | 17,267,098 |
| | American Century Investments | Amer Century Sml Cap Val R6 Fund | | 1,595,189 |
| | DoubleLine | Doubleline Core Fixed Inc I Fund | | 6,267,419 |
| | | **Total Mutual Funds** | | 39,617,265 |
| * | **Participant Loans** | Rates of interest ranging from 3.75% to 8.75% with maturity dates through February 2049 | | 2,495,080 |
| | | | | $ 129,216,487 |

* Represents a party in interest

(1) Cost information was omitted for Plan assets which are participant directed.

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.

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

T C C C, I. R

EIN 95 3757220
PLAN NUMBER 001
PLAN YEAR 01/01/2020 TO 12/31/2020

| (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 | $ 229,967.41 |
| | Wilmington Trust | Common/Collective Trust flexPATH Idx+ Agg 2025 I1 | $ 0.00 | $ 221,915.40 |
| | Wilmington Trust | Common/Collective Trust flexPATH Idx+ Agg 2035 I1 | $ 0.00 | $ 652,988.57 |
| | Wilmington Trust | Common/Collective Trust flexPATH Idx+ Agg 2045 I1 | $ 0.00 | $ 79,086.97 |
| | Wilmington Trust | Common/Collective Trust flexPATH Idx+ Agg 2055 I1 | $ 0.00 | $ 242,781.69 |
| | Wilmington Trust | Common/Collective Trust flexPATH Idx+ Con Retire I1 | $ 0.00 | $ 844,400.55 |
| | Wilmington Trust | Common/Collective Trust flexPATH Idx+ Con 2025 I1 | $ 0.00 | $ 6,346,078.73 |
| | Wilmington Trust | Common/Collective Trust flexPATH Idx+ Con 2035 I1 | $ 0.00 | $ 8,535,745.68 |
| | Wilmington Trust | Common/Collective Trust flexPATH Idx+ Con 2045 I1 | $ 0.00 | $ 3,830,363.78 |
| | Wilmington Trust | Common/Collective Trust flexPATH Idx+ Con 2055 I1 | $ 0.00 | $ 2,093,986.36 |
| | Wilmington Trust | Common/Collective Trust flexPATH Idx+ Mod Retire I1 | $ 0.00 | $ 112,210.75 |
| | Wilmington Trust | Common/Collective Trust flexPATH Idx+ Mod 2025 I1 | $ 0.00 | $ 55,224.29 |
| | Wilmington Trust | Common/Collective Trust flexPATH Idx+ Mod 2035 I1 | $ 0.00 | $ 199,942.86 |
| | Wilmington Trust | Common/Collective Trust flexPATH Idx+ Mod 2045 I1 | $ 0.00 | $ 134,994.70 |
| | Wilmington Trust | Common/Collective Trust flexPATH Idx+ Mod 2055 I1 | $ 0.00 | $ 87,935.70 |

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

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

T C C C, I. R

EIN 95 3757220
PLAN NUMBER 001
PLAN YEAR 01/01/2020 TO 12/31/2020

| (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 | $ 1,595,189.20 |
| | Wilmington Trust | Common/Collective Trust BlackRock Eqty Indx Fd Class 1 | $ 0.00 | $ 13,296,030.96 |
| | Wilmington Trust | Common/Collective Trust BlackRock EAFE Eq Indx Fd Cl 1 | $ 0.00 | $ 308,503.49 |
| | Wilmington Trust | Common/Collective Trust BlackRock US Dbt Idx Fd Cl 1 | $ 0.00 | $ 3,567,435.37 |
| | DoubleLine | Registered Investment Company DoubleLine Core Fixed Inc I Fd | $ 0.00 | $ 6,267,419.44 |
| * | Principal Life Insurance Company | Insurance Company General Guaranteed Interest | $ 0.00 | $ 7,816,516.04 |
| | Wilmington Trust | Common/Collective Trust International Stock I1 Fund | $ 0.00 | $ 1,586,618.67 |
| | Janus International Holding, LLC | Registered Investment Company JanusHenderson Blncd N | $ 0.00 | $ 3,258,686.09 |
| | Janus International Holding, LLC | Registered Investment Company JanusHenderson Entrprs N | $ 0.00 | $ 3,556,537.98 |
| | Wilmington Trust, N.A. | Common/Collective Trust Large Cap Value I1 Fund | $ 0.00 | $ 3,375,313.60 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Prin Intl SmallCap Sep Acct-Z | $ 0.00 | $ 3,408,758.63 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Prin Liquid Assets Sep Acct-Z | $ 0.00 | $ 19,737,096.31 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Prin MidCap S&P 400 Idx SA-Z | $ 0.00 | $ 4,824,158.49 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Prin SmCap S&P 600 Index SA-Z | $ 0.00 | $ 5,516,086.44 |
| | T. Rowe Price Funds | Registered Investment Company T. Rowe Price New Horizon Fd | $ 0.00 | $ 17,267,098.01 |

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

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

T C C C, I. R

EIN 95 3757220
PLAN NUMBER 001
PLAN YEAR 01/01/2020 TO 12/31/2020

| (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<br>T.Rowe Price Bl Chip Gr Fd | $ 0.00 | $ 7,672,334.09 |
| * | Participant Loans | Range of Interest Rates<br>Rates Range From 3.75% To 8.75% | $ 0.00 | $ 2,495,080.00 |
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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)