

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan BEACH HAUS, LLC 401(K) PLAN	1b	Three-digit plan number (PN) ▶ 003
		1c	Effective date of plan 01/01/2016
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BEACH HAUS, LLC 7769 MELROSE AVENUE LOS ANGELES, CA 90046	2b	Employer Identification Number (EIN) 26-2142243
		2c	Plan Sponsor's telephone number 323-466-6616
		2d	Business code (see instructions) 541512

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.	02/07/2024	JEREMY MOSS
	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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 151
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 141 6a(2) 125 6b 6c 30 6d 155 6e 6f 155 6g 113 6h 17
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan BEACH HAUS, LLC 401(K) PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 BEACH HAUS, LLC	D Employer Identification Number (EIN) 26-2142243	

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

(a) Name of insurance carrier NATIONWIDE LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	650-80029	113	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid 6173	(b) Total amount of fees paid 800
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid BAKER TILLY WEALTH MANAGEMENT, LLC 10 TERRACE CT MADISON, WI 53718
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6173		INVESTMENT ADVISORY SERVICES	3

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

FUTUREPLAN BY ASCENSUS PO BOX 734602 CHICAGO, IL 60673
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	800	THIRD PARTY ADMINISTRATOR SERVICES	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end..... **4** 13020**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 4885**c** Additions: (1) Contributions deposited during the year **7c(1)** 8132
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 91
(4) Transferred from separate account **7c(4)** 41
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 8264**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 13149**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
(2) Administration charge made by carrier **7e(2)**
(3) Transferred to separate account **7e(3)** 129
(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 129**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 13020

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan BEACH HAUS, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 BEACH HAUS, LLC	D Employer Identification Number (EIN) 26-2142243	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NATIONWIDE LIFE INSURANCE COMPANY
31-4156830

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15	RECORDKEEPER	6320	Yes ☒ No ☐	Yes ☒ No ☐	5800	Yes ☐ No ☒

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

BAKER TILLY WEALTH MANAGEMENT, LLC

10 TERRACE CT
MADISON, WI 53718

39-0859910

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	RIA	6173	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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PO BOX 734602
CHICAGO, IL 60673

82-3719843

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	THIRD PARTY ADMINISTRATO	800	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORNINGSTAR ASSOCIATES	26	203
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 31-4156830	3(21) SERVICE PROVIDER PAYMENT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>BEACH HAUS, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BEACH HAUS, LLC</u>	D Employer Identification Number (EIN) <u>26-2142243</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		0
(2) Participant contributions.....	1b(2)		0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	6113	3801
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	989307	1444813
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	4885	13020
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1000305	1461634

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1000305	1461634
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	57413	
(B) Participants	2a(1)(B)	697250	
(C) Others (including rollovers)	2a(1)(C)	6247	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		760910
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	26	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		26
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-209748
c Other income	2c		96
d Total income. Add all income amounts in column (b) and enter total	2d		551284
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	76701	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		76701
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	13254	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		13254
j Total expenses. Add all expense amounts in column (b) and enter total	2j		89955
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		461329
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: BAROLDI GUNDERSON LLP

(2) EIN: 82-4308881

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	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		200000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan BEACH HAUS, LLC 401(K) PLAN		B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 BEACH HAUS, LLC		D Employer Identification Number (EIN) 26-2142243
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-4156830		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a
b	The corresponding number for the second preceding plan year.....	15b
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	
a	Enter the number of employers who withdrew during the preceding plan year	16a
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	

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

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

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

BEACH HAUS LLC 401(K) PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL
SCHEDULE
AS OF AND FOR THE YEARS ENDED
DECEMBER 31, 2022 AND 2021
AND
INDEPENDENT AUDITORS' REPORT

**BEACH HAUS LLC 401(K) PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

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Note: All other supplemental schedules required by 29 CFR Section 2520.130-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because of the absence of conditions under which they are required.

INDEPENDENT AUDITORS' REPORT

The Trustee
Beach Haus LLC 401(k) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the financial statements of the Beach Haus LLC 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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Beach Haus LLC 401(k) Plan's 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 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 Department of Labor'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 years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements, 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 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

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 Financial Statements section of our report. We are required to be independent of the Optima Dealer Services 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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 Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, 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 Beach Haus LLC 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 Beach Haus LLC 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 Beach Haus LLC 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 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 Matter—Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2022 and 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, 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 schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule 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).

January 24, 2024
Foothill Ranch, California

Baroldi Gundersen, LLP

Baroldi Gundersen LLP

BEACH HAUS LLC 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Assets		
Investments:		
Investments at fair value (Notes 2,3, and 4)	\$ 1,449,099	\$ 995,593
Investments at contract value (Notes 2 and 3)	<u>12,535</u>	<u>4,712</u>
	1,461,634	1,000,305
Receivables:		
Participant contributions	37,153	21,619
Employer contributions	<u>92,075</u>	<u>57,560</u>
Total receivables	129,228	79,179
Total Assets	<u>1,590,862</u>	<u>1,079,484</u>
Liabilities		
Excess contributions payable (Note 2)	<u>(572)</u>	<u>(572)</u>
Total Liabilities	<u>(572)</u>	<u>(572)</u>
Net assets available for benefits	<u>\$ 1,590,290</u>	<u>\$ 1,078,912</u>

See accompanying notes to the financial statements and independent auditors' report.

BEACH HAUS LLC 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2022 AND 2021

	2022	2021
Additions to net assets attributed to:		
Investment income:		
Net appreciation in common and collective accounts	\$ -	\$ 94,807
Dividends	14,860	22,202
	14,860	117,009
Contributions:		
Participants	719,127	493,172
Employer	91,928	57,561
	811,055	550,733
 Total additions	 825,915	 667,742
Deductions from net assets attributed to:		
Net depreciation in common and collective accounts	224,582	-
Benefits paid to participants	76,701	100,539
Administrative expenses	13,254	12,400
 Total deductions	 314,537	 112,939
 Net increase in net assets available for benefits	 511,378	 554,803
 Net assets available for benefits, beginning of year	 1,078,912	 524,109
 Net assets available for benefits, end of year	 \$ 1,590,290	 \$ 1,078,912

See accompanying notes to the financial statements and independent auditors' report.

BEACH HAUS, LLC 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Beach Haus, LLC 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan’s provisions.

General

The Plan is a cash or deferred profit sharing plan and was originally established on January 1, 2016 upon adoption of the Ascensus LLC Non-standardized Defined Contribution Pre-approval plan. On January 1, 2022, the plan was amended to conform with minimum distribution rules which allows for complete distribution to some beneficiaries of deceased participants within 10 years after death, 5 years if beneficiary is not a person. Additionally, distributions must begin by April 1 of the calendar year following the year you turn 70 ½ or age 72, or when you retire, if later. Additionally, the amendment allowed long-term part-time employees to be eligible to enter the plan.

Employees of Beach Haus, LLC (“the Employer”) may participate in the Plan upon meeting eligibility requirements, as described below. Future Plan by Ascensus (the “TPA”) is responsible for the overall administration and operation of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) and is designed to qualify under Section 401(k) of the Internal Revenue Code (the “IRC”).

Eligibility

All employees who are a minimum of 21 years of age and have completed one month of eligible service are eligible to participate in the Plan. Following satisfaction of the eligibility requirements, employees are able to enroll in the plan following the first day of the plan year quarter coinciding with the next pay cycle.

Participant Contributions

Tax-Deferred Contributions

A participant in the Plan may elect to have voluntary tax-deferred contributions deducted from their pay, for each pay period, up to the annual maximum allowed under the IRC, which was \$20,500 for the year ended December 31, 2022 for participants under age 50, and a total of \$27,000 for participants over age 50 (\$20,500 in normal deferrals, plus an extra \$6,500 in catch-up deferrals). For the year ended December 31, 2021, the maximum allowed under the IRC of \$19,500 for participants under age 50, and a total of \$26,000 for participants over age 50 (\$19,500 in normal deferrals, plus an extra \$6,500 in catch-up deferrals).

BEACH HAUS, LLC 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Participant Contributions (Continued)

Rollover Contributions

An employee who receives a qualifying rollover distribution from an eligible retirement plan may make a rollover contribution into the Plan, even though the employee has not otherwise become eligible to participate in the Plan.

Catch-Up Contributions

In addition to the tax-deferred contributions described above, Plan participants who will be at least 50 years old by the end of the calendar year and who have contributed the maximum amount of tax-deferred contributions for the year may make additional catch-up contributions to the Plan in accordance with, and subject to, the limitations of the IRC. The catch-up contribution limit was \$6,500 for the years ended December 31, 2022 and 2021.

Employer Contributions

In accordance with the Plan Agreement, the Employer may also make discretionary matching contributions in a uniform rate equal to 25% of the participants elective deferral not to exceed 4% of the participants compensation. During the years ended December 31, 2022 and 2021 discretionary matching contributions declared in the amounts of \$91,732 and \$57,413.37, respectively, and paid in the March of the subsequent year.

Participant Accounts

Individual accounts are maintained for each Plan participant. Each participant's account is credited with (a) the participant's contributions, (b) Employer discretionary matching contributions (when applicable) made to the Plan; and (c) investment earnings. Each participant's account is charged with participant specific fees, such as withdrawal fees, and allocations of investment losses and administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan Agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options

The Plan offers various investment options which are managed by outside investment managers. Upon enrollment in the Plan, the participants may direct their contributions in any of the investment funds offered at the time. Participants should refer to the investment literature provided by the Employer for

BEACH HAUS, LLC 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Investment Options (Continued)

a complete description of the investment options and for the detailed composition of each investment fund.

Vesting

Participants are fully vested in their tax-deferred, rollover contributions, and catch-up contributions.

Each participant attains a vested and nonforfeitable right in Employer discretionary matching contributions and non-elective contribution account (when applicable) in accordance with the following schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
1 year	0%
2 years	25%
3 years	50%
4 years	100%

Forfeitures

The end of year forfeitures balance at December 31, 2022 and 2021 was \$3,801 and \$6,113, respectively. Due to termination of employment, participants forfeited \$3,788 and \$7,498, respectively. During the year ended December 31, 2022, \$6,100 of forfeitures were allocated to the employer discretionary matching contributions. During the year ended December 31, 2021, \$1,384 were applied to contribution remittances and administrative fees during the year.

Benefit Payments

Upon termination of service, participants or their beneficiaries may receive all, or a portion, as elected, of the vested interest in the participant's account in a lump sum payment, or rollover their account balance into another qualified plan. Terminated participants with a vested account balance of \$5,000 or less (excluding rollovers) will receive an automatic cash-out distribution. Terminated participants with a vested account balance greater than \$5,000 (excluding rollovers) can elect to receive a lump-sum distribution, or rollover their account balances into another qualified plan within a reasonable period of time following the date the participant terminates employment. Partial withdrawals or installments are only permitted for participants with vested account balances of \$5,000 or more, who also must receive required minimum distributions under IRC §401(a)(9).

In-service account withdrawals are permitted for participants who suffer certain financial hardships and meet criteria established by the Internal Revenue Service ("IRS"). In-service account withdrawals are also permitted for participants who have reached 59 1/2 years of age.

BEACH HAUS, LLC 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Benefit Payments (Continued)

Any withdrawals by participants prior to terminating employment with the Employer and prior to age 59 1/2 are subject to ordinary personal income taxes and an early withdrawal penalty. Additionally, withdrawals by terminated participants, prior to the attainment of age 59 1/2, which are not rolled over into another qualified plan, are also subject to ordinary personal income taxes and an early withdrawal penalty.

Plan Termination

Although it has not expressed any intent to do so, the Employer has the right, under the Plan, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Accounting Method

The Plan financial statements have been prepared on the accrual basis of accounting in accordance with Accounting Principles Generally Accepted in the United States of America ("GAAP").

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates

In preparing financial statements in conformity with GAAP, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

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

Investment Options

The Plan offers various investment options which are managed by outside investment managers. Upon enrollment in the Plan, participants may direct their contributions to any of the investment funds offered at the time. Participants may change their investment options daily. Participants should refer to the investment literature provided by the Company for a complete description of the investment options and for the detailed composition of each investment fund.

BEACH HAUS, LLC 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Costs and Expenses

The costs and expenses of the Plan are shared by the Plan and the Employer. Audit fees are paid by the Employer. Participant specific fees are paid out of the assets of the Plan allocated to corresponding participant accounts. Administration expenses not directly related to specific participants, including fees for direct investment transactions, recordkeeping, and trustee services that are paid out of assets of the Plan, are allocated to participant accounts based on individual participant account balances. Investment-related expenses are included in the net appreciation in fair value of the related investment.

Payment of Benefits

Benefit payments to participants are recorded upon distribution. \$76,701 and \$99,967, respectively, were disbursed to persons who elected to withdraw from the Plan during the years ended December 31, 2022 and 2021.

Income Taxes

GAAP requires management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merit, to be sustained upon examination by the IRS. The Employer has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2022 and 2021, there were no uncertain positions taken or expected to be taken. The Plan has not recognized any interest or penalties related to uncertain tax positions.

NOTE 3 - INVESTMENTS AND INFORMATION CERTIFIED BY BROADRIDGE MATRIX TRUST COMPANY (UNAUDITED)

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditor not to perform any auditing procedures with respect to the following information certified by the Plan's Custodian, except for comparing such information certified by the Custodian to information included in the Plan's financial statements and supplemental schedule.

As of December 31, 2022 and 2021, the Custodian certified the completeness and accuracy of net investments as follows:

	2022	2021
Common and collective trust accounts	\$ 1,445,298	\$ 989,480
Money Market funds	3,801	6,113
Fixed guaranteed contract value	12,535	4,712
	<u>\$ 1,461,634</u>	<u>\$ 1,000,305</u>

BEACH HAUS, LLC 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 3 - INVESTMENTS AND INFORMATION CERTIFIED BY BROADRIDGE MATRIX TRUST COMPANY (UNAUDITED) (CONTINUED)

For the years ended December 31, 2022 and 2021, the Custodian certified the completeness and accuracy of net investment income as follows:

	2022	2021
Net realized gain (loss) on common and collective trust accounts	\$ (224,582)	\$ 94,807
Dividends on common and collective trust accounts	14,860	22,202
	<u>\$ (209,722)</u>	<u>\$ 117,009</u>

NOTE 4 - FAIR VALUE MEASUREMENTS

The Plan uses Accounting Standards Codification ("ASC") 820 for fair value measurements, which defines fair value as 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 (i.e., an exit price). To measure fair value, a hierarchy has been established that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. In such cases, the lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The three levels of the fair value hierarchy are as follows:

- Level 1 – Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.
- Level 2 – Quoted prices in markets that are not considered to be active, or financial instruments for which all significant inputs are observable, either directly or indirectly.
- Level 3 – Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable, including option pricing models, discounted cash flow models, and similar techniques.

The Plan's investments in mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year end.

BEACH HAUS, LLC 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following table shows the balances of these assets based on the GAAP designated fair value hierarchy as of December 31, 2022 and 2021:

<i>Fair Value Measurements as of December 31, 2022</i>				
	Level 1	Level 2	Level 3	Total
Fixed guaranteed contract value	\$ -	\$ -	\$ 12,535	\$ 12,535
Money market funds	3,801	-	-	3,801
Common and collective trust accounts at NAV*	-	1,445,298	-	1,445,298
Total	<u>\$ 3,801</u>	<u>\$ 1,445,298</u>	<u>\$ 12,535</u>	<u>\$ 1,461,634</u>

<i>Fair Value Measurements as of December 31, 2021</i>				
	Level 1	Level 2	Level 3	Total
Fixed guaranteed contract value	\$ -	\$ -	\$ 4,712	\$ 4,712
Money market funds	6,113	-	-	6,113
Common and collective trust accounts at NAV*	-	989,480	-	989,480
Total	<u>\$ 6,113</u>	<u>\$ 989,480</u>	<u>\$ 4,712</u>	<u>\$ 1,000,305</u>

There were no transfers between fair value levels during the years ended December 31, 2022 and 2021.

NOTE 5 - TAX STATUS

By a letter dated May 7, 2015 and December 31, 2018, the IRS has determined that the form of the Plan Agreement and related trust are acceptable under Section 401(a) of the Internal Revenue Code ("IRC") for use by employers for the benefit of their employees. Effective January 1, 2022, the Employer adopted the Cycle 3 restatement, which included a new adoption agreement, basic plan document, and trust agreement. Subsequent to the adoption of the Plan's Cycle 3 restatement, the Employer determined that language in the restatement related to employer matching contributions is ambiguous. The Employer is in the process preparing a Voluntary Correction Program (VCP) filing to clarify this language. The Employer believes that the Plan is currently designed and operated in compliance with the applicable requirements of the Code, and the Plan and related trust continue to be tax-exempt.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is still subject to federal and state income tax examinations by taxing authorities for the years ended December 31, 2019 through 2022.

BEACH HAUS, LLC 401(K) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021**

NOTE 6 - RELATED-PARTY TRANSACTIONS

The Plan investments in common and collective trust accounts and fixed select contracts were directed by Nationwide Investment Group. Fees paid by the Plan for the investment management services amounted to \$13,254 and \$12,400 for the years ended December 31, 2022 and 2021, respectively.

NOTE 7 - NON-EXEMPT DELINQUENT PARTICIPANT CONTRIBUTIONS

During the Plan years ended December 31, 2022 and 2021, the Plan Sponsor did not remit certain participant contributions to asset custodian in a timely manner, as required under CFR 29 §2510.3-102. The Plan Sponsor plans corrected the untimely remittances in the respective plan years and will credit participant accounts with the lost earnings during 2024. The total corrective contribution to be made for the Plan years ended December 31, 2022 and 2021 is \$196 and \$147, respectively.

NOTE 8 - FINANCIAL STATEMENT PRESENTATION

The financial statements of the Plan contain certain classifications of assets, additions to net assets, and deductions from net assets that differ from the presentation of assets, income and expenses that are reported on Internal Revenue Service Form 5500.

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2022 and 2021:

	2022	2021
Net assets available for benefits per the financial statements	\$ 1,590,290	\$ 1,078,912
Contributions receivable	(129,228)	(79,179)
Excess contributions payable	572	572
Net assets available for benefits per Form 5500	<u>\$ 1,461,634</u>	<u>\$ 1,000,305</u>

BEACH HAUS, LLC 401(K) PLAN

**NOTES TO THE FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021**

NOTE 8 - FINANCIAL STATEMENT PRESENTATION (CONTINUED)

The following is a reconciliation of the increase in net assets available for benefits per the financial statements, to the Form 5500 for the years ended December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Net increase in assets available for benefits per the financial statements	\$ 511,378	\$ 554,803
Changes in contributions related to receivables	(50,049)	(65,833)
Corrective distributions	<u>-</u>	<u>572</u>
Net increase in assets available for benefits per Form 5500	<u>\$ 461,329</u>	<u>\$ 489,542</u>

NOTE 9 - SUBSEQUENT EVENTS

Subsequent events were evaluated through January 24, 2024, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

BEACH HAUS LLC 401(K) PLAN
PLAN E.I.N. 26-2142243; PLAN # 003

SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2022

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party		Cost	Current Value
	Ab Funds	Ab Lgcap Gr K	**	\$ 27,763
	Allspring Global Investments	Allspr Spec Mdcap Val A	**	\$ 15,582
	American Beacon Funds	Ambcn Intl Eq Adv	**	\$ 29,110
	American Funds Group	Amfds Cap Wld Bd R3	**	\$ 4,131
	American Funds Group	Amfds New Wld R3	**	\$ 39,962
	American Funds Group	Amfds Us Govt Sec R3	**	\$ 4,174
	Blackrock Funds	Blkrk Infl Prtct Bd Inv A	**	\$ 7,158
	Bny Mellon Investment Mgmt	Bnymel Devlmktrealestsec A	**	\$ 14,079
	Bny Mellon Investment Mgmt	Bnymel Strat Val A	**	\$ 25,741
	Bny Mellon Investment Mgmt	Bnymel Ww Gr A	**	\$ 20,540
	Carillon Tower Advisers	Cariln Eagle Smcap Gr A	**	\$ 17,045
	Diamond Hill Funds	Diamond Hill Smcap Inv	**	\$ 4,639
	Dws Investment Management	Dws Realest Sec A	**	\$ 4,382
	Dws Investment Management	Dws Reef Gblrelessec A	**	\$ 1,195
	Eaton Vance Funds	Ev Atlnta Cap Smid Cap A	**	\$ 11,504
	Fidelity Investments	Fidadv New Insghs A	**	\$ 46,416
	Fidelity Investments	Fidadv Ttl Bd A	**	\$ 42
	Goldman Sachs Asset Mgmt	Gdmnscs Gqgptnrntloppr A	**	\$ 29,146
	Investco	Invscs Balrskcomdystrat A	**	\$ 13,688
	Investco	Invscs Gbl Oprr A	**	\$ 1,682
	J.P. Morgan Investment Mgm	Jpm Eq Inc R	**	\$ 21,379
	J.P. Morgan Investment Mgm	Jpm Lgcap Gr R3	**	\$ 30,713
	J.P. Morgan Investment Mgm	Jpm Smcap Eq R3	**	\$ 6,975
	J.P. Morgan Investment Mgm	Jpm Smcap Val R3	**	\$ 7,170
	Lazard Funds	Lazard Intl Strat Eq	**	\$ 718
	Legg Mason	Leggm Wstras Inc A	**	\$ 496
	Lord Abbett Funds	Lrdabt Hi Yld R4	**	\$ 4,993
	Lord Abbett Funds	Lrdabt Ttl Rtn A	**	\$ 16,701
	Massachusetts Financial Ser	Mfs Mdcap Gr R3	**	\$ 14,158
	Massachusetts Financial Ser	Mfs Val A	**	\$ 21,126
*	Nationwide Fund Group	Nw Bd Indx A	**	\$ 14,488
*	Nationwide Fund Group	Nw Dest 2025 A	**	\$ 20,569
*	Nationwide Fund Group	Nw Dest 2030 A	**	\$ 23,634

See independent auditors' report.

BEACH HAUS LLC 401(K) PLAN
PLAN E.I.N. 26-2142243; PLAN # 003

SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2022 (CONTINUED)

		(c)		
(b)		Description of investment including	(d)	(e)
(a)	Identity of issuer, borrower, lessor, or similar party	maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	Nationwide Fund Group	Nw Dest 2035 A	**	\$ 13,663
*	Nationwide Fund Group	Nw Dest 2040 A	**	\$ 21,587
*	Nationwide Fund Group	Nw Dest 2045 A	**	\$ 90,665
*	Nationwide Fund Group	Nw Dest 2050 A	**	\$ 131,488
*	Nationwide Fund Group	Nw Dest 2055 A	**	\$ 206,880
*	Nationwide Fund Group	Nw Dest 2060 A	**	\$ 104,381
*	Nationwide Fund Group	Nw Dest Rtrmt A	**	\$ 26,825
*	Nationwide Fund Group	Nw Gov Mny Mkt Inv	**	\$ 3,801
*	Nationwide Fund Group	Nw Infl Prtct Sec A	**	\$ 7,191
*	Nationwide Fund Group	Nw Intl Indx A	**	\$ 42,335
*	Nationwide Fund Group	Nw Inv Dest Aggr A	**	\$ 13,555
*	Nationwide Fund Group	Nw Inv Dest Cnsrv A	**	\$ 15
*	Nationwide Fund Group	Nw Inv Dest Mod A	**	\$ 1,081
*	Nationwide Fund Group	Nw Inv Dest Mod Aggr A	**	\$ 1,690
*	Nationwide Fund Group	Nw Inv Dest Mod Cnsrv A	**	\$ 15
*	Nationwide Fund Group	Nw S P 500 Indx Svc	**	\$ 199,178
	Parnassus Investments	Parnassus Cor Eq Inv	**	\$ 43,694
	Pgim Investments	Pgim Jnism Sm Co R2	**	\$ 6,998
	Pgim Investments	Pgim Ttl Rtn Bd R2	**	\$ 7,824
	Pimco	Pimco Comdtyrealrtstrat A	**	\$ 4,805
	Virtus Mutual Funds	Virtus Nfj Mdcap Val A	**	\$ 20,332
				<u>\$ 1,449,099</u>

* Indicates a party-in-interest to the Plan

** Cost information is not required for participant-directed investments.

See independent auditors' report.

BEACH HAUS LLC 401(K) PLAN
PLAN E.I.N. 26-2142243; PLAN # 003

SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Ab Funds	Ab Lgcap Gr K	**	\$ 9,774
	Allspring Global Investments	Allspr Spec Mdcap Val A	**	5,656
	American Beacon Funds	Ambcn Intl Eq Adv	**	11,970
	American Funds Group	Amfds Cap Wld Bd R3	**	1,472
	American Funds Group	Amfds New Wld R3	**	16,155
	American Funds Group	Amfds Us Govt Sec R3	**	2,930
	Blackrock Funds	Blkrk Infl Prtct Bd Inv A	**	13,550
	Bny Mellon Investment Mgmt	Bnymel Devlmktrealestsec A	**	2,861
	Bny Mellon Investment Mgmt	Bnymel Strat Val A	**	11,255
	Bny Mellon Investment Mgmt	Bnymel Ww Gr A	**	14,418
	Carillon Tower Advisers	Cariln Eagle Smcap Gr A	**	11,034
	Diamond Hill Funds	Diamond Hill Smcap Inv	**	3,317
	Dws Investement Mangement	Dws Realest Sec A	**	4,030
	Dws Investement Mangement	Dws Rreef Gblrelessec A	**	596
	Eaton Vance Funds	Ev Atlnta Cap Smid Cap A	**	6,925
	Fidelity Investments	Fidadv New Insghs A	**	43,309
	Goldman Sachs Asset Mgmt	Gdmnsacs Gqgptnrntloppr A	**	11,911
	Investco	Invsco Balrskcomdtystrat A	**	2,776
	Investco	Invsco Gbl Oprr A	**	1,642
	J.P. Morgan Investment Mgmt	Jpm Eq Inc R	**	9,863
	J.P. Morgan Investment Mgmt	Jpm Lgcap Gr R3	**	13,700
	J.P. Morgan Investment Mgmt	Jpm Smcap Eq R3	**	5,455
	J.P. Morgan Investment Mgmt	Jpm Smcap Val R3	**	2,710
	Lazard Funds	Lazard Intl Strat Eq	**	583
	Legg Mason	Leggm Wstras Inc A	**	380
	Lord Abbett Funds	Lrdabt Hi Yld R4	**	1,770
	Lord Abbett Funds	Lrdabt Ttl Rtn A	**	8,191
	Massachusetts Financial Ser	Mfs Mdcap Gr R3	**	5,508
	Massachusetts Financial Ser	Mfs Val A	**	10,837
*	Nationwide Fund Group	Nw Bd Indx A	**	8,130
*	Nationwide Fund Group	Nw Dest 2025 A	**	12,707
*	Nationwide Fund Group	Nw Dest 2030 A	**	8,124
*	Nationwide Fund Group	Nw Dest 2035 A	**	11,255

See independent auditors' report.

BEACH HAUS LLC 401(K) PLAN
PLAN E.I.N. 26-2142243; PLAN # 003

SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2021 (CONTINUED)

		(c)		
(a)	(b)	Description of investment including	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	Nationwide Fund Group	Nw Dest 2040 A	**	21,302
*	Nationwide Fund Group	Nw Dest 2045 A	**	63,776
*	Nationwide Fund Group	Nw Dest 2050 A	**	125,598
*	Nationwide Fund Group	Nw Dest 2055 A	**	197,230
*	Nationwide Fund Group	Nw Dest 2060 A	**	74,903
*	Nationwide Fund Group	Nw Dest Rtrmt A	**	10,507
*	Nationwide Fund Group	Nw Gov Mny Mkt Inv	**	6,113
*	Nationwide Fund Group	Nw Infl Prtct Sec A	**	2,777
*	Nationwide Fund Group	Nw Intl Indx A	**	19,110
*	Nationwide Fund Group	Nw Inv Dest Aggr A	**	4,960
*	Nationwide Fund Group	Nw Inv Dest Mod Aggr A	**	1,344
*	Nationwide Fund Group	Nw S P 500 Indx Svc	**	150,447
	Parnassus Investments	Parnassus Cor Eq Inv	**	22,269
	Pgim Investments	Pgim Jnism Sm Co R2	**	2,715
	Pgim Investments	Pgim Ttl Rtn Bd R2	**	2,499
	Pimco	Pimco ComdtyrealRtnstrat A	**	3,228
	Virtus Mutal Funds	Virtus Nfj Mdcap Val A	**	12,020
				\$ 995,593

* Indicates a party-in-interest to the Plan

** Cost information is not required for participant-directed investments.

See independent auditors' report.

BEACH HAUS LLC 401(K) PLAN
PLAN E.I.N. 26-2142243; PLAN # 003

SCHEDULE H, PART IV, LINE 4a—SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-15*
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Corrected in VFCP	
Participant contributions transferred late to the Plan during the year ended December 31, 2022	\$ 299,642 ^(a)	\$ -	\$ -	\$ -
Participant contributions transferred late to the Plan during the year ended December 31, 2021	\$ 195,940 ^(a)	\$ -	\$ -	\$ -

*Prohibited Transaction Exemption

** The Plan Administrator is in the process of calculating the net correction and related lost earnings thereon.

(a) The Plan Administrator has remitted the participant contributions, and has calculated the related lost earnings, and intends to correct the lost earnings in the VFCP during 2024. These corrective contributions are discussed at Note 7.

See independent auditors' report.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the Instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
B This return/report is:	☒ a single-employer plan; ☐ a DFE (specify) _____ ☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here	▶ ☐	
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)	
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	▶ ☐	

Part II Basic Plan Information --- enter all requested information		
1a Name of plan Beach Haus, LLC 401(k) Plan		1b Three-digit plan number (PN) ▶ 003
		1c Effective date of plan 01/01/2016
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions) Beach Haus, LLC 7769 Melrose Avenue US Los Angeles CA 90046		2b Employer Identification Number (EIN) 26-2142243 2c Plan Sponsor's telephone number (323) 466-6616 2d Business code (see instructions) 541512

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		2/7/24	Jeremy Moss
	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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and the plan name and the plan number from the last return/report: a Sponsor's name c Plan name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 151
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 141
a(2) Total number of active participants at the end of the plan year	6a(2) 125
b Retired or separated participants receiving benefits	6b
c Other retired or separated participants entitled to future benefits	6c 30
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 155
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e
f Total. Add lines 6d and 6e	6f 155
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 113
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 17
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules	b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information - Small Plan)
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☒ 1 A (Insurance Information)
	(4) ☒ C (Service Provider Information)
	(5) ☐ D (DFE/Participating Plan Information)
	(6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

BEACH HAUS LLC 401(K) PLAN
PLAN E.I.N. 26-2142243; PLAN # 003

SCHEDULE H, PART IV, LINE 4a—SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-15*
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Corrected in VFCP	
Participant contributions transferred late to the Plan during the year ended December 31, 2022	\$ 299,642 ^(a)	\$ -	\$ -	\$ -
Participant contributions transferred late to the Plan during the year ended December 31, 2021	\$ 195,940 ^(a)	\$ -	\$ -	\$ -

*Prohibited Transaction Exemption

** The Plan Administrator is in the process of calculating the net correction and related lost earnings thereon.

(a) The Plan Administrator has remitted the participant contributions, and has calculated the related lost earnings, and intends to correct the lost earnings in the VFCP during 2024. These corrective contributions are discussed at Note 7.

See independent auditors' report.

BEACH HAUS LLC 401(K) PLAN
PLAN E.I.N. 26-2142243; PLAN # 003

SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2022

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party		Cost	Current Value
	Ab Funds	Ab Lgcap Gr K	**	\$ 27,763
	Allspring Global Investments	Allspr Spec Mdcap Val A	**	\$ 15,582
	American Beacon Funds	Ambcn Intl Eq Adv	**	\$ 29,110
	American Funds Group	Amfds Cap Wld Bd R3	**	\$ 4,131
	American Funds Group	Amfds New Wld R3	**	\$ 39,962
	American Funds Group	Amfds Us Govt Sec R3	**	\$ 4,174
	Blackrock Funds	Blkrk Infl Prtct Bd Inv A	**	\$ 7,158
	Bny Mellon Investment Mgmt	Bnymel Devlmktrealestsec A	**	\$ 14,079
	Bny Mellon Investment Mgmt	Bnymel Strat Val A	**	\$ 25,741
	Bny Mellon Investment Mgmt	Bnymel Ww Gr A	**	\$ 20,540
	Carillon Tower Advisers	Cariln Eagle Smcap Gr A	**	\$ 17,045
	Diamond Hill Funds	Diamond Hill Smcap Inv	**	\$ 4,639
	Dws Investment Management	Dws Realest Sec A	**	\$ 4,382
	Dws Investment Management	Dws Reef Gblrelessec A	**	\$ 1,195
	Eaton Vance Funds	Ev Atlnta Cap Smid Cap A	**	\$ 11,504
	Fidelity Investments	Fidadv New Insghs A	**	\$ 46,416
	Fidelity Investments	Fidadv Ttl Bd A	**	\$ 42
	Goldman Sachs Asset Mgmt	Gdmnscs Gqgptnrntloppr A	**	\$ 29,146
	Investco	Invsco Balrskcomdystrat A	**	\$ 13,688
	Investco	Invsco Gbl Oprr A	**	\$ 1,682
	J.P. Morgan Investment Mgm	Jpm Eq Inc R	**	\$ 21,379
	J.P. Morgan Investment Mgm	Jpm Lgcap Gr R3	**	\$ 30,713
	J.P. Morgan Investment Mgm	Jpm Smcap Eq R3	**	\$ 6,975
	J.P. Morgan Investment Mgm	Jpm Smcap Val R3	**	\$ 7,170
	Lazard Funds	Lazard Intl Strat Eq	**	\$ 718
	Legg Mason	Leggm Wstras Inc A	**	\$ 496
	Lord Abbett Funds	Lrdabt Hi Yld R4	**	\$ 4,993
	Lord Abbett Funds	Lrdabt Ttl Rtn A	**	\$ 16,701
	Massachusetts Financial Ser	Mfs Mdcap Gr R3	**	\$ 14,158
	Massachusetts Financial Ser	Mfs Val A	**	\$ 21,126
*	Nationwide Fund Group	Nw Bd Indx A	**	\$ 14,488
*	Nationwide Fund Group	Nw Dest 2025 A	**	\$ 20,569
*	Nationwide Fund Group	Nw Dest 2030 A	**	\$ 23,634

See independent auditors' report.

BEACH HAUS LLC 401(K) PLAN
PLAN E.I.N. 26-2142243; PLAN # 003

SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2022 (CONTINUED)

		(c)		
(b)		Description of investment including	(d)	(e)
(a)	Identity of issuer, borrower, lessor, or similar party	maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	Nationwide Fund Group	Nw Dest 2035 A	**	\$ 13,663
*	Nationwide Fund Group	Nw Dest 2040 A	**	\$ 21,587
*	Nationwide Fund Group	Nw Dest 2045 A	**	\$ 90,665
*	Nationwide Fund Group	Nw Dest 2050 A	**	\$ 131,488
*	Nationwide Fund Group	Nw Dest 2055 A	**	\$ 206,880
*	Nationwide Fund Group	Nw Dest 2060 A	**	\$ 104,381
*	Nationwide Fund Group	Nw Dest Rtrmt A	**	\$ 26,825
*	Nationwide Fund Group	Nw Gov Mny Mkt Inv	**	\$ 3,801
*	Nationwide Fund Group	Nw Infl Prtct Sec A	**	\$ 7,191
*	Nationwide Fund Group	Nw Intl Indx A	**	\$ 42,335
*	Nationwide Fund Group	Nw Inv Dest Aggr A	**	\$ 13,555
*	Nationwide Fund Group	Nw Inv Dest Cnsrv A	**	\$ 15
*	Nationwide Fund Group	Nw Inv Dest Mod A	**	\$ 1,081
*	Nationwide Fund Group	Nw Inv Dest Mod Aggr A	**	\$ 1,690
*	Nationwide Fund Group	Nw Inv Dest Mod Cnsrv A	**	\$ 15
*	Nationwide Fund Group	Nw S P 500 Indx Svc	**	\$ 199,178
	Parnassus Investments	Parnassus Cor Eq Inv	**	\$ 43,694
	Pgim Investments	Pgim Jnism Sm Co R2	**	\$ 6,998
	Pgim Investments	Pgim Ttl Rtn Bd R2	**	\$ 7,824
	Pimco	Pimco Comdtyrealrtstrat A	**	\$ 4,805
	Virtus Mutual Funds	Virtus Nfj Mdcap Val A	**	\$ 20,332
				<u>\$ 1,449,099</u>

* Indicates a party-in-interest to the Plan

** Cost information is not required for participant-directed investments.

See independent auditors' report.