THE COMMERCE
CASINO & HOTEL

November 1, 2022

DFVCP
P.O. Box 6200-35
Portland, OR 97228-6200

U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue, NW, N-1515
Washington, DC 20210

25202235300014

Re: **California Commerce Club, Inc. Long Term Incentive and Deferred Executive Compensation Plan**

Dear Sir/Madam:

In accordance with the Delinquent Filer Voluntary Compliance Program and 29 CFR 2520.104–23, on behalf of the California Commerce Club, Inc. ("Employer"), and pursuant to the original establishment of the California Commerce Club, Inc. Long Term Incentive and Deferred Executive Compensation Plan ("Plan"), we hereby provide you with the information set forth below:

Name and Address of Company:
California Commerce Club, Inc.
6131 East Telegraph Road
Commerce, CA 90040

Employer's Taxpayer Identification Number:
95-3757220

Required Declaration:
The Employer sponsors the Plan, which has the effect of deferring compensation for a select group of management or highly compensated employees. Benefits are paid out of the general assets of the Employer. Currently, the Employer maintains one (1) nonqualified plan. There are fifty (50) employees eligible to participate in this Plan. This Plan currently has twenty-five (25) employees actively participating in the Plan. This Plan's original effective date is February 10, 2009, amended and restated December 31, 2014, January 1, 2015, and January 1, 2018.

If you have any questions about this matter, please contact the undersigned.

Sincerely,

Lonnie O. Coleman

Lonnie Coleman
CAO/CFO
VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning and ending

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
California Commerce Club, Inc. Long Term Incentive and Deferred Executive Compensation Plan

1b Three-digit plan number (PN): 888

1c Effective date of plan: 02/10/2009

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)

California Commerce Club. Inc.
6131 East Telegraph Road
Commerce, CA 90040

2b Employer Identification Number (EIN): 95-3757220

2c Plan Sponsor's telephone number: 323-721-2100

2d Business code (see instructions)

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	Lonnie A. Coleman Signature of plan administrator	11/30/2022 Date	Lonnie Coleman, CAO/CFO Enter name of individual signing as plan administrator
SIGN HERE	Lonnie A. Coleman Signature of employer/plan sponsor	11/30/2022 Date	Lonnie Coleman, CAO/CFO 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 Same	**3b** Administrator's EIN same **3c** Administrator's telephone number same
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**
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)**
a(2)	Total number of active participants at the end of the plan year	**6a(2)**
b	Retired or separated participants receiving benefits	**6b**
c	Other retired or separated participants entitled to future benefits	**6c**
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**
f	Total. Add lines **6d** and **6e**	**6f**
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**
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:

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	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☐ Trust	(3) ☐ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules	**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) ☐ ___ **A** (Insurance Information)
(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(4) ☐ **C** (Service Provider Information) (5) ☐ **D** (DFE/Participating Plan Information) (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

7020 1290 0000 4007 8190

NFP

2600 Kelly Rd
Suite 210
Warrington, Pa 18976

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