

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2021</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                               |
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021 |                                                                                                                                                                                                                                                                                                                                                                                                                        |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input checked="" type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                               |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                              |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                     |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                               |

|         |                                                                                                                                                                                                                                                                                                                                                    |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                             |
| 1a      | Name of plan<br>CARDIFF SEASIDE MARKET, INC. 401(K) PLAN                                                                                                                                                                                                                                                                                           |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                                 |
| 1c      | Effective date of plan<br>01/01/1996                                                                                                                                                                                                                                                                                                               |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>CARDIFF SEASIDE MARKET, INC.<br><br>2087 SAN ELIJO AVE<br>CARDIFF BY THE SEA, CA 92007-1741 |
| 2b      | Employer Identification Number (EIN)<br>33-0108175                                                                                                                                                                                                                                                                                                 |
| 2c      | Plan Sponsor's telephone number<br>760-753-5445                                                                                                                                                                                                                                                                                                    |
| 2d      | Business code (see instructions)<br>445110                                                                                                                                                                                                                                                                                                         |

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. | 04/17/2023 | JOHN NAJJAR                                                  |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 145 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 105 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 93  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 22  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 43  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 158 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 158 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 158 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 23  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2A 2E 2F 2G 2J 2K 2T                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                              |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 \_\_\_\_\_

|                                                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |                                                                                                     | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |  |
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| A Name of plan<br>CARDIFF SEASIDE MARKET, INC. 401(K) PLAN                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     | B Three-digit plan number (PN) ▶ 001                                                            |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>CARDIFF SEASIDE MARKET, INC.                                                                                     |  |                                                                                                                                                                                                                                   |                                                                                                     | D Employer Identification Number (EIN)<br>33-0108175                                            |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)  |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE SV SERIES 25053 CL 0                                                                                                              |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE, INC.                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN 01-0233346-000                                                                                                                                                           |  | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 307277 |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or                                                    |                                                                                                 |  |

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

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

(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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u> |                                                                    |            |
| <b>A</b> Name of plan<br><u>CARDIFF SEASIDE MARKET, INC. 401(K) PLAN</u>                                 | <b>B</b> Three-digit plan number (PN) ►                            | <u>001</u> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>CARDIFF SEASIDE MARKET, INC.</u>     | <b>D</b> Employer Identification Number (EIN)<br><u>33-0108175</u> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 408485                | 402243          |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    | 37301                 | 0               |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 123698                | 93444           |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 301905                | 307277          |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 9228385               | 11186707        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   | 0                     | 0               |

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                              |              |                       |                 |
| (1) Employer securities.....                                         | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property.....                                      | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 10099774              | 11989671        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 0 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0 | 0 |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> | 0 | 0 |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> | 0 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 10099774 | 11989671 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 402243     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 159781     |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> | 4922       |           |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    | 0          | 566946    |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 0          |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> | 5472       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 5472      |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> | 0          | 626343    |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 626343     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 626343    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 0          | 0         |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          | 0         |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            |           |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 6112      |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            | 0         |
| (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) |            | 852770    |
| c Other income.....                                                                            | 2c     |            | 400       |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 2058043   |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 164674     |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  | 0          |           |
| (3) Other.....                                                                                 | 2e(3)  | 1513       |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 166187    |
| f Corrective distributions (see instructions).....                                             | 2f     |            | 0         |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            | 0         |
| h Interest expense.....                                                                        | 2h     |            | 0         |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  | 0          |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 0          |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 1959       |           |
| (4) Other.....                                                                                 | 2i(4)  | 0          |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 1959      |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 168146    |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 1889897   |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            |           |
| (2) From this plan.....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: LAVINE, LOFGREN, MORRIS & ENGELBERG

(2) EIN: 33-0690020

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:

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.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a | X   |    | 107702 |

|                                                                                                                                                                                                                                                                                                                                                                                                 | Yes                 | No                 | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|--------|
| <b>b</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.) .....                                                                                |                     |                    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>c</b> 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.) .....                                                                                                                                                                                                            |                     |                    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>d</b> 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.) .....                                                                                                                                                                                                 |                     |                    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                        | X                   |                    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                         |                     | X                  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>g</b> 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? .....                                                                                                                                                                                                                      |                     |                    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>h</b> 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? .....                                                                                                                                                                                                            |                     |                    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                  | X                   |                    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                       | X                   |                    |        |
| <b>j</b> 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.) .....                                                                                                                                                                    |                     |                    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                             |                     |                    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                              |                     |                    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                    |                     |                    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>n</b> 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. ....                                                                                                                                                                                                        |                     |                    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     |                    |        |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                             |                     |                    |        |
| <b>5b</b> 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.)                                                                                                                                                                                    |                     |                    |        |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                    | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |        |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |        |
| <b>5c</b> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. |                     |                    |        |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                      |                                                                    |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>CARDIFF SEASIDE MARKET, INC. 401(K) PLAN</u>                             | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>CARDIFF SEASIDE MARKET, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>33-0108175</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>04-6568107</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |          |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....                                                                                                                                                                                                                    | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2021  
v. 201209

**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 \_\_\_\_\_

**CARDIFF SEASIDE MARKET, INC. 401(K) PLAN**

**INDEPENDENT AUDITORS' REPORT,  
FINANCIAL STATEMENTS, AND  
SUPPLEMENTAL SCHEDULES**

**December 31, 2021**

# CARDIFF SEASIDE MARKET, INC. 401(K) PLAN

## Table of Contents

---

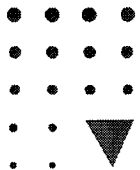
|                                    |       |
|------------------------------------|-------|
| INDEPENDENT AUDITORS' REPORT ..... | 1 – 4 |
|------------------------------------|-------|

### FINANCIAL STATEMENTS:

|                                                                                                         |        |
|---------------------------------------------------------------------------------------------------------|--------|
| Statements of Net Assets Available for Benefits<br>as of December 31, 2021 and 2020 .....               | 5      |
| Statement of Changes in Net Assets Available for Benefits<br>for the Year Ended December 31, 2021 ..... | 6      |
| Notes to Financial Statements .....                                                                     | 7 – 14 |

### SUPPLEMENTAL SCHEDULES:

|                                                                                                                                |         |
|--------------------------------------------------------------------------------------------------------------------------------|---------|
| Schedule H, Part IV, Line 4a – Schedule of Delinquent<br>Participant Contributions for the Year Ended December 31, 2021 .....  | 16 – 19 |
| Schedule H, Part IV, Line 4i – Schedule of Assets Held for Investment<br>Purposes at End of Year as of December 31, 2021 ..... | 20      |



**LAVINE, LOFGREN, MORRIS  
& ENGELBERG, LLP**

**CERTIFIED  
PUBLIC  
ACCOUNTANTS**

|                        |                |
|------------------------|----------------|
| 4180                   | PHONE          |
| LA JOLLA VILLAGE DRIVE | (858) 455-1200 |
| SUITE 300              | FAX            |
| LA JOLLA               | (858) 455-0898 |
| CALIFORNIA             | WEB SITE       |
| 92037                  | www.llme.com   |

An Independent Member of  
B K R International

**INDEPENDENT AUDITORS' REPORT**

To the Administrative Committee  
Cardiff Seaside Market, Inc. 401(k) Plan  
Cardiff by the Sea, California

**Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements**

We have performed an audit of the financial statements of Cardiff Seaside Market, Inc. 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (an "ERISA 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (the "2021 Financial Statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

**Opinion on the 2021 Financial Statements**

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion on the 2021 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Cardiff Seaside Market, Inc. 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the 2021 Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Cardiff Seaside Market, Inc. 401(k) Plan's ability to continue as a going concern within one year from the date the financial statements are available to be issued.

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

### **Auditor's Responsibilities for the Audit of the 2021 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Cardiff Seaside Market, Inc. 401(k) Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Cardiff Seaside Market, Inc. 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

#### **Other Matters**

##### *2021 Supplemental Schedules Required by ERISA*

The supplemental schedules (Schedule H, Part IV, Line 4a for the year ended December 31, 2021 and Schedule H, Part IV, Line 4i as of and for the year ended December 31, 2021), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

*Auditor's Report on the 2020 Financial Statements*

We were engaged to audit the 2020 financial statements of Cardiff Seaside Market, Inc. 401(k) Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 12, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA

*Lavine, Lofgren, Morris & Engelberg LLP*

La Jolla, California

April 4, 2023

**CARDIFF SEASIDE MARKET, INC. 401(K) PLAN****Statements of Net Assets Available for Benefits****As of December 31, 2021 and 2020**

|                                                | <u>2021</u>          | <u>2020</u>          |
|------------------------------------------------|----------------------|----------------------|
| ASSETS                                         |                      |                      |
| Investments, at fair value:                    |                      |                      |
| Registered investment companies                | \$ 11,186,707        | \$ 9,228,385         |
| Common/collective trust                        | <u>307,277</u>       | <u>301,905</u>       |
| Total investments                              | <u>11,493,984</u>    | <u>9,530,290</u>     |
| Receivables:                                   |                      |                      |
| Employer profit sharing contributions          | 269,429              | 272,090              |
| Employer safe harbor nonelective contributions | 132,814              | 136,395              |
| Employee contributions                         | -                    | 37,301               |
| Notes receivable from participants             | <u>93,444</u>        | <u>123,698</u>       |
| Total receivables                              | <u>495,687</u>       | <u>569,484</u>       |
| Total assets                                   | <u>11,989,671</u>    | <u>10,099,774</u>    |
| LIABILITIES                                    | <u>-</u>             | <u>-</u>             |
| NET ASSETS AVAILABLE FOR BENEFITS              | <u>\$ 11,989,671</u> | <u>\$ 10,099,774</u> |

See accompanying notes to financial statements.

## CARDIFF SEASIDE MARKET, INC. 401(K) PLAN

### Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2021

---

Additions to net assets attributed to:

Investment income:

|                                                                                              |              |
|----------------------------------------------------------------------------------------------|--------------|
| Net realized and unrealized appreciation in<br>fair value of registered investment companies | \$ 852,770   |
| Dividends from registered investment companies                                               | 626,343      |
| Net realized and unrealized appreciation in<br>fair value of common/collective trust         | <u>6,112</u> |

|                       |                  |
|-----------------------|------------------|
| Net investment income | <u>1,485,225</u> |
|-----------------------|------------------|

Contributions:

|                                    |                |
|------------------------------------|----------------|
| Participants - current             | 159,781        |
| Participants - other               | 4,922          |
| Employer - profit sharing          | 269,429        |
| Employer - safe harbor nonelective | <u>132,814</u> |

|                     |                |
|---------------------|----------------|
| Total contributions | <u>566,946</u> |
|---------------------|----------------|

|                                                         |            |
|---------------------------------------------------------|------------|
| Interest income from notes receivable from participants | 5,472      |
| Other income                                            | <u>400</u> |

|                 |                  |
|-----------------|------------------|
| Total additions | <u>2,058,043</u> |
|-----------------|------------------|

Deductions from net assets attributed to:

|                               |              |
|-------------------------------|--------------|
| Benefits paid to participants | 164,674      |
| Other deductions              | 1,513        |
| Administrative expenses       | <u>1,959</u> |

|                  |                |
|------------------|----------------|
| Total deductions | <u>168,146</u> |
|------------------|----------------|

|              |           |
|--------------|-----------|
| Net increase | 1,889,897 |
|--------------|-----------|

Net assets available for benefits:

|                   |                             |
|-------------------|-----------------------------|
| Beginning of year | <u>10,099,774</u>           |
| End of year       | <u><u>\$ 11,989,671</u></u> |

See accompanying notes to financial statements.

## **CARDIFF SEASIDE MARKET, INC. 401(K) PLAN**

### **Notes to Financial Statements December 31, 2021**

---

#### **NOTE 1. DESCRIPTION OF PLAN**

##### **General**

The Cardiff Seaside Market, Inc. 401(k) Plan (the "Plan") is a defined contribution plan established in 1996. The Plan is sponsored by Cardiff Seaside Market, Inc (the "Company"). The Plan provides participants with a salary deferral option for the purpose of saving for retirement pursuant to applicable provisions of the Internal Revenue Code (the "IRC").

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Significant elements of the Plan are summarized below. Participants should refer to the Plan document, as amended, for a more complete description of the Plan's provisions.

##### **Eligibility**

Employees who are at least 21 years of age and have completed one year of service, as defined in the Plan, are eligible to participate in the Plan and may enroll on the first day of any month coincident with or next following their having met the eligibility requirements. Excluded employees generally include those whose employment is governed by a collective bargaining agreement and non-resident aliens with no U.S. earned income from the Company.

##### **Participant Contributions**

Each pay period, participants may elect to contribute to the Plan any dollar amount or whole percentage between 1% to 100% of pre-tax compensation, as defined by the Plan. In addition, employees who are age 50 or older may elect to defer additional amounts (called "catch-up contributions") to the Plan. All participant contributions are subject to limitations imposed by the IRC. Participants may also contribute amounts representing rollover distributions from other qualified sources.

##### **Employer Contributions**

The Company shall make employer safe harbor nonelective contributions on an annual basis equal to 3% of each eligible employee's eligible compensation. For 2021, the Company made employer safe harbor nonelective contributions in the amount of \$132,814. This amount was remitted to the Plan by the Company in March 2022 and is presented as employer safe harbor nonelective contributions receivable as of December 31, 2021.

The Company may also make discretionary profit sharing contributions. To qualify for a discretionary profit sharing contribution at year end, an employee must satisfy the general eligibility requirements, have worked 1,000 hours during the Plan year, and also be employed on the last day of the Plan year.

For 2021, the Company authorized a profit-sharing contribution of \$269,429. This amount was remitted to the Plan by the Company in March 2022 and is presented as employer profit sharing contributions receivable as of December 31, 2021.

# CARDIFF SEASIDE MARKET, INC. 401(K) PLAN

## Notes to Financial Statements December 31, 2021

---

### NOTE 1. DESCRIPTION OF PLAN (Continued)

#### Participant Accounts and Investment Options

Each participant's account is credited with the participant's contributions, the Company's contributions (if any), and allocations of Plan earnings, losses, and expenses. Allocations are based on participant earnings or account balances, as defined. The benefits to which a participant is entitled are those that can be provided from the participant's vested account.

Administrative charges related to participant loans and distributions are deducted directly from the transacting participant's account. Investment expenses charged by the registered investment companies and common/collective trust in which the Plan invests are paid directly from the underlying assets of the respective investment and are included in net realized and unrealized appreciation (depreciation) in fair value of investments in the statement of changes in net assets available for benefits. Certain other expenses related to the administration of the Plan are paid by the Company.

Upon enrollment in the Plan, participants may direct the allocation of their accounts to any or all of the Plan's investment options. Subsequently, participants may change their allocations and transfer account balances between the investment options in accordance with the Plan.

#### Vesting

Participants are immediately vested in their contributions and in employer safe harbor nonelective contributions plus actual earnings thereon. Participants are also always 100% vested in any employer qualified nonelective contributions. Vesting in discretionary profit sharing contributions is based on years of credited service, as defined in the Plan, according to the following schedule:

| <u>Years of Service</u> | <u>Vested Percentage</u> |
|-------------------------|--------------------------|
| Less than 2             | 0%                       |
| 2                       | 20%                      |
| 3                       | 40%                      |
| 4                       | 60%                      |
| 5                       | 80%                      |
| 6 or more               | 100%                     |

#### Forfeitures

Forfeitures of employer contributions may be used to reduce employer contributions or to pay Plan expenses. During 2021, forfeitures of \$9,788 were added to the account. Other adjustments from the account totaled \$850 during 2021. As of December 31, 2021 and 2020, the balance in the forfeitures account was \$10,633 and \$1,695, respectively.

#### Notes Receivable from Participants (Participant Loans)

Participants may borrow from the salary deferral portion of their account generally up to a maximum of 50% of their vested balance up to \$50,000. The minimum loan amount is \$500. Loans are required to be repaid within 5 years, unless used toward the purchase of a primary residence, in which case the loan term may be longer. Participants may have up to three loans outstanding at any given time. Loans are secured by a participant's vested account balance. Loans bear interest at a fixed rate equal to the prime rate plus 1% and are repaid in regular installments through payroll deductions. As of December 31, 2021, interest rates on outstanding loans ranged from 4.25% to 6.50%.

## **CARDIFF SEASIDE MARKET, INC. 401(K) PLAN**

### **Notes to Financial Statements December 31, 2021**

---

#### **NOTE 1. DESCRIPTION OF PLAN (Continued)**

##### **Payment of Benefits**

Upon termination of service due to death, disability, or normal retirement (age 65), participants are entitled to receive a distribution of their account in a lump sum or defer distribution if their vested account balance exceeds \$1,000. For termination of service for other reasons, a participant may also receive the value of the vested interest in his or her account as a lump-sum distribution.

Pursuant to the Setting Every Community Up for Retirement Enhancement Act of 2019 (the "SECURE Act"), which became law on December 20, 2019, participants may defer taking distributions as follows:

- If a participant reached the age of 70½ in 2019, the participant may defer receiving distributions until the later of April 1, 2020, or the April following the calendar year in which the participant retires;
- If a participant reaches the age of 70½ in 2020 or later, the participant may defer receiving distributions until the later of the April following the calendar year in which the participant reaches age 72 or retires.

Also at its discretion, the Plan may elect to distribute vested account balances of less than \$1,000.

The Plan also allows for in-service distributions for participants who have attained age 59½. The Plan does not permit hardship withdrawals.

#### **NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

##### **Basis of Accounting**

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

##### **Use of Estimates**

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

##### **Notes Receivable from Participants (Participant Loans)**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

##### **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. See Note 4 for discussion of fair value measurements.

## **CARDIFF SEASIDE MARKET, INC. 401(K) PLAN**

### **Notes to Financial Statements December 31, 2021**

---

#### **NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

##### **Investment Valuation and Income Recognition (Continued)**

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

##### **Payment of Benefits**

Benefits are recorded when paid.

##### **Recently Issued Accounting Standards Update**

In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2018-13, *Fair Value Measurement (Topic 820) Disclosure Framework Changes to the Disclosure Requirements for Fair Value Measurement*. ASU 2018-13 simplifies and improves the disclosure requirements for fair value measurements. Plan management adopted ASU 2018-13 effective January 1, 2020; its adoption did not have a material impact on the Plan's financial statements.

##### **Subsequent Events**

Plan management has evaluated subsequent events through the date of the independent auditors' report, which is the date these financial statements were available to be issued.

#### **NOTE 3. INFORMATION CERTIFIED BY THE CUSTODIAN**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and the ERISA-required supplemental schedule (Schedule H, Part IV, Line 4i), including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation or depreciation in fair value of investments, dividends, interest income on notes receivable from participants, and other income for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by John Hancock Trust Company LLC, the custodian of the Plan.

#### **NOTE 4. FAIR VALUE MEASUREMENTS**

FASB Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives 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 under FASB ASC 820 are described as follows:

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

## CARDIFF SEASIDE MARKET, INC. 401(K) PLAN

### Notes to Financial Statements December 31, 2021

---

#### NOTE 4. FAIR VALUE MEASUREMENTS (Continued)

*Level 2* – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

*Level 3* – Inputs to the valuation methodology are unobservable and significant to the fair value measurement for the asset or liability at the measurement date. These inputs reflect Plan management's best estimate of what market participants would use in pricing the asset or liability at the measurement date. Consideration is given to the risk inherent in the valuation technique and in the inputs to the model.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2021 and 2020. The following is a description of the valuation methodologies used for investments measured at fair value at December 31, 2021 and 2020:

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

*Common/collective trust:* Valued at the net asset value of units of the collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer may reserve the right to require a notification period in order to ensure that securities liquidations will be carried out in an orderly business manner.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. In addition, although Plan management 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 investments at fair value as of December 31, 2021 and 2020:

|                                                                       | December 31, 2021 |         |         |               |
|-----------------------------------------------------------------------|-------------------|---------|---------|---------------|
|                                                                       | Level 1           | Level 2 | Level 3 | Total         |
| Registered investment companies                                       | \$ 11,186,707     | \$ -    | \$ -    | \$ 11,186,707 |
| Total assets in the fair value hierarchy                              | \$ 11,186,707     | \$ -    | \$ -    | 11,186,707    |
| Common/collective trust measured<br>at net asset value <sup>(a)</sup> |                   |         |         | 307,277       |
| Total investments at fair value                                       |                   |         |         | \$ 11,493,984 |

## CARDIFF SEASIDE MARKET, INC. 401(K) PLAN

### Notes to Financial Statements December 31, 2021

#### NOTE 4. FAIR VALUE MEASUREMENTS (Continued)

|                                                                       | December 31, 2020   |             |             | Total               |
|-----------------------------------------------------------------------|---------------------|-------------|-------------|---------------------|
|                                                                       | Level 1             | Level 2     | Level 3     |                     |
| Registered investment companies                                       | \$ 9,228,385        | \$ -        | \$ -        | \$ 9,228,385        |
| Total assets in the fair value hierarchy                              | <u>\$ 9,228,385</u> | <u>\$ -</u> | <u>\$ -</u> | 9,228,385           |
| Common/collective trust measured<br>at net asset value <sup>(a)</sup> |                     |             |             | <u>301,905</u>      |
| Total investments at fair value                                       |                     |             |             | <u>\$ 9,530,290</u> |

(a) The Plan's investment in a common/collective trust was measured at net asset value per share practical expedient (or its equivalent) and has not been classified in the fair value hierarchy. The fair value of the common/collective trust presented in these tables is intended to permit reconciliation of the fair value hierarchy to investments at fair value presented in the statements of net assets available for benefits.

The following tables summarize the investment (common/collective trust) for which fair value is measured using the net asset value per share practical expedient as of December 31, 2021 and 2020. There are no participant redemption restrictions for this investment.

|                           | December 31, 2021 |                         |                                          | Redemption<br>Notice<br>Period<br>(Plan) |
|---------------------------|-------------------|-------------------------|------------------------------------------|------------------------------------------|
|                           | Fair<br>Value     | Unfunded<br>Commitments | Redemption<br>Frequency<br>(Participant) |                                          |
| Metlife Stable Value Fund | \$ 307,277        | N/A                     | N/A                                      | N/A                                      |

|                           | December 31, 2020 |                         |                                          | Redemption<br>Notice<br>Period<br>(Plan) |
|---------------------------|-------------------|-------------------------|------------------------------------------|------------------------------------------|
|                           | Fair<br>Value     | Unfunded<br>Commitments | Redemption<br>Frequency<br>(Participant) |                                          |
| Metlife Stable Value Fund | \$ 301,905        | N/A                     | N/A                                      | N/A                                      |

#### NOTE 5. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Company pays certain administrative costs of the Plan, and also provides administrative services for the Plan at no cost to the Plan. These transactions qualify as exempt party-in-interest transactions.

## **CARDIFF SEASIDE MARKET, INC. 401(K) PLAN**

### **Notes to Financial Statements December 31, 2021**

---

#### **NOTE 6. PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, if not already fully vested, participants become 100% vested in their accounts.

#### **NOTE 7. TAX STATUS**

The Company has adopted a volume submitter plan and relies upon the volume submitter plan's opinion letter from the Internal Revenue Service ("IRS"), which stated that the plan and related trust are designed in accordance with the applicable sections of the IRC. The Company has not applied for a determination letter from the IRS specific to the Plan. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the accompanying financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2018.

#### **NOTE 8. RISKS AND UNCERTAINTIES**

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

#### **NOTE 9. UNTIMELY REMITTANCE OF PARTICIPANT CONTRIBUTIONS**

The Company identified instances in which certain loan repayments and employee deferrals withheld during 2017, 2018, and 2019 totaling \$39,726 were not forwarded to the custodian within the reasonableness timeframe established by the U.S. Department of Labor ("DOL"). The Company remitted \$29,900 of the late contributions to the Plan during 2019 and an additional \$9,636 during 2021. The remaining \$190 was paid directly to participants who were either no longer in the Plan or had paid off their loan balances during 2021. In addition, lost earnings in the amount of \$1,070 were remitted to the Plan in March 2021 and \$27 in July 2021.

During 2021, the Company identified instances in which certain loan repayments and employee deferrals withheld during 2020 totaling \$39,673 were not forwarded to the custodian within the reasonableness timeframe established by the DOL. The Company remitted these amounts to the Plan during 2021; the Company is in the process of determining the lost earnings and intends to remit such amounts to the Plan in 2023.

## **CARDIFF SEASIDE MARKET, INC. 401(K) PLAN**

### **Notes to Financial Statements**

**December 31, 2021**

---

#### **NOTE 9. UNTIMELY REMITTANCE OF PARTICIPANT CONTRIBUTIONS (Continued)**

Additionally, the Company identified instances in which certain loan repayments and employee deferrals withheld during 2021 totaling \$28,303 were not forwarded to the custodian within the reasonableness timeframe established by the DOL. The Company remitted these amounts to the Plan during 2021; the Company is in the process of determining the lost earnings and intends to remit such amounts to the Plan in 2023.

#### **NOTE 10. SUBSEQUENT EVENT**

Effective January 1, 2022 in connection with the Plan's regular statutorily-required cycle restatement which incorporates interim amendments and changes in law into a new plan document, the Plan Sponsor also amended the Plan to replace the employer nonelective safe harbor contribution with an employer safe harbor matching contribution equal to 100% of participant deferral contributions up to 4% of a participant's eligible compensation, determined on a per pay period basis, in addition to a discretionary matching contribution.

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em;"><b>2021</b></div><br><br>This Form is Open to Public Inspection |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                     |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>A</b> This return/report is for:                                                                                                                                                                    | <input type="checkbox"/> a multiemployer plan<br><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan<br><input type="checkbox"/> a DFE (specify) _____<br><b>B</b> This return/report is: |
|                                                                                                                                                                                                        | <input type="checkbox"/> the first return/report<br><input checked="" type="checkbox"/> an amended return/report<br><input type="checkbox"/> the final return/report<br><input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                                              |
| <b>C</b> If the plan is a collectively-bargained plan, check here: <input type="checkbox"/>                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>D</b> Check box if filing under:                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                     |
| <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description) |                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here: <input type="checkbox"/>                                                                             |                                                                                                                                                                                                                                                                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------|--|
| <b>Part II Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |
| <b>1a</b> Name of plan<br>CARDIFF SEASIDE MARKET, INC. 401(K) PLAN                                                                                                                                                                                                                                                                                              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN)</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/>01/01/1996</td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN)                       | 001                                                       | <b>1c</b> Effective date of plan<br>01/01/1996       |  |
| <b>1b</b> Three-digit plan number (PN)                                                                                                                                                                                                                                                                                                                          | 001                                                                                                                                                                                                                                                                                                                    |                                                              |                                                           |                                                      |  |
| <b>1c</b> Effective date of plan<br>01/01/1996                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>CARDIFF SEASIDE MARKET, INC.<br><br>2087 SAN ELIJO AVE<br><br>CARDIFF BY THE SEA CA 92007-1741 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/>33-0108175</td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/>760-753-5445</td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/>445110</td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br>33-0108175 | <b>2c</b> Plan Sponsor's telephone number<br>760-753-5445 | <b>2d</b> Business code (see instructions)<br>445110 |  |
| <b>2b</b> Employer Identification Number (EIN)<br>33-0108175                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |
| <b>2c</b> Plan Sponsor's telephone number<br>760-753-5445                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |
| <b>2d</b> Business code (see instructions)<br>445110                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |

**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.

|                      |                                    |                |                                                              |
|----------------------|------------------------------------|----------------|--------------------------------------------------------------|
| <b>SIGN<br/>HERE</b> |                                    | <u>4-17-23</u> | John Najjar                                                  |
|                      | Signature of plan administrator    | Date           | Enter name of individual signing as plan administrator       |
| <b>SIGN<br/>HERE</b> |                                    |                |                                                              |
|                      | Signature of employer/plan sponsor | Date           | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN<br/>HERE</b> |                                    |                |                                                              |
|                      | Signature of DFE                   | Date           | Enter name of individual signing as DFE                      |

**CARDIFF SEASIDE MARKET, INC. 401(k) PLAN**

Attachment for Form 5500 – Schedule H, Part IV, Line 4a –  
Schedule of Delinquent Participant Contributions  
For the Year Ended December 31, 2021

EIN: 33-0108175  
Plan Number: 001

| Participant Contributions Transferred Late to the Plan                                          |               | Total That Constitute Nonexempt Prohibited Transactions |                             |                                                                        | Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51 |      |   |
|-------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------|-----------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------|---|
| Check Here if Late Participant Loan Repayments Are Included <input checked="" type="checkbox"/> | Date Withheld | Date Remitted                                           | Contributions Not Corrected | Contributions Corrected Outside Voluntary Fiduciary Correction Program | Contributions Pending Correction in Voluntary Fiduciary Correction Program                                      |      |   |
| \$ 152                                                                                          | 12/21/2017    | 3/1/2021                                                | \$ -                        | \$ 152                                                                 | \$ -                                                                                                            | \$ - | - |
| 152                                                                                             | 12/28/2017    | 3/1/2021                                                | -                           | 152                                                                    | -                                                                                                               | -    | - |
| 152                                                                                             | 1/4/2018      | 3/1/2021                                                | -                           | 152                                                                    | -                                                                                                               | -    | - |
| 152                                                                                             | 1/11/2018     | 3/1/2021                                                | -                           | 152                                                                    | -                                                                                                               | -    | - |
| 152                                                                                             | 1/18/2018     | 3/1/2021                                                | -                           | 152                                                                    | -                                                                                                               | -    | - |
| 152                                                                                             | 1/25/2018     | 3/1/2021                                                | -                           | 152                                                                    | -                                                                                                               | -    | - |
| 152                                                                                             | 2/1/2018      | 3/1/2021                                                | -                           | 152                                                                    | -                                                                                                               | -    | - |
| 152                                                                                             | 2/8/2018      | 3/1/2021                                                | -                           | 152                                                                    | -                                                                                                               | -    | - |
| 152                                                                                             | 2/15/2018     | 3/1/2021                                                | -                           | 152                                                                    | -                                                                                                               | -    | - |
| 152                                                                                             | 2/22/2018     | 3/1/2021                                                | -                           | 152                                                                    | -                                                                                                               | -    | - |
| 152                                                                                             | 3/1/2018      | 3/1/2021                                                | -                           | 152                                                                    | -                                                                                                               | -    | - |
| 152                                                                                             | 3/8/2018      | 3/1/2021                                                | -                           | 152                                                                    | -                                                                                                               | -    | - |
| 152                                                                                             | 3/15/2018     | 3/1/2021                                                | -                           | 152                                                                    | -                                                                                                               | -    | - |
| 152                                                                                             | 3/22/2018     | 3/1/2021                                                | -                           | 152                                                                    | -                                                                                                               | -    | - |
| 152                                                                                             | 3/29/2018     | 3/1/2021                                                | -                           | 152                                                                    | -                                                                                                               | -    | - |
| 152                                                                                             | 4/5/2018      | 3/1/2021                                                | -                           | 152                                                                    | -                                                                                                               | -    | - |
| 152                                                                                             | 4/12/2018     | 3/1/2021                                                | -                           | 152                                                                    | -                                                                                                               | -    | - |
| 152                                                                                             | 4/19/2018     | 3/1/2021                                                | -                           | 152                                                                    | -                                                                                                               | -    | - |
| 152                                                                                             | 4/26/2018     | 3/1/2021                                                | -                           | 152                                                                    | -                                                                                                               | -    | - |
| 152                                                                                             | 5/3/2018      | 3/1/2021                                                | -                           | 152                                                                    | -                                                                                                               | -    | - |
| 152                                                                                             | 5/10/2018     | 3/1/2021                                                | -                           | 152                                                                    | -                                                                                                               | -    | - |
| 152                                                                                             | 5/17/2018     | 3/1/2021                                                | -                           | 152                                                                    | -                                                                                                               | -    | - |
| 152                                                                                             | 5/24/2018     | 3/1/2021                                                | -                           | 152                                                                    | -                                                                                                               | -    | - |

See accompanying independent auditors' report.

**CARDIFF SEASIDE MARKET, INC. 401(K) PLAN**

Attachment for Form 5500 – Schedule H, Part IV, Line 4a –  
Schedule of Delinquent Participant Contributions (Continued)  
For the Year Ended December 31, 2021

EIN: 33-0108175  
Plan Number: 001

| Participant Contributions Transferred Late to the Plan                                          |               |               | Total That Constitute Nonexempt Prohibited Transactions |                                                                        |                                                                            | Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51 |
|-------------------------------------------------------------------------------------------------|---------------|---------------|---------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Check Here if Late Participant Loan Repayments Are Included <input checked="" type="checkbox"/> | Date Withheld | Date Remitted | Contributions Not Corrected                             | Contributions Corrected Outside Voluntary Fiduciary Correction Program | Contributions Pending Correction in Voluntary Fiduciary Correction Program |                                                                                                                 |
| 152                                                                                             | 5/31/2018     | 3/1/2021      | -                                                       | 152                                                                    | -                                                                          | -                                                                                                               |
| 152                                                                                             | 6/7/2018      | 3/1/2021      | -                                                       | 152                                                                    | -                                                                          | -                                                                                                               |
| 152                                                                                             | 6/14/2018     | 3/1/2021      | -                                                       | 152                                                                    | -                                                                          | -                                                                                                               |
| 152                                                                                             | 6/21/2018     | 3/1/2021      | -                                                       | 152                                                                    | -                                                                          | -                                                                                                               |
| 152                                                                                             | 6/28/2018     | 3/1/2021      | -                                                       | 152                                                                    | -                                                                          | -                                                                                                               |
| 152                                                                                             | 7/5/2018      | 3/1/2021      | -                                                       | 152                                                                    | -                                                                          | -                                                                                                               |
| 152                                                                                             | 7/12/2018     | 3/1/2021      | -                                                       | 152                                                                    | -                                                                          | -                                                                                                               |
| 152                                                                                             | 7/19/2018     | 3/1/2021      | -                                                       | 152                                                                    | -                                                                          | -                                                                                                               |
| 152                                                                                             | 7/26/2018     | 3/1/2021      | -                                                       | 152                                                                    | -                                                                          | -                                                                                                               |
| 152                                                                                             | 8/2/2018      | 3/1/2021      | -                                                       | 152                                                                    | -                                                                          | -                                                                                                               |
| 152                                                                                             | 8/9/2018      | 3/1/2021      | -                                                       | 152                                                                    | -                                                                          | -                                                                                                               |
| 152                                                                                             | 8/16/2018     | 3/1/2021      | -                                                       | 152                                                                    | -                                                                          | -                                                                                                               |
| 152                                                                                             | 8/23/2018     | 3/1/2021      | -                                                       | 152                                                                    | -                                                                          | -                                                                                                               |
| 152                                                                                             | 8/30/2018     | 3/1/2021      | -                                                       | 152                                                                    | -                                                                          | -                                                                                                               |
| 152                                                                                             | 9/6/2018      | 3/1/2021      | -                                                       | 152                                                                    | -                                                                          | -                                                                                                               |
| 254                                                                                             | 9/13/2018     | 3/1/2021      | -                                                       | 254                                                                    | -                                                                          | -                                                                                                               |
| 254                                                                                             | 9/20/2018     | 3/1/2021      | -                                                       | 254                                                                    | -                                                                          | -                                                                                                               |
| 480                                                                                             | 9/27/2018     | 3/1/2021      | -                                                       | 480                                                                    | -                                                                          | -                                                                                                               |
| 7                                                                                               | 1/3/2019      | 3/1/2021      | -                                                       | 7                                                                      | -                                                                          | -                                                                                                               |
| 7                                                                                               | 1/10/2019     | 3/1/2021      | -                                                       | 7                                                                      | -                                                                          | -                                                                                                               |
| 7                                                                                               | 1/24/2019     | 3/1/2021      | -                                                       | 7                                                                      | -                                                                          | -                                                                                                               |
| 13                                                                                              | 1/31/2019     | 3/1/2021      | -                                                       | 13                                                                     | -                                                                          | -                                                                                                               |
| 13                                                                                              | 2/7/2019      | 3/1/2021      | -                                                       | 13                                                                     | -                                                                          | -                                                                                                               |

See accompanying independent auditors' report.

**CARDIFF SEASIDE MARKET, INC. 401(K) PLAN**

Attachment for Form 5500 – Schedule H, Part IV, Line 4a –  
Schedule of Delinquent Participant Contributions (Continued)  
For the Year Ended December 31, 2021

EIN: 33-0108175  
Plan Number: 001

| Participant<br>Contributions<br>Transferred Late<br>to the Plan |                                                                                                          |                  |                  | Total That Constitute Nonexempt Prohibited Transactions |                                                                                 |                                                                                     | Total Fully Corrected<br>Under Voluntary Fiduciary<br>Correction Program and<br>Prohibited Transaction<br>Exemption 2002-51 |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------|------------------|---------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
|                                                                 | Check Here if Late<br>Participant Loan<br>Repayments Are<br>Included <input checked="" type="checkbox"/> | Date<br>Withheld | Date<br>Remitted | Contributions<br>Not Corrected                          | Contributions<br>Corrected Outside<br>Voluntary Fiduciary<br>Correction Program | Contributions Pending<br>Correction in Voluntary<br>Fiduciary Correction<br>Program |                                                                                                                             |
| 13                                                              |                                                                                                          | 2/14/2019        | 3/1/2021         | -                                                       | 13                                                                              | -                                                                                   | -                                                                                                                           |
| 13                                                              |                                                                                                          | 2/21/2019        | 3/1/2021         | -                                                       | 13                                                                              | -                                                                                   | -                                                                                                                           |
| 13                                                              |                                                                                                          | 2/28/2019        | 3/1/2021         | -                                                       | 13                                                                              | -                                                                                   | -                                                                                                                           |
| 7                                                               |                                                                                                          | 3/7/2019         | 3/1/2021         | -                                                       | 7                                                                               | -                                                                                   | -                                                                                                                           |
| 5                                                               |                                                                                                          | 3/21/2019        | 3/1/2021         | -                                                       | 5                                                                               | -                                                                                   | -                                                                                                                           |
| 5                                                               |                                                                                                          | 3/28/2019        | 3/1/2021         | -                                                       | 5                                                                               | -                                                                                   | -                                                                                                                           |
| 5                                                               |                                                                                                          | 4/4/2019         | 3/1/2021         | -                                                       | 5                                                                               | -                                                                                   | -                                                                                                                           |
| 5                                                               |                                                                                                          | 4/11/2019        | 3/1/2021         | -                                                       | 5                                                                               | -                                                                                   | -                                                                                                                           |
| 102                                                             |                                                                                                          | 4/18/2019        | 3/1/2021         | -                                                       | 102                                                                             | -                                                                                   | -                                                                                                                           |
| 2,412                                                           |                                                                                                          | 8/22/2019        | 9/10/2019        | -                                                       | 2,412                                                                           | -                                                                                   | -                                                                                                                           |
| 3,414                                                           |                                                                                                          | 8/29/2019        | 9/11/2019        | -                                                       | 3,414                                                                           | -                                                                                   | -                                                                                                                           |
| 2,944                                                           |                                                                                                          | 9/5/2019         | 9/16/2019        | -                                                       | 2,944                                                                           | -                                                                                   | -                                                                                                                           |
| 2,863                                                           |                                                                                                          | 10/3/2019        | 10/18/2019       | -                                                       | 2,863                                                                           | -                                                                                   | -                                                                                                                           |
| 2,814                                                           |                                                                                                          | 10/10/2019       | 10/21/2019       | -                                                       | 2,814                                                                           | -                                                                                   | -                                                                                                                           |
| 2,942                                                           |                                                                                                          | 10/24/2019       | 11/20/2019       | -                                                       | 2,942                                                                           | -                                                                                   | -                                                                                                                           |
| 11                                                              |                                                                                                          | 11/14/2019       | 11/22/2019       | -                                                       | 11                                                                              | -                                                                                   | -                                                                                                                           |
| 12,500                                                          |                                                                                                          | 12/19/2019       | 12/30/2019       | -                                                       | 12,500                                                                          | -                                                                                   | -                                                                                                                           |
| 2,847                                                           |                                                                                                          | 12/19/2019       | 3/2/2021         | -                                                       | 2,847                                                                           | -                                                                                   | -                                                                                                                           |
| 2,739                                                           |                                                                                                          | 1/23/2020        | 10/18/2021       | 2,739                                                   | -                                                                               | -                                                                                   | -                                                                                                                           |
| 2,394                                                           |                                                                                                          | 2/27/2020        | 10/18/2021       | 2,394                                                   | -                                                                               | -                                                                                   | -                                                                                                                           |
| 2,630                                                           |                                                                                                          | 3/19/2020        | 10/18/2021       | 2,630                                                   | -                                                                               | -                                                                                   | -                                                                                                                           |

See accompanying independent auditors' report.

**CARDIFF SEASIDE MARKET, INC. 401(K) PLAN**

Attachment for Form 5500 – Schedule H, Part IV, Line 4a –  
Schedule of Delinquent Participant Contributions (Continued)  
For the Year Ended December 31, 2021

EIN: 33-0108175  
Plan Number: 001

| Participant<br>Contributions<br>Transferred Late<br>to the Plan | Total That Constitute Nonexempt Prohibited Transactions                                                  |                  |                  |                                |                                                                                 |                                                                                     | Total Fully Corrected<br>Under Voluntary Fiduciary<br>Correction Program and<br>Prohibited Transaction<br>Exemption 2002-51 |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------|------------------|--------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
|                                                                 | Check Here if Late<br>Participant Loan<br>Repayments Are<br>Included <input checked="" type="checkbox"/> | Date<br>Withheld | Date<br>Remitted | Contributions<br>Not Corrected | Contributions<br>Corrected Outside<br>Voluntary Fiduciary<br>Correction Program | Contributions Pending<br>Correction in Voluntary<br>Fiduciary Correction<br>Program |                                                                                                                             |
| 689                                                             |                                                                                                          | 5/14/2020        | 10/18/2021       | 689                            | -                                                                               | -                                                                                   | -                                                                                                                           |
| 13,000                                                          |                                                                                                          | 6/25/2020        | 10/18/2021       | 13,000                         | -                                                                               | -                                                                                   | -                                                                                                                           |
| 13,000                                                          |                                                                                                          | 9/3/2020         | 10/18/2021       | 13,000                         | -                                                                               | -                                                                                   | -                                                                                                                           |
| 45                                                              |                                                                                                          | 9/24/2020        | 10/18/2021       | 45                             | -                                                                               | -                                                                                   | -                                                                                                                           |
| 2,592                                                           |                                                                                                          | 12/17/2020       | 10/18/2021       | 2,592                          | -                                                                               | -                                                                                   | -                                                                                                                           |
| 2,584                                                           |                                                                                                          | 12/31/2020       | 1/4/2021         | -                              | 2,584                                                                           | -                                                                                   | -                                                                                                                           |
| 2,303                                                           |                                                                                                          | 1/7/2021         | 12/21/2021       | 2,303                          | -                                                                               | -                                                                                   | -                                                                                                                           |
| 13,000                                                          |                                                                                                          | 6/10/2021        | 6/24/2021        | 13,000                         | -                                                                               | -                                                                                   | -                                                                                                                           |
| 13,000                                                          |                                                                                                          | 9/17/2021        | 12/21/2021       | 13,000                         | -                                                                               | -                                                                                   | -                                                                                                                           |
| <u>\$ 107,702</u>                                               |                                                                                                          |                  |                  | <u>\$ 65,392</u>               | <u>\$ 42,310</u>                                                                | <u>\$ -</u>                                                                         | <u>\$ -</u>                                                                                                                 |

See accompanying independent auditors' report.

**CARDIFF SEASIDE MARKET, INC. 401(K) PLAN**

Attachment for Form 5500 – Schedule H, Part IV, Line 4i –

**Schedule of Assets Held for Investment Purposes at End of Year  
As of December 31, 2021****EIN: 33-0108175  
Plan Number: 001**

| (a)                              | (b)                                                     | (c)                                                                                                          | (d)                 | (e)                  |
|----------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------|----------------------|
|                                  | Identity of issue, borrower,<br>lessor or similar party | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost <sup>(1)</sup> | Current<br>value     |
| Registered Investment Companies: |                                                         |                                                                                                              |                     |                      |
|                                  | T. Rowe Price                                           | T. Rowe Price Retirement 2040                                                                                | -                   | \$ 2,499,422         |
|                                  | T. Rowe Price                                           | T. Rowe Price Retirement 2020                                                                                | -                   | 2,135,064            |
|                                  | Putnam                                                  | Putnam Large Cap Value Income                                                                                | -                   | 1,734,415            |
|                                  | JP Morgan                                               | JP Morgan Large Growth                                                                                       | -                   | 1,596,257            |
|                                  | T. Rowe Price                                           | T. Rowe Price Retirement 2030                                                                                | -                   | 767,181              |
|                                  | JP Morgan                                               | JP Morgan Core Plus Bond                                                                                     | -                   | 557,472              |
|                                  | T. Rowe Price                                           | T. Rowe Price Retirement 2045                                                                                | -                   | 507,216              |
|                                  | T. Rowe Price                                           | T. Rowe Price Retirement 2050                                                                                | -                   | 399,332              |
|                                  | T. Rowe Price                                           | T. Rowe Price Retirement 2035                                                                                | -                   | 299,206              |
|                                  | Vanguard                                                | Vanguard 500 Index                                                                                           | -                   | 156,125              |
|                                  | T. Rowe Price                                           | T. Rowe Price Retirement 2060                                                                                | -                   | 141,702              |
|                                  | T. Rowe Price                                           | T. Rowe Price Retirement 2055                                                                                | -                   | 120,899              |
|                                  | T. Rowe Price                                           | T. Rowe Price Retirement 2010                                                                                | -                   | 59,428               |
|                                  | Victory                                                 | Victory Sycamore Established Value                                                                           | -                   | 46,990               |
|                                  | American Beacon                                         | American Beacon Small Cap Value                                                                              | -                   | 36,449               |
|                                  | Vanguard                                                | Vanguard Mid Cap Index                                                                                       | -                   | 27,152               |
|                                  | American Funds                                          | American EuroPacific Growth                                                                                  | -                   | 24,047               |
|                                  | Vanguard                                                | Vanguard Small Cap Index                                                                                     | -                   | 23,622               |
|                                  | JP Morgan                                               | JP Morgan US Government Money Market                                                                         | -                   | 18,857               |
|                                  | T. Rowe Price                                           | T. Rowe Price Retirement 2015                                                                                | -                   | 11,872               |
|                                  | Eagle                                                   | Carillon Eagle Mid Cap Growth                                                                                | -                   | 11,602               |
|                                  | T. Rowe Price                                           | T. Rowe Price Retirement 2025                                                                                | -                   | 7,366                |
|                                  | Vanguard                                                | Vanguard Total International Stock Index                                                                     | -                   | 4,955                |
|                                  | Nuveen                                                  | Nuveen Real Estate Securities                                                                                | -                   | 76                   |
| Common/Collective Trust:         |                                                         |                                                                                                              |                     |                      |
|                                  | Metlife                                                 | Metlife Stable Value Fund                                                                                    | -                   | 307,277              |
| *                                | Participant Loans                                       | Interest rates range from 4.25% to 6.50%;<br>maturity dates vary                                             | - 0 -               | 93,444               |
| Total                            |                                                         |                                                                                                              |                     | <u>\$ 11,587,428</u> |

\* Designates a party-in-interest to the Plan.

<sup>(1)</sup> Cost information is omitted for participant-directed investments.

See accompanying independent auditors' report.