Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
CAL CARDROOM EMPLOYEE BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2017

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)
ELEVATION ENTERTAINMENT GROUP

7727 HERSCHEL AVENUE
LA JOLLA, CA 92037

2b Employer Identification Number (EIN)
47-4867897

2c Plan Sponsor's telephone number
619-599-3932

2d Business code (see instructions)
713200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2019	DARRIN BISHOP
	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 [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b**	EIN
		4d	PN

5	Total number of participants at the beginning of the plan year	**5**	370
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)**	253
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	637
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	84
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	722
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	722
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	330
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

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

A Name of plan
CAL CARDROOM EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ELEVATION ENTERTAINMENT GROUP

D Employer Identification Number (EIN)
47-4867897

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
39-0989781	86231	512964	330	01/01/2018	12/31/2018

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
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(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	97878
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 ▶ STABLE VALUE OPTION

b	Balance at the end of the previous year			7b	51123
c	Additions: (1) Contributions deposited during the year	7c(1)	27479		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	687		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	33195		
	▶ TRANSFERS, FORFEITURE ACCT				
	(6) Total additions			7c(6)	61361
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	112484
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	14070		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	536		
	▶ TRANSFERS, FORFEITURE ACCT				
	(5) Total deductions			7e(5)	14606
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	97878

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2018** **This Form is Open to Public Inspection.**

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

A Name of plan
CAL CARDROOM EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ELEVATION ENTERTAINMENT GROUP

D Employer Identification Number (EIN)
47-4867897

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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?
15 37 52 62 64 67	RECORD KEEPER	28500	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

AXA ADVISORS, LLC

13-4078005

(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	INVESTMENT ADVISORY-PLAN	13755	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

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

A Name of plan
CAL CARDROOM EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ELEVATION ENTERTAINMENT GROUP

D Employer Identification Number (EIN)
47-4867897

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX+ AGGRES 2025 FUND CL

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
47-2935740-001	C	69216

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX+ AGGRES 2035 FUND CL

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
47-2987118-001	C	56070

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX+ AGGRES 2045 FUND CL

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
47-3026996-001	C	63387

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX+ AGGRES 2055 FUND CL

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
47-3170652-001	C	27105

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX+ CONSERV 2035 FUND C

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
47-3018134-001	C	6895

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX+ CONSERV 2055 FUND C

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
47-3216408-001	C	769

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX+ MODERATE 2025 FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
47-2950747-001	C	772120

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX+ MODERATE 2035 FUND

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

c EIN-PN 47-3002484-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 411539

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX+ MODERATE 2045 FUND

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

c EIN-PN 47-3071639-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1076949

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX+ MODERATE 2055 FUND

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

c EIN-PN 47-3188067-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 371202

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX+ MODERATE RETIREMENT

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

c EIN-PN 47-2851418-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 160282

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX+ AGGRES RETIREMENT F

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

c EIN-PN 47-2836296-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 606

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX+ CONSERV RETIREMENT

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

c EIN-PN 47-2916729-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX+ CONSERV 2025 FUND C

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

c EIN-PN 47-2961375-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX+ CONSERV 2045 FUND C

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

c EIN-PN 47-3144367-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

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

A Name of plan
CAL CARDROOM EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ELEVATION ENTERTAINMENT GROUP

D Employer Identification Number (EIN)
47-4867897

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)	104357	8554
(2) Participant contributions	1b(2)	12539	16140
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	148656	225135
(9) Value of interest in common/collective trusts	1c(9)	2938056	3016327
(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)	25537	487851
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	51123	94075
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3280268	3848082
	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 through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3280268	3848082

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)	310568	
	(B) Participants	2a(1)(B)	898673	
	(C) Others (including rollovers)	2a(1)(C)	26357	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1235598
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)	9304	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9304
	(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)	5400	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5400
	(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)		-224734
(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)		-76954
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		948614
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	333165	
(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)		333165
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		2100
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	17075	
(4) Other	2i(4)	28500	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		45575
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		380840
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		567774
l Transfers of assets:			
(1) To this plan	2l(1)		40
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: CPA AUDITOR INC **(2)** EIN: 46-1044846

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
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	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

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

A Name of plan
CAL CARDROOM EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ELEVATION ENTERTAINMENT GROUP

D Employer Identification Number (EIN)
47-4867897

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): 13-3689044

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

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

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

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

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

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

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

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

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

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

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

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

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

CAL CARDROOM EMPLOYEE BENEFIT PLAN

FINANCIAL STATEMENTS AS OF
DECEMBER 31, 2018

TOGETHER WITH
SUPPLEMENTAL SCHEDULE
AND
INDEPENDENT AUDITORS' REPORT

CPA Auditor, Inc.
Professional Accountancy Corporation

CAL CARDROOM
EMPLOYEE BENEFIT PLAN

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SUPPLEMENTAL SCHEDULE

Schedule of assets held at end of year as of December 31, 2018 16

CPA Auditor, Inc.
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INDEPENDENT AUDITORS' REPORT

To the Administrator and Participants of the
Cal Cardroom Employee Benefit Plan
7727 Herschel
La Jolla, CA 92037

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Cal Cardroom Employee Benefit Plan, which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years ended December 31, 2018 and 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statement in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statement that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Transamerica Life Insurance Company, the custodian of the Plan, except for

comparing such information with the related information included in the financial statements and supplemental schedule. The plan administrator has informed us that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2018 and 2017, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the accompanying financial statement and supplemental schedule as of and for the years ended December 31, 2018 and 2017.

Other Matter

The supplemental schedule of Investments held at the end of year as of and for the year ended December 31, 2018 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statement. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

Cpa Auditor, Inc.

CpaAuditor, Inc., CPA
San Francisco, California
October 4, 2019

CAL CARDROOM EMPLOYEE BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2018 and 2017

	2018	2017
ASSETS		
Investments, at fair value	$ 3,598,253	$ 3,014,716
	3,598,253	3,014,716
Receivables:		
Notes receivable from participant	227,235	148,656
Participant contributions receivable	16,140	12,539
Employer safe harbor contributions receivable	8,554	104,357
Total receivables	251,929	265,552
TOTAL ASSETS	3,850,182	3,280,268
LIABILITY	-	-
NET ASSETS AVAILABLE FOR BENEFITS	**$ 3,850,182**	**$ 3,280,268**

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

CAL CARDROOM EMPLOYEE BENEFIT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2018 and 2017

	2018	2017
Additions to net assets attributed to:		
Investment income		
Net (depreciation) appreciation in fair value of investments	$ (301,688)	$ 27,245
Interest and dividends	5,400	125
Total investment income	(296,288)	27,370
Interest on notes receivable from participants	9,304	1,503
Contributions		
Participants	898,673	138,920
Participants rollover	26,357	43,774
Employers safe harbor	310,568	147,421
Total contributions	1,235,598	330,115
Total additions	948,614	358,988
Deductions from net assets attributed to:		
Distributions	333,165	-
Administrative expenses	45,575	1,871
Total deductions	378,740	1,871
Net Increase	569,874	357,117
Transfer of assets into the plan	40	2,923,151
Net assets available for benefits, beginning of year	3,280,268	-
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	**$ 3,850,182**	**$ 3,280,268**

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

1 - **DESCRIPTION OF THE PLAN**

The following description of the Cal Cardroom Employee Benefit Plan provides only general information. Participants should refer to the plan agreement and amendments for a more complete description of the plan provisions.

General – The Plan is a profit sharing and Safe Harbor 401k plan adopted by Elevation Entertainment Group and its affiliates Kings Casino Management Corp and Stones South Bay Corp. The Plan has an effective date of January 1, 2017 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and subsequent laws.

Plan Merger – On December 6, 2017, the King's Casino Group 401k Profit Sharing Plan and on December 1, 2017, Stones South Bay Corp 401k Profit Sharing Plan assets were merged into the Plan, both plans had a safe harbor plan design. All eligible employees of these two plans became participants in the Cal Cardroom Employee Benefit Plan, see Note 5 for the detail.

Plan Administration – Elevation Entertainment Group is the Plan administrator and retains the service of a third party to assist in the administration of the Plan. The Plan's custodian is Transamerica Life Insurance Company, the Plan's third-party administrator is TransAmerica Retirement Solutions.

Eligibility – The plan covers substantially all eligible employees of Elevation Entertainment Group and its affiliates Kings Casino Management Corp and Stones South Bay Corp. As per the Plan document, the eligibility requirements of employees are minimum age of 21 and 60 days service. The Plan covers all employees of the Elevation Entertainment Group and its affiliates Kings Casino Management Corp and Stones South Bay Corp except union, non-resident aliens and leased employees.

Contributions – The plan utilizes a "safe harbor" design under Internal Revenue Service ("IRS") 401k plan regulators in which employee pre-tax and employer contributions are not subject to discrimination testing. Participants may elect to defer a portion of their eligible compensation up to the limits imposed by federal tax law. Each year, participants may contribute from 1% to 75% of their pretax eligible compensation, but in no event can the aggregate contribution exceed the maximum annual dollar limit permitted by law. Participants may also contribute amounts representing distributions from other retirement plans, provided all legal and Administrator's requirements are met. The respective employer safe harbor contributions are 100% of an employee contribution up to 3%, plus 50% of

employee contributions between 3% and 5%. Elevation Entertainment Group and its affiliates Kings Casino Management Corp and Stones South Bay Corp contributions totaled $310,568 and $147,421 for the years ended December 31, 2018 and 2017, respectively. Elevation Entertainment Group and its affiliates Kings Casino Management Corp and Stones South Bay Corp has right, under the Plan, to discontinue or modify its contributions at any time. Discretionary additional matching contributions and discretionary additional profit-sharing contributions may be contributed at the option of the Elevation Entertainment Group and its affiliates Kings Casino Management Corp and Stones South Bay Corp's respective Board of Directors. No discretionary additional matching contributions and discretionary profit-sharing contributions were contributed for the years ended December 31, 2018 and 2017, respectively. The maximum employee contribution limit for years ended December 31, 2018 and 2017, is $18,500 and $18,000 respectively. In addition, all eligible employees who have attained age 50 before the close of the Plan year shall be eligible to make catch-up contributions in accordance with, and subject to the limitations of, Code Section 414(v).

Participant Accounts – Each participant's account is credited with the participant's and Employer's contributions, and Plan earnings, and charged for services the administrator specifically performs for participants. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments – Participants may direct the investment of their account balance in any combination of various investment options offered by the custodian. Participants may change their investment options at any time.

Notes Receivable from Participants and Deemed Distributions – Participants may borrow against their vested account balance, subject to plan administrator approval. Loans are limited from a minimum of $500 to a maximum of 50% of a participant’s vested account balance, but not in excess of $50,000.

The maximum loan term is five years, unless the loan qualifies as a home loan, in which case the plan administrator may permit a longer repayment term. No more than one (1) loan may be outstanding at any time except in hardship cases approved by Plan Administrator. The maximum loan term for any loan qualifying as a home loan will be 30 years. Loans bear interest at rates determined by the plan administrator and based on the prevailing interest rates. Principal and interest are paid ratably through payroll deductions. In case of default, i.e., if any of the scheduled repayments remains unpaid as of the last business day of the calendar quarter following the calendar quarter in which a loan is initially considered past

due, the loan balance will be deducted from the participant's account, and will be considered deemed distribution for which the participant will be liable for federal and state income taxes.

Employer Safe Harbor Contributions – Employer Safe Harbor contributions of $310,568 and $147,421 were contributed by the employer for the years ended December 31, 2018 and 2017, respectively. Employer safe harbor contributions for the years ended December 31, 2018 and 2017 of $8,554 and $104,357, respectively is received in 2019 and 2018.

Payment of Benefits – Upon termination of service due to death, disability or retirement, a participant will be paid the vested interest in his account in lump sum as soon as administratively feasible. If the vested interest exceeds $5,000, participants can defer distribution to a later date, but not beyond his normal retirement age.

Vesting – Participants are immediately fully vested in their contributions transferred from King's Casino Group 401k Profit Sharing Plan and Stones South Bay Corp 401k Profit Sharing Plan. Participants are immediately vested in all elective deferral's contributions and employer safe harbor contributions into the Plan. Participant vesting with regard to employer discretionary matching contributions and discretionary profit-sharing contributions are determined by years of service. The table below outlines the participant's vesting schedule for the employer matching contributions and discretionary profit-sharing contributions to the plan:

Years of Service for Vesting	Vesting Percentage
Less than one year	0%
At least one year, but less than two	20%
At least two years, but less than three	40%
At least three years, but less than four	60%
At least four years, but less than five	80%
Five years or more	100%

Investment Management Fees and Operating Expenses – Elevation Entertainment Group pays the cost of administering the Plan such as third-party administrator annual fees, benefit testing, census reconciliation, recordkeeping, accounting, legal and custodian services. Investments fees are generally assessed as a percentage of assets invested, and are deducted directly from investment returns. Transaction-based fees that are associated with optional services offered under the Plan are charged directly to the account of the Participant, who takes advantage of such a feature, like a participant loan.

Forfeitures – Forfeitures are the non-vested portion of participants' accounts that are lost upon termination of employment. Forfeitures are first used to pay administrative expenses and any remaining balance is used to reduce employer contributions. Forfeitures in the amount of $247 and $0 were used to pay administrative expenses during the years ended December 31, 2018 and 2017, respectively. As of December 31, 2018, and 2017, the forfeitures' balance was $0 and $154, respectively.

Concentrations – Five investments accounted for 73% or $2,792,092 and 86% or $2,824,799 of the Plan's net assets as of December 31, 2018 and 2017, respectively.

Termination of Plan – Although it has not expressed any intention to do so, Elevation Entertainment Group has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become fully vested in their accounts.

2 - SIGNIFICANT ACCOUNTING POLICIES

Recent Accounting Pronouncements – In August 2018, the Financial Accounting Standards Board ("FASB") issued ASU 2018-13 Fair Value Measurement (Topic 820): Disclosure Framework—Changes to the Disclosure Requirements for Fair Value Measurement. Under the amendments in this ASU, new disclosure requirements were added regarding fair value hierarchy Level 3 changes in unrealized gains or losses and regarding the fair value hierarchy Level 3 range and weighted average used to develop significant unobservable inputs. Disclosure requirements were modified regarding Level 3 fair value measurements and net asset value disclosure of estimates of timing of future liquidity events. Disclosure requirements were eliminated regarding transfers between Level 1 and Level 2 of the fair value hierarchy and regarding policies related to valuation processes and the timing of transfers between levels of the fair value hierarchy.

The ASU is effective for fiscal years beginning after December 15, 2019. Early adoption is permitted for any eliminated or modified disclosures upon issuance of this ASU. The Plan is currently evaluating the impact of ASU 2018-13 on the financial statements and related disclosures.

Basis of Accounting – The Plan's financial statement is prepared under the accrual method of accounting in accordance with auditing standards generally accepted in the United States of America.

Investment Valuation and Income Recognition – Transamerica Life Insurance Company serves as the Plan's custodian and holds all investments of the Plan.

Investments held by the Plan are stated at fair value. Fair value is defined 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 (an exit price). See Note 3 for further discussion of fair value measurement.

The Plan invests in fully-benefit-responsive investment contracts through a common collective trust and pooled separate accounts. These funds are recorded at fair value (see Note 3).

The short-term investments are stated at cost, which approximates fair value. Purchases and sales of securities are recorded on a trade-date basis.

Use of Estimates – The preparation of financial statement in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statement and the reported changes to net assets during the reporting periods. Actual results could differ from those estimates.

Administrative Expenses – The sponsor of the plan pays for substantially all plan administrative expenses.

Payment of Benefits – Distributions to participants are recorded when paid.

Subsequent Events – Subsequent events for the Plan have been considered through October 4, 2019 the date of the Independent Auditors' Report, which represents the date the financial statements were available to be issued.

3 – FAIR VALUE

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, Fair Value Measurements and Disclosures, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1: Quoted market prices in active markets for identical assets or liabilities. An active market for the asset or liability is a market in which the transaction for the asset or liability occurs with sufficient frequency and volume to provide pricing information on an ongoing basis i.e. Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

- Level 2: Inputs to the valuation methodology include:
  - Quoted prices for similar assets or liabilities in active markets;
  - Quoted prices for identical or similar assets or liabilities in inactive markets;
  - Inputs other than quoted prices that are observable for the asset or liability;
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means

  If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3-Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

  The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Investments classified within Level 3 whose fair value measurements consider several inputs may include Level 1 or Level 2 inputs as components of the overall fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017:

Common Collective Trust – Collective trusts are valued based on the value of net assets held in the collective trust divided by the number of trust units outstanding, or net asset value per share. Investments in collective trusts are typically valued, as a practical expedient, utilizing the net asset valuations provided by the underlying private investment companies and/or their administrators, without adjustment, when the net asset valuations of the investments are calculated in a manner consistent with U.S. GAAP for investment companies. Although the majority of the underlying investments are traded on an exchange in active markets and therefore can be valued based on a quoted market price, the values of the collective trusts are not quoted in an active market or published publicly.

Mutual Funds - Valued at a readily determinable net asset value ("NAV") of shares held by the Plan at year end. Investments in this category can be redeemed immediately without notice at the current net asset value per share as published by the Trustee based on the fair value of the underlying assets. In 2018, these funds were open-ended mutual funds that are registered with the Securities and Exchange Commission. They are valued at the daily closing price as reported by the fund which are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. Accordingly, these investments have been classified as Level 1.

Stable Value Collective Trust Fund- A stable value fund is a form of common collective trust fund which is composed primarily of fully benefit-responsive investment contracts and is valued at the net asset value of units of the bank collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner. A full redemption of the trust within the next year is not probable.

The Plan holds an investment in a stable value fund with Transamerica Life Insurance Company (TLIC). The Transamerica stable value fund is not a separate account investment choice – it is an investment in Transamerica's general account. Transamerica offers a stable value fund that the participant may elect to transfer all or part of their funds into. The stable value fund is considered to be a fully benefit-responsive investment contract. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits. Contract value, as reported by Transamerica, is the beginning balance plus any deposit and credited interest, less any withdrawals, charges, or expenses, a measurement that approximates fair value. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of Transamerica or otherwise. The contract value of the investment contract at December 31, 2018 and 2017 was $94,075 and $51,523, respectively. The stable value funds invest in Guaranteed Investment Contracts ("GICs"). This investment seeks to preserve principal, and provide consistent returns and liquidity. The investment has a portfolio investment rate design in which all deposits are credited with the same interest rate, on a daily basis, and with no set maturity.

The effective credited interest rate is set monthly and effective on the first day of the month. Contract charges may reduce this return.

Certain events limit the ability of the Plan to transact at contract value with Transamerica. Such events include the following: (1) the Plan is changed so as to significantly affect Transamerica's obligations to the contract, (2) the contract can no longer be treated as a pension plan contract, (3) the Plan is terminated, (4) failure to comply with the contract's requirements, (5) failure to provide information, (6) the sum of the contract account values at any time equals $20,000 or less, or (7) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator is not aware of any events, which would limit the Plan's ability to transact at contract value with participants that are probable.

The following tables set forth by level within the fair value hierarchy, the Plan's investments measured at fair value on a recurring basis was as follows as of December 31, 2018 and 2017:

	Assets at Fair Value as of December 31, 2018			
Description	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	487,851	-	-	487,851
Total assets in the fair value hierarchy	**$ 487,851**	**$ -**	**$ -**	**487,851**
Stable value collective trust measured at NAV				94,075
Common collective trust measured at NAV				3,016,327
Total Investment at fair value				**$ 3,598,253**

	Assets at Fair Value as of December 31, 2017			
Description	**Level 1**	**Level 2**	**Level 3**	**Total**
Insurance general account	$ 51,123	$ -	$ -	$ 51,123
Mutual funds	25,537	-	-	25,537
Total assets in the fair value hierarchy	**$ 76,660**	**$ -**	**$ -**	**76,660**
Common collective trust measured at NAV				2,938,056
Total Investment at fair value				**$ 3,014,716**

Transfers between Levels - The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended, December 31, 2018 and 2017, there were no transfers between levels.

4 – INFORMATION CERTIFIED BY THE PLAN CUSTODIAN

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Transamerica Life Insurance Company, the custodian of the Plan for the years ended December 31, 2018 and 2017, has certified to the completeness and accuracy of the investments and notes receivable on the accompanying statement of net assets available for benefits as of December 31, 2018 and 2017, the schedule of assets held at year end as of December 31, 2018 and 2017, and the related investment activity reflected in the statement of changes in net assets available for benefits for the years ended December 31, 2018 and 2017.

5 –TRANSFER OF ASSETS INTO THE PLAN

On December 6, 2017, King's Casino Group 401k Profit Sharing Plan and on December 1, 2017, Stones South Bay Corp 401k Profit Sharing Plan were merged and net assets of these two plans were transferred into Cal Cardroom Employee Benefit Plan. Below are the net assets transferred in from King's Casino Group 401k Profit Sharing Plan and Stones South Bay Corp 401k Profit Sharing Plan:

Plans Merged with Cal Cardroom Benefit Plan	Net Assets Transferred In	Transfer date
King's Casino Group 401k Profit Sharing Plan	$ 1,266,070	12/06/17
Stones South Bay Corp 401k Profit Sharing Plan	1,657,081	12/01/17
Net Assets Transfer of Assets into the Plan	**$ 2,923,151**	

6 – TAX STATUS

Cal Cardroom has not applied for a determination letter from the Internal Revenue Service ("IRS") to determine if the Plan is designed in accordance with applicable sections of the IRC. The Plan document is based upon a volume submitter plan instrument from Transamerica Retirement Solutions Company which received an IRS advisory letter dated March 31, 2014. The volume submitter plan instrument has been updated for legislative and regulatory changes. ERCOT's Retirement Plan Committee and Plan administrator believe that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7 – PARTY-IN-INTEREST TRANSACTIONS

Investments of the Plan are managed by the Transamerica Life Insurance Company. Transamerica Life Insurance Company is the custodian of the Plan and, therefore, these transactions qualify as party-in-interest transactions.

A portion of the Plan's administrative expenses are paid for by Elevation Entertainment Group, the principal Plan sponsor. Other than these, the Plan has no agreements or transactions with any other party-in-interest.

8 – RISKS AND UNCERTAINTIES

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

9 – RECONCILIATION TO FORM 5500

The following is a reconciliation of the Financial Statements to Form 5500 for the years ended December 31 2018 and 2017 are as follows:

	2018	2017
Net Assets Available for Benefits - per the	3,850,182	3,280,268
- financial Statements		
Less: Deemed loan	(2,100)	-
Net Assets Available for Benefits - per the Form 5500	**3,848,082**	**3,280,268**

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2018 and 2017 are as follows:

	2018	2017
Net increase in net assets available for benefits per the	569,874	357,117
- financial statements		
Less: Deemed distributions	(2,100)	-
Net Assets Available for Benefits - per the Form 5500	**567,774**	**357,117**

CAL CARDROOM EMPLOYEE BENEFIT PLAN

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

PLAN YEAR END: DECEMBER 31, 2018

Plan Sponsor: Elevation Entertainment Group., Employer identification number: 47-4867897, Plan number: 001

(a)	(b) Identity of Issue, Borrower Lessor, or Similar Party	(c) Description of Investment, Including Interest Rate, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	FlexPATH Index+ Moderate 2045 Fund Class R1	Common collective trust	**	$ 1,076,949
	FlexPATH Index+ Moderate 2025 Fund Class R1	Common collective trust	**	772,120
	FlexPATH Index+ Moderate 2035 Fund Class R1	Common collective trust	**	411,539
	FlexPATH Index+ Moderate 2055 Fund Class R1	Common collective trust	**	371,202
	FlexPATH Index+ Moderate Retirement Fund Class R1	Common collective trust	**	160,282
	FlexPATH Index+ Aggressive 2025 Fund Class R1	Common collective trust	**	69,216
	FlexPATH Index+ Aggressive 2045 Fund Class R1	Common collective trust	**	63,387
	FlexPATH Index+ Aggressive 2035 Fund Class R1	Common collective trust	**	56,070
	FlexPATH Index+ Aggressive 2055 Fund Class R1	Common collective trust	**	27,105
	FlexPATH Index+ Conservative 2035 Fund Class R1	Common collective trust	**	6,895
	FlexPATH Index+ Conservative 2055 Fund Class R1	Common collective trust	**	769
	FlexPATH Index+ Aggressive Retirement Fund Class R1	Common collective trust	**	606
	FlexPATH Index+ Conservative Retirement Fund Class R1	Common collective trust	**	64
	FlexPATH Index+ Conservative 2025 Fund Class R1	Common collective trust	**	63
	FlexPATH Index+ Conservative 2045 Fund Class R1	Common collective trust	**	60
				3,016,327
*	Transamerica Stable Value Focus Option	Stable Value Collective Trust	**	**94,075**
	Vanguard 500 Index Adm	Mutual funds	**	96,709
	Vanguard Growth Index Adm	Mutual funds	**	67,249
	Carillon Eagle Mid Cap Growth I	Mutual funds	**	62,535
	T. Rowe Price QM US Small-Cap Growth Equity	Mutual funds	**	58,891
	Vanguard Small Cap Index Adm	Mutual funds	**	53,036
	DFA International Core Equity I	Mutual funds	**	38,310
	DFA US Large Cap Value I	Mutual funds	**	24,155
	T. Rowe Price International Discovery	Mutual funds	**	20,330
	Vanguard Information Technology Idx Adm	Mutual funds	**	18,141
	Fidelity Emerging Markets	Mutual funds	**	13,783
	Vanguard Developed Markets Index Adm	Mutual funds	**	11,889
	Lord Abbett High Yield R4	Mutual funds	**	9,449
	DFA Emerging Markets Small Cap I	Mutual funds	**	3,119
	Vanguard Strategic Equity Inv	Mutual funds	**	2,583
	DFA US Targeted Value R1	Mutual funds	**	2,404
	Fidelity Advisor Intl Capital App I	Mutual funds	**	937
	American Funds Capital World Bond R6	Mutual funds	**	786
	Neuberger Berman Strategic Income I	Mutual funds	**	744
	Oppenheimer Senior Floating Rate A	Mutual funds	**	729
	Wells Fargo Spec Mid Cap Val A	Mutual funds	**	597
	Pioneer Global Equity Y	Mutual funds	**	595
	Oppenheimer Gold & Special Mineral	Mutual funds	**	445
	Pioneer Bond Y	Mutual funds	**	435
				487,851
		Total Investments, at fair value		**$ 3,598,253**
*	Notes receivable from participant	Interest rates of 4.25% to 6.50%		**$ 227,235**

* Represents a party-in-interest to the Plan

** Cost information is omitted with respect to participant-directed transactions

ATTACHMENT TO THE 2018 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Plan Sponsor: Elevation Entertainment Group

Plan Name: Cal Cardroom Employee Benefit Plan
Plan Year: January 1, 2018 to December 31, 2018
EIN: 47-4867897 Plan No.: 001

Item 4i- Schedule of Assets Held at End of Year
Page 16 of the attached auditor's report of the Plan for the plan year ending December 31, 2018 provides the schedule of assets information.