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|---|---|---|
| <p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p style="font-size: x-small;">OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p> |
|---|---|---|

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide 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**

|  |  |
|--|--|
| <p><b>1a</b> Name of plan<br/><u>TROPICANA CASINO AND RESORT VARIABLE ANNUITY PENSION PLAN</u></p>   | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>002</u></p>   |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/><u>TROPICANA ATLANTIC CITY CORP</u></p> <p><u>2831 BOARDWALK</u><br/><u>ATLANTIC CITY, NJ 08401</u></p> | <p><b>1c</b> Effective date of plan<br/><u>08/08/2017</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>27-1472063</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>800-843-8767</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>713200</u></p> |

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

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

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 09/02/2025 | STEPHANIE LEPORI   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|   |  |      |
|---|--|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |      |
|   | <b>3c</b> Administrator's telephone number |      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |      |
|   | <b>4d</b> PN                               |      |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 1026 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 671  |
|   | <b>6a(2)</b>                               | 634  |
|   | <b>6b</b>                                  | 146  |
|   | <b>6c</b>                                  | 225  |
|   | <b>6d</b>                                  | 1005 |
|   | <b>6e</b>                                  | 4    |
|   | <b>6f</b>                                  | 1009 |
|   | <b>6g(1)</b>                               |      |
| <b>6g(2)</b>  |  |      |
| <b>6h</b>   |  | 13   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |      |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1B 3H

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

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input type="checkbox"/> Insurance                                  | (1) <input type="checkbox"/> Insurance                                  |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust                           | (3) <input checked="" type="checkbox"/> Trust                           |
| (4) <input type="checkbox"/> General assets of the sponsor              | (4) <input type="checkbox"/> General assets of the sponsor              |

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

**a Pension Schedules**

- (1)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached 0
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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|   |  |  |
|---|--|--|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|   |   |            |
|---|---|------------|
| <b>A</b> Name of plan<br><u>TROPICANA CASINO AND RESORT VARIABLE ANNUITY PENSION PLAN</u>   | <b>B</b> Three-digit plan number (PN) ▶   | <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>TROPICANA ATLANTIC CITY CORP</u>                           | <b>D</b> Employer Identification Number (EIN)<br><u>27-1472063</u>  |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |            |

**Part I Basic Information**

|          |   |                            |                           |
|----------|---|----------------------------|---------------------------|
| <b>1</b> | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>  |                            |                           |
| <b>2</b> | Assets:   |                            |                           |
|          | <b>a</b> Market value .....   | <b>2a</b>                  | <u>25933548</u>           |
|          | <b>b</b> Actuarial value .....  | <b>2b</b>                  | <u>25933548</u>           |
| <b>3</b> | Funding target/participant count breakdown  | (1) Number of participants | (2) Vested Funding Target |
|          | <b>a</b> For retired participants and beneficiaries receiving payment .....   | <u>128</u>                 | <u>2493233</u>            |
|          | <b>b</b> For terminated vested participants .....   | <u>227</u>                 | <u>3330332</u>            |
|          | <b>c</b> For active participants .....  | <u>671</u>                 | <u>12711081</u>           |
|          | <b>d</b> Total .....  | <u>1026</u>                | <u>18534646</u>           |
| <b>4</b> | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>  |                            |                           |
|          | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                           |
|          | <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |
| <b>5</b> | Effective interest rate .....   | <b>5</b>                   | <u>5.29 %</u>             |
| <b>6</b> | Target normal cost  |                            |                           |
|          | <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | <u>1403007</u>            |
|          | <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | <u>555000</u>             |
|          | <b>c</b> Target normal cost .....   | <b>6c</b>                  | <u>1958007</u>            |

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                  |                                    |  |
|------------------|------------------------------------|--|
| <b>SIGN HERE</b> |                                    |  |
|                  | Signature of actuary               | <u>07/17/2025</u>                      |
|                  | <u>NICOLE GRAHAM</u>               | Date                                   |
|                  | Type or print name of actuary      | <u>23-08573</u>                        |
|                  | <u>MERCER</u>                      | Most recent enrollment number          |
|                  | Firm name                          | <u>609-520-2159</u>                    |
|                  | <u>ONE UNIVERSITY SQUARE DRIVE</u> | Telephone number (including area code) |
|                  | <u>SUITE 100</u>                   |  |
|                  | <u>PRINCETON, NJ 08540</u>         |  |
|                  | Address of the firm                |  |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |  | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| <b>7</b>   | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....  | 0                     | 0                      |
| <b>8</b>   | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0                     | 0                      |
| <b>9</b>   | Amount remaining (line 7 minus line 8) .....   | 0                     | 0                      |
| <b>10</b>  | Interest on line 9 using prior year's actual return of _____ % .....   |                       |                        |
| <b>11</b>  | Prior year's excess contributions to be added to prefunding balance:   |                       |                        |
|  | <b>a</b> Present value of excess contributions (line 38a from prior year) .....  |                       | 2573738                |
|  | <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.38</u> % ..... |                       | 138467                 |
|  | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....   |                       | 0                      |
|  | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....  |                       | 2712205                |
|  | <b>d</b> Portion of (c) to be added to prefunding balance .....  |                       |                        |
| <b>12</b>  | Other reductions in balances due to elections or deemed elections .....  | 0                     | 0                      |
| <b>13</b>  | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....   | 0                     | 0                      |

| <b>Part III Funding Percentages</b> |  |           |          |
|-------------------------------------|--|-----------|----------|
| <b>14</b>                           | Funding target attainment percentage .....   | <b>14</b> | 138.37 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....  | <b>15</b> | 138.37 % |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 133.68 % |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b> |                                | <b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b> |                       |                                |                              |              |   |
|---|--------------------------------|--|-----------------------|--------------------------------|------------------------------|--------------|---|
| (a) Date (MM-DD-YYYY)                                 | (b) Amount paid by employer(s) | (c) Amount paid by employees   | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |              |   |
| 02/12/2025  | 2029992                        | 0  |                       |                                |                              |              |   |
|   |                                |  |                       |                                |                              |              |   |
|   |                                |  |                       |                                |                              |              |   |
|   |                                |  |                       |                                |                              |              |   |
|   |                                |  |                       |                                |                              |              |   |
|   |                                |  |                       |                                |                              |              |   |
|   |                                |  |                       |                                |                              |              |   |
|   |                                |  | <b>Totals ▶</b>       | <b>18(b)</b>                   | 2029992                      | <b>18(c)</b> | 0 |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|   |            |         |
|---|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 1916599 |

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|--|---------|---------|---------|
| (1) 1st  | (2) 2nd | (3) 3rd | (4) 4th |
|  |         |         |         |

|   |  |   |                                     |   |
|---|--|---|-------------------------------------|---|
| <b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b> |  |   |                                     |   |
| <b>21</b> Discount rate:  |  |   |                                     |   |
| <b>a</b> Segment rates:   | 1st segment:<br>4.75 %                         | 2nd segment:<br>4.96 %                                    | 3rd segment:<br>5.59 %              | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                      |  |   |                                     | <b>21b</b> 0  |
| <b>22</b> Weighted average retirement age .....                                   |  |   |                                     | <b>22</b> 65  |
| <b>23</b> Mortality table(s) (see instructions)                                   | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute |   |

|   |  |  |  |           |
|---|--|--|--|-----------|
| <b>Part VI Miscellaneous Items</b>  |  |  |  |           |
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |           |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                      |  |  |  |           |
| <b>26</b> Demographic and benefit information   |  |  |  |           |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            |  |  |  |           |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                      |  |  |  |           |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....   |  |  |  | <b>27</b> |

|   |  |  |  |             |
|---|--|--|--|-------------|
| <b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>   |  |  |  |             |
| <b>28</b> Unpaid minimum required contributions for all prior years .....   |  |  |  | <b>28</b> 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... |  |  |  | <b>29</b> 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    |  |  |  | <b>30</b> 0 |

|  |                     |                    |               |                    |
|--|---------------------|--------------------|---------------|--------------------|
| <b>Part VIII Minimum Required Contribution For Current Year</b>  |                     |                    |               |                    |
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |               |                    |
| <b>a</b> Target normal cost (line 6c) .....  |                     |                    |               | <b>31a</b> 1958007 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   |                     |                    |               | <b>31b</b> 1958007 |
| <b>32</b> Amortization installments:   | Outstanding Balance |                    | Installment   |                    |
| <b>a</b> Net shortfall amortization installment .....  | 0                   |                    | 0             |                    |
| <b>b</b> Waiver amortization installment.....  | 0                   |                    | 0             |                    |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                     |                    |               | <b>33</b>          |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....  |                     |                    |               | <b>34</b> 0        |
|  | Carryover balance   | Prefunding balance | Total balance |                    |
| <b>35</b> Balances elected for use to offset funding requirement .....   |                     |                    | 0             |                    |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....  |                     |                    |               | <b>36</b> 0        |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....  |                     |                    |               | <b>37</b> 1916599  |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |                     |                    |               |                    |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   |                     |                    |               | <b>38a</b> 1916599 |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....   |                     |                    |               | <b>38b</b> 0       |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....  |                     |                    |               | <b>39</b> 0        |
| <b>40</b> Unpaid minimum required contributions for all years .....  |                     |                    |               | <b>40</b> 0        |

|  |  |  |  |  |
|--|--|--|--|--|
| <b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>  |  |  |  |  |
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |  |  |  |  |

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>TROPICANA CASINO AND RESORT VARIABLE ANNUITY PENSION PLAN</b>            | <b>B</b> Three-digit plan number (PN) ▶                            | <b>002</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TROPICANA ATLANTIC CITY CORP</b> | <b>D</b> Employer Identification Number (EIN)<br><b>27-1472063</b> |            |

**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)...  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

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

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

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

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

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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)

MERCER (US) LLC

13-2834414

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11 14 15               | NONE  | 211313   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

DELOITTE & TOUCHE LLP

13-3891517

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10                     | NONE  | 126324   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SEGAL ADVISORS INC.

13-2646110

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 51                     | NONE  | 88729  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

BANK OF AMERICA, N.A.

94-1687665

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 21                     | NONE  | 13430  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**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.

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

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

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

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

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

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

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> 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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|   |  |   |
|---|--|---|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|---|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>TROPICANA CASINO AND RESORT VARIABLE ANNUITY PENSION PLAN</u>                   | <b>B</b> Three-digit plan number (PN)                              | <u>002</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>TROPICANA ATLANTIC CITY CORP</u> | <b>D</b> Employer Identification Number (EIN)<br><u>27-1472063</u> |            |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

|  |                               |   |
|--|-------------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQUITY GROUP TRUST</u>       |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>SEGAL ADVISORS, INC.</u>  |                               |   |
| <b>c</b> EIN-PN <u>27-6230536-001</u>  | <b>d</b> Entity code <u>E</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7098040</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIXED INCOME GROUP TRUST</u> |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>SEGAL ADVISORS, INC.</u>  |                               |   |
| <b>c</b> EIN-PN <u>27-6230536-002</u>  | <b>d</b> Entity code <u>E</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13111807</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                 |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):                              |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                 |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):                              |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                 |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):                              |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                 |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):                              |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                 |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):                              |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>TROPICANA CASINO AND RESORT VARIABLE ANNUITY PENSION PLAN</b>                | <b>B</b> Three-digit plan number (PN) ▶ <b>002</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TROPICANA ATLANTIC CITY CORP</b>     | <b>D</b> Employer Identification Number (EIN)<br><b>27-1472063</b> |

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

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>Assets</b>  |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 2739895               | 2029992         |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    | 410                   | 701             |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    | 1599553               | 1487488         |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   | 17671404              | 20209847        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 3949976               | 5246629         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   |                       |                 |

| 1d Employer-related investments:                                  |       | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities.....                                      | 1d(1) |                       |                 |
| (2) Employer real property.....                                   | 1d(2) |                       |                 |
| e Buildings and other property used in plan operation.....        | 1e    |                       |                 |
| f Total assets (add all amounts in lines 1a through 1e).....      | 1f    | 25961238              | 28974657        |
| <b>Liabilities</b>  |       |                       |                 |
| g Benefit claims payable.....                                     | 1g    |                       |                 |
| h Operating payables.....   | 1h    |                       |                 |
| i Acquisition indebtedness.....                                   | 1i    |                       |                 |
| j Other liabilities.....  | 1j    |                       |                 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k    | 0                     | 0               |
| <b>Net Assets</b>   |       |                       |                 |
| l Net assets (subtract line 1k from line 1f).....                 | 1l    | 25961238              | 28974657        |

**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.

| <b>Income</b>  |          | (a) Amount | (b) Total |
|--|----------|------------|-----------|
| <b>a Contributions:</b>  |          |            |           |
| (1) Received or receivable in cash from: (A) Employers.....                                  | 2a(1)(A) | 2029992    |           |
| (B) Participants.....  | 2a(1)(B) |            |           |
| (C) Others (including rollovers).....  | 2a(1)(C) |            |           |
| (2) Noncash contributions.....   | 2a(2)    |            |           |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....                   | 2a(3)    |            | 2029992   |
| <b>b Earnings on investments:</b>  |          |            |           |
| (1) Interest:  |          |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 13498      |           |
| (B) U.S. Government securities.....  | 2b(1)(B) |            |           |
| (C) Corporate debt instruments.....  | 2b(1)(C) |            |           |
| (D) Loans (other than to participants).....  | 2b(1)(D) |            |           |
| (E) Participant loans.....   | 2b(1)(E) |            |           |
| (F) Other.....   | 2b(1)(F) |            |           |
| (G) Total interest. Add lines 2b(1)(A) through (F).....                                      | 2b(1)(G) |            | 13498     |
| (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) | 196335     |           |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C).....                                   | 2b(2)(D) |            | 196335    |
| (3) Rents.....   | 2b(3)    |            |           |
| (4) Net gain (loss) on sale of assets:   |          |            |           |
| (A) Aggregate proceeds.....  | 2b(4)(A) | 1110000    |           |
| (B) Aggregate carrying amount (see instructions).....  | 2b(4)(B) | 785965     |           |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....                          | 2b(4)(C) |            | 324035    |
| (5) Unrealized appreciation (depreciation) of assets:  |          |            |           |
| (A) Real estate.....   | 2b(5)(A) | -112065    |           |
| (B) Other.....   | 2b(5)(B) |            |           |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....                 | 2b(5)(C) |            | -112065   |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 1164037   |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 159800    |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 33174     |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 3808806   |

**Expenses**

|   |               |        |        |
|---|---------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 257415 |        |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |        |        |
| (3) Other .....   | <b>2e(3)</b>  |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |        | 257415 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |        |        |
| <b>h</b> Interest expense .....   | <b>2h</b>     |        |        |
| <b>i</b> Administrative expenses:   |               |        |        |
| (1) Salaries and allowances .....   | <b>2i(1)</b>  |        |        |
| (2) Contract administrator fees .....   | <b>2i(2)</b>  |        |        |
| (3) Recordkeeping fees .....  | <b>2i(3)</b>  |        |        |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  | 126324 |        |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 88729  |        |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 13430  |        |
| (7) Actuarial fees .....  | <b>2i(7)</b>  | 211313 |        |
| (8) Legal fees .....  | <b>2i(8)</b>  | 1014   |        |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |        |        |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> |        |        |
| (11) Other expenses .....   | <b>2i(11)</b> | 97162  |        |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |        | 537972 |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |        | 795387 |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 3013419 |
| <b>l</b> Transfers of assets:   |              |  |         |
| (1) To this plan .....  | <b>2l(1)</b> |  |         |
| (2) From this plan .....  | <b>2l(2)</b> |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **DELOITTE + TOUCHE LLP**

(2) EIN: **13-3891517**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|  | Yes | No | Amount   |
|--|-----|----|----------|
| <b>a</b> 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.)                 |     | X  |          |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   |     | X  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 25000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   | X   |    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     |    |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     |    |          |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes    No    Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 556830.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>TROPICANA CASINO AND RESORT VARIABLE ANNUITY PENSION PLAN</u>            | <b>B</b> Three-digit plan number (PN) ▶                            | <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TROPICANA ATLANTIC CITY CORP</u> | <b>D</b> Employer Identification Number (EIN)<br><u>27-1472063</u> |            |

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

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

|   |   |   |
|---|---|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | 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): \_\_\_\_\_

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

|  |   |   |
|--|---|---|
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 0 |
|--|---|---|

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

**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.**

|   |    |  |
|---|----|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | 6a |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | 6b |  |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | 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

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

**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

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

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

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

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

**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:

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|   |            |  |
|---|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....  | <b>16a</b> |  |
| <b>b</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..... | <b>16b</b> |  |

**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) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: 29.2 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 60.5 %  
 High-Yield Debt: 4.1 % Real Assets: 5.5 % Cash or Cash Equivalents: 0.7 % Other: 0.0 %

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

# ***Tropicana Casino and Resort Variable Annuity Pension Plan***

***Employer ID No: 27-1472063***

***Plan No: 0002***

Financial Statements as of and for the Years Ended  
December 31, 2024 and 2023, along with Supplemental  
Schedules as of and for the Year Ended December 31, 2024 and  
Independent Auditor's Report

**TROPICANA CASINO AND RESORT VARIABLE ANNUITY PENSION PLAN  
INDEX TO FINANCIAL STATEMENTS**

|  | <b>Page</b>               |
|--|---------------------------|
| <a href="#"><u>Independent Auditor's Report</u></a>  | <a href="#"><u>3</u></a>  |
| <a href="#"><u>Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023</u></a>                          | <a href="#"><u>7</u></a>  |
| <a href="#"><u>Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2024 and 2023</u></a> | <a href="#"><u>8</u></a>  |
| <a href="#"><u>Notes to Financial Statements as of and for the Years Ended December 31, 2024 and 2023</u></a>                    | <a href="#"><u>9</u></a>  |
| <b>Supplemental Schedules:</b>   |                           |
| <a href="#"><u>Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024</u></a>           | <a href="#"><u>15</u></a> |
| <a href="#"><u>Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2024</u></a>   | <a href="#"><u>16</u></a> |

NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of  
Tropicana Casino and Resort Variable Annuity Pension Plan:

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

We have performed audits of the financial statements of Tropicana Casino and Resort Variable Annuity Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024, and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024, and 2023, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

### Opinion

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

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

## **Basis for Opinion**

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

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

#### **Other Matter — Supplemental Schedules Required by ERISA**

The supplemental schedules of assets (held at the end of the year) as of December 31, 2024, and reportable transactions for the year then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

*Deloitte & Touche LLP*

August 29, 2025

**TROPICANA CASINO AND RESORT VARIABLE ANNUITY PENSION PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                      | <b>December 31, 2024</b> | <b>December 31, 2023</b> |
|--------------------------------------|--------------------------|--------------------------|
| <b>Assets</b>                        |                          |                          |
| Investments at fair value            | \$ 26,943,964            | \$ 23,220,933            |
| Receivable - employers contributions | 2,029,992                | 2,739,895                |
| Receivable - accrued income          | 701                      | 410                      |
| Total assets                         | 28,974,657               | 25,961,238               |
| Net assets available for benefits    | \$ 28,974,657            | \$ 25,961,238            |

See accompanying Notes to Financial Statements.

**TROPICANA CASINO AND RESORT VARIABLE ANNUITY PENSION PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|   | <b>Years Ended December 31,</b> |                      |
|---|---------------------------------|----------------------|
|   | <b>2024</b>                     | <b>2023</b>          |
| <b>Additions:</b>                                     |                                 |                      |
| Employer contributions                                | \$ 2,029,992                    | \$ 2,739,895         |
| <b>Investment income:</b>                             |                                 |                      |
| Dividends and interest                                | 209,833                         | 119,615              |
| Net realized and unrealized gains on investments      | 1,568,981                       | 1,864,901            |
| Total investment income                               | 1,778,814                       | 1,984,516            |
| <b>Total additions</b>                                | <b>3,808,806</b>                | <b>4,724,411</b>     |
| <b>Deductions:</b>                                    |                                 |                      |
| Benefit payments                                      | 257,415                         | 243,562              |
| Administrative expenses                               | 537,972                         | 538,170              |
| Total deductions                                      | 795,387                         | 781,732              |
| <b>Increase in net assets</b>                         | <b>3,013,419</b>                | <b>3,942,679</b>     |
| Net assets available for benefits, beginning of year  | 25,961,238                      | 22,018,559           |
| <b>Net assets available for benefits, end of year</b> | <b>\$ 28,974,657</b>            | <b>\$ 25,961,238</b> |

See accompanying Notes to Financial Statements.

**TROPICANA CASINO AND RESORT VARIABLE ANNUITY PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

**Note 1 — Description of Plan**

The following description of the Tropicana Casino and Resort Variable Annuity Pension Plan (the “Plan”) provides only general information. Tropicana Atlantic City Corp. d/b/a Tropicana Casino and Resort (the “Company” or “Employer”) is the plan sponsor. Participants should refer to the plan document and summary plan description for a more complete description of the Plan’s provisions.

***General***

The Plan was established August 8, 2017 and is a defined benefit plan for certain employees of Tropicana Casino and Resort, Atlantic City subject to the collective bargaining agreement with the UNITE HERE Local 54 (the “Union”). Eligibility for employees to participate in the Plan is 900 hours of service for full-time employees or 1,000 hours for employees classified as seasonal in a calendar year beginning after January 1, 2014, the initial period as established in the plan documents.

The Plan’s retirement committee consists of an equal number of members appointed by the Company and the Union and is responsible for the general administration of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

***Contributions***

The Plan accepts employer contributions for the current plan year up to eight and a half months after the Plan year end, with a tax filing extension, as allowed by ERISA.

***Vesting***

Participants are vested in the Plan based on years of vesting service. A participant earns a year of vesting service for each year they exceed 600 hours of service, with the initial year of the Plan beginning on February 1, 2014. In addition, vesting years may include years earned under the Union’s pension plan. Participants are fully vested after earning five or more years of vesting service. A break in service of more than five years results in a forfeiture of earned years of vesting service for those participants that are not fully vested.

***Credited Service***

Credited service is a year in which a participant is credited with at least 1,800 hours, with a pro-rated year for participants with a minimum of 600 hours, beginning on or after February 1, 2014.

***Plan Benefits***

Benefits are equal to the sum of the participant’s initial annual accruals (initially set at \$32.39 per the Plan document) with respect to each credited year of service adjusted as of the last day of each subsequent Plan year following the Plan year credited by  $(1+R/1.05)$ . R is the actual return on the trust assets, excluding assets allocated to benefits currently in pay status, limited to the compound annual return of no more than 8% and, if supported, by deemed supplemental contributions, no less than 3.5% per year.

***Payment of Benefits***

Plan benefits are paid to participants in various forms of single, joint and survivor annuities. A lump-sum payment option is available when the total benefit is less than \$1,000. Participants should refer to the Summary Plan Description for more information.

***Plan Termination***

Although it has not expressed an intention to do so, the Company reserves the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination, the net assets of the Plan will be allocated for payment to the participants in an order of priority as prescribed by ERISA and its related regulations and the plan document.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan’s net assets to provide for accumulated plan benefits and may also depend on the financial condition of the Company and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (“PBG”) as well as the priority of

**TROPICANA CASINO AND RESORT VARIABLE ANNUITY PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

those benefits. Some benefits may be fully or partially provided for by the then-existing net assets of the Plan and the PBGC guarantee, while other benefits may not be provided for at all.

## **Note 2 — Summary of Accounting Policies**

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

The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America (“US GAAP”).

### ***Investment Valuation and Income Recognition***

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).

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded when declared. Net realized and unrealized net gains or losses on investments includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

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

Benefits are recorded when paid. As of December 31, 2024 and 2023, there are no benefits due to participants who have withdrawn from the Plan, or beneficiaries who have not yet received their distribution.

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

The preparation of financial statements in conformity with US GAAP requires the plan administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

### ***Administrative Expenses***

The Plan’s administrative expenses are paid by either the Plan or the Company, as provided by the Plan’s provision. Expenses are recorded when incurred and approved by the Plan’s retirement committee. All investment fees directly related to the Plan investment funds are paid by the Plan. Fees charged to the Plan by the investments funds are deducted from income earned and are not separately reflected. Consequently, investment fees are reflected as a reduction of investment return for such investments. Expenses paid by the Company are not included in the Plan’s financial statements.

### ***Risks and Uncertainties***

The Plan invests in various investment securities. Investment securities are exposed to various risks such as market volatility, interest rate, and credit risks. Market risks include global events which could impact the value of investment securities, such as pandemic or international conflict. 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 financial statements.

The actuarial present value of the accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in these estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

### ***Concentration of Investments***

Included in the Plan’s investments at December 31, 2024 and 2023 was a significant concentration in the Marco Group Trust Fixed Income common trust fund. This investment represents 48.7% and 48.8% of total investments at December 31, 2024 and 2023, respectively. A significant decline in the market value of this investment would significantly affect the net assets available for benefits.

**TROPICANA CASINO AND RESORT VARIABLE ANNUITY PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

**Note 3 — Summary of Actuarial Assumptions**

*Actuarial Cost Methods*

The actuarial cost method used to value all benefits is the traditional unit credit method. In an over-funded position, the Employer can use the surplus to offset all or a portion of their contribution requirement.

*Actuarial Asset Valuation*

The actuarial valuation uses the market value of assets.

*Actuarial Valuation Assumptions*

The significant assumptions used in the actuarial valuation are:

- Mortality – PRI-2012 sex-distinct, separate employee and retiree tables with contingent survivor adjustments for existing survivors and blue collar adjustments applied with future improvements using the MP-2021 projection scale.
- Interest Rate – 5.8% pre-commencement / 4.6% post-commencement 2024 and 5.0% pre-commencement / 3.0% post-commencement for 2023.
- Retirement Age – Age 65 and 5 years of vesting service. Of the employees who are currently age 65 or older with 5 years of vesting service, 50% are assumed to retire at the valuation date and 50% are assumed to retire at the end of the valuation year.
- Normal retirement is assumed to occur at age 65. For the period prior to retirement, withdrawals and deaths are estimated.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

**Note 4 — Funding Policy**

The Plan is a defined benefit pension plan to which the Employer contributes to the Plan on behalf of Plan participants based upon a calculation agreed to between the Company and the Union. Part of the agreed upon calculation is a three-year look back of the Plan's return on assets. When returns are below one or more certain agreed upon thresholds over a fixed three-year cycle, a supplemental contribution is required. Based on the actual returns for the three-year period ended December 31, 2023, an additional contribution of approximately \$750,000 was due to the Plan and paid in 2024. This amount is included in contributions receivable on the Statement of Net Assets for Benefits as of December 31, 2023. The calculations are designed to determine the amounts necessary to fund the target normal cost of pension benefits subject to ERISA's minimum funding requirements. The Plan met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023. Employer contributions remain in the trust fund until paid out as pension benefits when participants or beneficiaries become eligible for benefits. No employee contributions are required or permitted.

**Note 5 — Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments and lump-sum distributions, which are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees, (2) beneficiaries of employees who have died, and (3) present employees. The actuarial present value of accumulated plan benefits is determined by an independent actuary. It is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The effect of plan amendments on accumulated plan benefits are recognized during the year in which such amendments are adopted. There were no amendments effective January 1, 2024 recognized in the actuarial present value of accumulated plan benefits.

**TROPICANA CASINO AND RESORT VARIABLE ANNUITY PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

The accumulated plan benefits are measured as of the beginning of the plan year. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, 2023, there would be no material differences.

The actuarial present value of accumulated plan benefits as of December 31, 2023 is as follows:

Vested benefits for:

|  |                      |
|--|----------------------|
| Active participants  | \$ 13,167,812        |
| Inactive participants with deferred benefits               | 3,461,440            |
| Inactive participants receiving benefits                   | 2,562,911            |
| Total vested benefits                                      | 19,192,163           |
| Nonvested benefits   | 218,635              |
| Total actuarial present value of accumulated plan benefits | <u>\$ 19,410,798</u> |

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2023 is as follows:

|  |                             |
|--|-----------------------------|
| <b>Balance as of January 1, 2023</b>                     | <b>\$ 20,011,775</b>        |
| Increase (decrease) during the year attributable to:     |                             |
| Benefits accumulated and (gains) losses                  | 2,644,937                   |
| Increase for interest due to decrease in discount period | 947,778                     |
| Benefits paid  | (243,562)                   |
| Changes in actuarial assumptions                         | (3,950,130)                 |
| Net decrease   | (600,977)                   |
| <b>Balance as of December 31, 2023</b>                   | <b><u>\$ 19,410,798</u></b> |

The discount rate selected to present value the actuarial value of accumulated plan benefits increased over prior period, see Note 3 — Summary of Actuarial Assumptions; no other actuarial assumptions were changed during the year ended December 31, 2023.

### Note 6 — Certified Investment Information

The following is a summary of the certified investment information regarding the Plan as of December 31, 2024 and 2023, and for the years then ended, included in the Plan's financial statements and supplemental schedules that were prepared by or derived from information prepared by Bank of America, N.A., the Trustee and Custodian, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee and Custodian that such information is complete and accurate.

|  | <u>December 31, 2024</u>        | <u>December 31, 2023</u> |             |
|--|---------------------------------|--------------------------|-------------|
| Statements of Net Assets Available for Benefits            |                                 |                          |             |
| Investments at fair value                                  | \$ 26,943,964                   | \$ 23,220,933            |             |
| Receivable - accrued income                                | 701                             | 410                      |             |
|  |                                 |                          |             |
|  | <u>Years Ended December 31,</u> | <u>2024</u>              | <u>2023</u> |
| Statements of Changes in Net Assets Available for Benefits |                                 |                          |             |
| Investment income:   |                                 |                          |             |
| Dividends and interest                                     | \$ 209,833                      | \$ 119,615               |             |
| Net realized and unrealized gains on investments           | 1,568,981                       | 1,864,901                |             |
| Total investment income                                    | <u>\$ 1,778,814</u>             | <u>\$ 1,984,516</u>      |             |

In addition to the balances noted on the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits related to investments, the assets held at fair value, excluding the level of investments, disclosed in Note 7, Fair Value Measurements, and all the investment balances and information included in the supplemental schedule of

**TROPICANA CASINO AND RESORT VARIABLE ANNUITY PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

assets (held at end of year) and schedule of reportable transactions were derived from information certified by Bank of America, N.A..

**Note 7 — Fair Value Measurements**

Investments are measured at fair value as defined by Accounting Standard Codification 820, *Fair Value Measurement* (ASC 820). ASC 820 includes 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 and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- quoted prices for similar assets and liabilities in active markets
- quoted prices for identical or similar assets or liabilities in markets that are not active
- observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- inputs that are derived principally from or corroborated by observable market data by correlation or other means

Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management’s own assumption about the assumptions that market participants would use in pricing the asset or liability, including assumptions about risk.

Net asset value (“NAV”) – The amount of net assets attributed to each share of the investment security outstanding at the close of the period.

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measure in its entirety.

Following is a description of the valuation techniques and inputs used for each general type of investment measured at fair value.

- *Mutual funds (including money market fund)*: The fair value is determined based on quoted market prices.
- *Common trust funds and real estate fund*: The fair value is determined based on NAV. The NAV as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the investments held by the funds less its liabilities. This practical expedient is not used when it is determined to be probable that the funds will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of the common trust funds and real estate fund, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to confirm that securities liquidations will be carried out in an orderly business manner.

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets measured at fair value as of December 31, 2024 and 2023.

Assets at Fair Value

|                            | December 31, 2024 |               |               |
|----------------------------|-------------------|---------------|---------------|
|                            | Level 1           | NAV           | Total         |
| Money market funds         | \$ 183,683        | \$ —          | \$ 183,683    |
| Mutual funds               | 5,062,946         | —             | 5,062,946     |
| Common trust funds         | —                 | 20,209,847    | 20,209,847    |
| Real estate fund           | —                 | 1,487,488     | 1,487,488     |
| Total assets at fair value | \$ 5,246,629      | \$ 21,697,335 | \$ 26,943,964 |

**TROPICANA CASINO AND RESORT VARIABLE ANNUITY PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

Assets at Fair Value

|                            | December 31, 2023 |               |               |
|----------------------------|-------------------|---------------|---------------|
|                            | Level 1           | NAV           | Total         |
| Money market funds         | \$ 75,638         | \$ —          | \$ 75,638     |
| Mutual funds               | 3,874,338         | —             | 3,874,338     |
| Common trust funds         | —                 | 17,671,404    | 17,671,404    |
| Real estate fund           | —                 | 1,599,553     | 1,599,553     |
| Total assets at fair value | \$ 3,949,976      | \$ 19,270,957 | \$ 23,220,933 |

The Plan invests in two common trust funds that have the following investment objectives:

- Marco Group Trust Equity - to achieve a substantial return on capital with limited volatility through investments in a broadly diversified portfolio of equity securities of United States (U.S.) and non-U.S. corporations.
- Marco Group Trust Fixed Income- to maximize return on capital while striving to preserve capital through investments in a broadly diversified portfolio of fixed income securities.

All of the common trusts require a two day notice to redeem and will settle one day after the trade date. There are no unfunded commitments to buy into the trusts or other restrictions on redemptions.

The Plan invests in a real estate fund that has the following investment objectives:

- US Real Estate Investment Fund – to invest in a pool of real estate assets that are diversified by geography and property type, with a focus on yield-driven investment and, to a lesser extent, on a value-added investments. The fund requires a 90 day notice to redeem and will settle on the following calendar quarter end. There is no unfunded commitment by the Plan to buy into the Trust or other redemption restrictions.

### **Note 8 — Party-in-Interest Transactions**

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Actual fees paid by the Plan for the recordkeeping to Bank of America, N.A., the Trustee and Custodian are included in administrative expenses in the accompanying financial statements. Administrative expenses qualify as exempt party-in-interest transactions.

### **Note 9 — Plan Tax Status**

The Plan has received a determination letter from the Internal Revenue Service (“IRS”) dated August 8, 2017 stating that the written form of the plan document is qualified under Section 401 of the Internal Revenue Code (“Code”). Subsequent to receiving the determination letter, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes the Plan is qualified and the related trust is tax-exempt.

### **Note 10 — Subsequent Events**

Management evaluated subsequent events for the Plan through August 29, 2025, the date the financial statements were available to be issued. No events occurred that require additional disclosure or adjustments to the Plan’s financial statements.

Tropicana Casino and Resort Variable Annuity Pension Plan  
 EIN: 27-1472063      PLAN: 002  
 Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) – As of December 31, 2024

*Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)*

| <b>Identity of Issuer</b>        | <b>Description of Investment</b> | <b>Cost</b>   | <b>Current Value</b> |
|----------------------------------|----------------------------------|---------------|----------------------|
| Federated Govt Obligations Fund  | Money market fund                | \$ 183,683    | \$ 183,683           |
| Baird Short Term Bond Fund       | Mutual fund                      | 4,308,219     | 4,295,746            |
| Fidelity Total Market Index Fund | Mutual fund                      | 467,318       | 767,200              |
| Marco Group Trust Equity         | Common trust fund                | 4,478,374     | 7,098,040            |
| Marco Group Trust Fixed Income   | Common trust fund                | 12,698,731    | 13,111,807           |
| US Real Estate Investment Fund   | Real estate fund                 | 1,575,138     | 1,487,488            |
|                                  |                                  | \$ 23,711,463 | \$ 26,943,964        |

*See accompanying Independent Auditors' Report*

Tropicana Casino and Resort Variable Annuity Pension Plan  
 EIN: 27-1472063      PLAN: 002  
 Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions – Year ended December 31, 2024

*Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions*

| Identity of Party Involved  | Description of Asset (Includes interest rate and maturity in case of loan) | Number of Purchases or Sales | Purchase Price | Selling Price | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain or (Loss) |
|---|--|------------------------------|----------------|---------------|---------------|--|--------------------|
| <b><u>Category (i) – Single transactions in excess of 5% of plan assets:</u></b>      |  |                              |                |               |               |  |                    |
| **  | Federated Govt Obligations Fund  | 1                            | 2,737,132      | —             | 2,737,132     | 2,737,132                                  | —                  |
| **  | Federated Govt Obligations Fund  | 1                            | —              | 2,100,000     | 2,100,000     | 2,100,000                                  | —                  |
| **  | Bank of America Temporary Overnight Deposit - Custody                      | 1                            | 2,737,132      | —             | 2,737,132     | 2,737,132                                  | —                  |
| **  | Bank of America Temporary Overnight Deposit - Custody                      | 1                            | —              | 2,637,132     | 2,637,132     | 2,637,132                                  | —                  |
|   | Marco Group Trust Fixed Income   | 1                            | 1,500,000      | —             | 1,500,000     | 1,500,000                                  | —                  |
| <b><u>Category (iii) – Series of transactions in excess of 5% of plan assets:</u></b> |  |                              |                |               |               |  |                    |
| **  | Federated Govt Obligations Fund  | 43                           | 3,894,414      | —             | 3,894,414     | 3,894,414                                  | —                  |
| **  | Federated Govt Obligations Fund  | 51                           | —              | 3,786,369     | 3,786,369     | 3,786,369                                  | —                  |
| **  | Bank of America Temporary Overnight Deposit - Custody                      | 29                           | 3,930,617      | —             | 3,930,617     | 3,930,617                                  | —                  |
| **  | Bank of America Temporary Overnight Deposit - Custody                      | 30                           | —              | 3,930,617     | 3,930,617     | 3,930,617                                  | —                  |

There were no category (ii) or (iv) reportable transactions during 2024.  
 Columns for “Lease rental” and “Expense incurred with transaction” are not applicable.  
 \*\*Transactions made on the market.

*See accompanying Independent Auditors’ Report*

**Schedule SB, line 26a — Schedule of Active Participant Data**

| Attained age | Years of credited service |     |     |       |       |       |       |       |       |         |       |
|--------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|---------|-------|
|              | Under 1                   | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & up | Total |
| Under 25     | 8                         | 5   |     |       |       |       |       |       |       |         | 13    |
| 25-29        | 8                         | 10  | 4   |       |       |       |       |       |       |         | 22    |
| 30-34        | 2                         | 11  | 4   |       |       |       |       |       |       |         | 17    |
| 35-39        | 4                         | 6   | 17  |       |       |       |       |       |       |         | 27    |
| 40-44        | 6                         | 12  | 38  |       |       |       |       |       |       |         | 56    |
| 45-49        | 4                         | 17  | 57  |       |       |       |       |       |       |         | 78    |
| 50-54        | 8                         | 18  | 65  | 2     |       |       |       |       |       |         | 93    |
| 55-59        | 6                         | 21  | 113 | 4     |       |       |       |       |       |         | 144   |
| 60-64        | 3                         | 24  | 103 | 1     |       |       |       |       |       |         | 131   |
| 65-69        | 1                         | 10  | 60  | 3     |       |       |       |       |       |         | 74    |
| 70 & up      | 1                         | 2   | 13  |       |       |       |       |       |       |         | 16    |
| Total        | 51                        | 136 | 474 | 10    |       |       |       |       |       |         | 671   |

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****Actuarial assumptions for January 1, 2024 funding valuation**

| <b>Discount rate sponsor elections</b>               |   |                            |
|--|---|----------------------------|
| • Segment rates or full yield curve                  | Segment   |                            |
| • Look-back months                                   | 0   |                            |
| •  | <b>Stabilized</b>   | <b>Nonstabilized</b>       |
| • First 5 years                                      | 4.75%   | 4.37%                      |
| • Next 15 years                                      | 4.96%   | 4.96%                      |
| • Over 20 years                                      | 5.59%   | 4.95%                      |
| <b>Mortality sponsor elections</b>                   | Section 430(h)(3) prescribed generational annuitant and non-annuitant mortality tables for 2024 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with IRS-modified MP2021 mortality improvement scale, in accordance with IRS regulations 1.430(h)(3)-1. |                            |
| <b>Other economic assumptions</b>                    |   |                            |
| • Expected investment return (growth asset pool)     | 5.50% per year  |                            |
| • Load for future deemed supplemental contributions  | None  |                            |
| • Interest rate used in retroactive benefit payments | 5.50% (November 2023 417(e) 1st segment rate)   |                            |
| • Expenses   | \$555,000 added to current year normal cost   |                            |
| <b>Demographic assumptions</b>                       |   |                            |
| • Withdrawal   | See table of sample rates.  |                            |
| • Retirement age                                     | Age 65 and 5 years of vesting service. Of the employees who are currently age 65 or older with 5 years of vesting service, 50% are assumed to retire at the valuation date and 50% are assumed to retire at the end of the valuation year.  |                            |
| • Benefit commencement age for                       |   |                            |
| – Future vested deferred                             | Age 65  |                            |
| – Current vested deferred                            | Age 65  |                            |
| • Spouse assumptions                                 | <b>Male participants</b>  | <b>Female participants</b> |
| – Percentage married                                 | 100%  | 100%                       |
| – Spouse age difference                              | None  | None                       |
| <b>Form of payment</b>                               | <b>Single life</b>  | <b>50% J&amp;S</b>         |
| • Active retirements                                 | 100%  | 0%                         |
| • Future vested deferred                             | 100%  | 0%                         |
| • Future disabilities                                | 100%  | 0%                         |
| • Future deaths                                      | 0%  | 100%                       |
| • Optional form conversion factors                   | Interest rate: 5% pre-commencement, 3% post-commencement<br>Mortality: 2024 PPA 417(e) unisex mortality   |                            |

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****Table of sample rates**

| Attained Service | Percentage |
|------------------|------------|
|                  | Withdrawal |
| 0                | 50%        |
| 1                | 25%        |
| 2                | 10%        |
| 3                | 10%        |
| 4                | 10%        |
| 5 or more        | 0%         |

**Rationale for significant economic assumptions**

- Expected investment return – Based on the median (50th percentile) simulated investment return using capital market assumptions published in Mercer Investment Consulting’s Capital Market Outlook, net of an adjustment of 20 basis points for investment expenses assumed to be paid from plan assets. The expected investment return is based on the growth asset pool’s target asset allocation of 30% Global Equity, 60% Aggregate Fixed Income, and 10% Core Real Estate, as provided by Segal Marco Advisors. This assumption is used to apply annual adjustments to benefit for participants not yet in pay.
- Load for future deemed supplemental contributions – Supplemental contributions are not triggered when the expected investment return is greater than the effective interest rate.
- Expenses – Anticipated administrative expenses for the current year.

**Rationale for significant demographic assumptions**

- Withdrawal – These rates have been developed based on actual experience prior to 2014 and will be reevaluated periodically. The study focused primarily on non-vested turnover as this has a much more significant effect on plan costs than vested turnover because benefits at different ages and forms of payment are actuarially equivalent. In addition, rates of turnover after five years of service are very low.
- Retirement age – Benefits at early retirement ages are actuarially equivalent to the age 65 benefit using assumptions similar to those used for valuation purposes. The assumption for those over 65 reflects the expectation that although those over 65 are likely to retire in the near future, they are unlikely to retire immediately on the valuation date. The resulting average retirement age is slightly higher than 65, which is consistent with the demographics of the February 1, 2014 population used to develop the accrual rate and takes account of the absence of retirement subsidies
- Form of payment – Other forms of payment are actuarially equivalent and the plan does not yet have experience on which to base an alternate assumption.

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****Actuarial methods for funding****Asset methods**

The asset valuation method is the fair market value

**Participant methods**

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts

**Minimum funding methods**

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Tropicana Casino and Resort Variable Annuity Pension Plan  
 EIN: 27-1472063      PLAN: 002  
 Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions – Year ended December 31, 2024

*Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions*

| Identity of Party Involved  | Description of Asset (Includes interest rate and maturity in case of loan) | Number of Purchases or Sales | Purchase Price | Selling Price | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain or (Loss) |
|---|--|------------------------------|----------------|---------------|---------------|--|--------------------|
| <b><u>Category (i) – Single transactions in excess of 5% of plan assets:</u></b>      |  |                              |                |               |               |  |                    |
| **  | Federated Govt Obligations Fund  | 1                            | 2,737,132      | —             | 2,737,132     | 2,737,132                                  | —                  |
| **  | Federated Govt Obligations Fund  | 1                            | —              | 2,100,000     | 2,100,000     | 2,100,000                                  | —                  |
| **  | Bank of America Temporary Overnight Deposit - Custody                      | 1                            | 2,737,132      | —             | 2,737,132     | 2,737,132                                  | —                  |
| **  | Bank of America Temporary Overnight Deposit - Custody                      | 1                            | —              | 2,637,132     | 2,637,132     | 2,637,132                                  | —                  |
|   | Marco Group Trust Fixed Income   | 1                            | 1,500,000      | —             | 1,500,000     | 1,500,000                                  | —                  |
| <b><u>Category (iii) – Series of transactions in excess of 5% of plan assets:</u></b> |  |                              |                |               |               |  |                    |
| **  | Federated Govt Obligations Fund  | 43                           | 3,894,414      | —             | 3,894,414     | 3,894,414                                  | —                  |
| **  | Federated Govt Obligations Fund  | 51                           | —              | 3,786,369     | 3,786,369     | 3,786,369                                  | —                  |
| **  | Bank of America Temporary Overnight Deposit - Custody                      | 29                           | 3,930,617      | —             | 3,930,617     | 3,930,617                                  | —                  |
| **  | Bank of America Temporary Overnight Deposit - Custody                      | 30                           | —              | 3,930,617     | 3,930,617     | 3,930,617                                  | —                  |

There were no category (ii) or (iv) reportable transactions during 2024.  
 Columns for “Lease rental” and “Expense incurred with transaction” are not applicable.  
 \*\*Transactions made on the market.

*See accompanying Independent Auditors’ Report*

|   |  |  |
|---|--|--|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024


▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|   |   |     |
|---|---|-----|
| <b>A</b> Name of plan<br>TROPICANA CASINO AND RESORT VARIABLE ANNUITY PENSION PLAN  | <b>B</b> Three-digit plan number (PN) ▶   | 002 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>TROPICANA ATLANTIC CITY CORP                                  | <b>D</b> Employer Identification Number (EIN)<br>27-1472063   |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |     |

**Part I Basic Information**

|          |   |                            |                           |
|----------|---|----------------------------|---------------------------|
| <b>1</b> | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>  |                            |                           |
| <b>2</b> | Assets:   |                            |                           |
|          | <b>a</b> Market value .....   | <b>2a</b>                  | 25,933,548                |
|          | <b>b</b> Actuarial value .....  | <b>2b</b>                  | 25,933,548                |
| <b>3</b> | Funding target/participant count breakdown  | (1) Number of participants | (2) Vested Funding Target |
|          | <b>a</b> For retired participants and beneficiaries receiving payment .....   | 128                        | 2,493,233                 |
|          | <b>b</b> For terminated vested participants .....   | 227                        | 3,330,332                 |
|          | <b>c</b> For active participants .....  | 671                        | 12,711,081                |
|          | <b>d</b> Total .....  | 1,026                      | 18,534,646                |
| <b>4</b> | If the plan is in at-risk status, check the box and complete lines (a) and (b) .....  |                            |                           |
|          | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                           |
|          | <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |
| <b>5</b> | Effective interest rate .....   | <b>5</b>                   | 5.29%                     |
| <b>6</b> | Target normal cost  |                            |                           |
|          | <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | 1,403,007                 |
|          | <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | 555,000                   |
|          | <b>c</b> Target normal cost .....   | <b>6c</b>                  | 1,958,007                 |

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                  |   |  |
|------------------|---|--|
| <b>SIGN HERE</b> | <br>Signature of actuary | <u>7/17/2025</u><br>Date                               |
|                  | NICOLE GRAHAM<br>Type or print name of actuary  | 2308573<br>Most recent enrollment number               |
|                  | MERCER<br>Firm name   | 609-520-2159<br>Telephone number (including area code) |
|                  | ONE UNIVERSITY SQUARE DRIVE<br>SUITE 100<br>PRINCETON NJ 08540<br>Address of the firm                       |  |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions



|   |  |                        |                       |   |
|---|--|------------------------|-----------------------|---|
| <b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b> |  |                        |                       |   |
| <b>21</b> Discount rate:  |  |                        |                       |   |
| <b>a</b> Segment rates:   | 1st segment:<br>4.75 %   | 2nd segment:<br>4.96 % | 3rd segment:<br>5.59% | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                       |  |                        |                       | <b>21b</b> 0  |
| <b>22</b> Weighted average retirement age .....                                   |  |                        |                       | <b>22</b> 65  |
| <b>23</b> Mortality table(s) (see instructions)                                   | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                       |   |

|   |  |  |  |           |
|---|--|--|--|-----------|
| <b>Part VI Miscellaneous Items</b>  |  |  |  |           |
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |           |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                     |  |  |  |           |
| <b>26</b> Demographic and benefit information   |  |  |  |           |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            |  |  |  |           |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                      |  |  |  |           |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....   |  |  |  | <b>27</b> |

|   |  |  |  |             |
|---|--|--|--|-------------|
| <b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>   |  |  |  |             |
| <b>28</b> Unpaid minimum required contributions for all prior years .....   |  |  |  | <b>28</b> 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... |  |  |  | <b>29</b> 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   |  |  |  | <b>30</b> 0 |

|  |                     |                    |               |                      |
|--|---------------------|--------------------|---------------|----------------------|
| <b>Part VIII Minimum Required Contribution For Current Year</b>  |                     |                    |               |                      |
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |               |                      |
| <b>a</b> Target normal cost (line 6c).....   |                     |                    |               | <b>31a</b> 1,958,007 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   |                     |                    |               | <b>31b</b> 1,958,007 |
| <b>32</b> Amortization installments:   | Outstanding Balance |                    | Installment   |                      |
| <b>a</b> Net shortfall amortization installment .....  | 0                   |                    | 0             |                      |
| <b>b</b> Waiver amortization installment .....   | 0                   |                    | 0             |                      |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                     |                    |               | <b>33</b>            |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....   |                     |                    |               | <b>34</b> 0          |
|  | Carryover balance   | Prefunding balance | Total balance |                      |
| <b>35</b> Balances elected for use to offset funding requirement .....   |                     |                    | 0             |                      |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....   |                     |                    |               | <b>36</b> 0          |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....   |                     |                    |               | <b>37</b> 1,916,599  |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |                     |                    |               |                      |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   |                     |                    |               | <b>38a</b> 1,916,599 |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....  |                     |                    |               | <b>38b</b> 0         |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....  |                     |                    |               | <b>39</b> 0          |
| <b>40</b> Unpaid minimum required contributions for all years .....  |                     |                    |               | <b>40</b> 0          |

|  |  |  |  |  |
|--|--|--|--|--|
| <b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>  |  |  |  |  |
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |  |  |  |  |

***Schedule SB, line 22 — Description of Weighted Average Retirement Age***

Each employee is assumed to retire at age 65 with 5 years of vesting service. Of the employees who are currently age 65 or older with 5 years of vesting service, 50% are assumed to retire at the valuation date and 50% are assumed to retire at the end of the valuation year. The weighted average retirement age is 65.5.

Plan: TROPICANA CASINO AND RESORT VARIABLE ANNUITY PENSION PLAN  
 EIN/PN: 27-1472063/002  
 Valuation Date: 01/01/2024

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total     |
|-----------|---------------------|--------------------------------|---|-----------|
| 2024      | 130,877             | 262,685                        | 221,155   | 614,717   |
| 2025      | 331,000             | 82,589                         | 217,637   | 631,226   |
| 2026      | 379,295             | 87,607                         | 213,853   | 680,755   |
| 2027      | 447,190             | 103,615                        | 209,783   | 760,588   |
| 2028      | 521,805             | 115,021                        | 205,411   | 842,237   |
| 2029      | 604,688             | 127,537                        | 200,719   | 932,944   |
| 2030      | 664,470             | 136,327                        | 195,696   | 996,493   |
| 2031      | 746,129             | 147,607                        | 190,332   | 1,084,068 |
| 2032      | 814,377             | 162,734                        | 184,625   | 1,161,736 |
| 2033      | 872,433             | 181,987                        | 178,575   | 1,232,995 |
| 2034      | 919,929             | 195,142                        | 172,187   | 1,287,258 |
| 2035      | 953,850             | 211,227                        | 165,469   | 1,330,546 |
| 2036      | 990,699             | 217,571                        | 158,434   | 1,366,704 |
| 2037      | 1,017,511           | 227,622                        | 151,098   | 1,396,231 |
| 2038      | 1,017,633           | 242,238                        | 143,478   | 1,403,349 |
| 2039      | 1,032,645           | 244,675                        | 135,599   | 1,412,919 |
| 2040      | 1,050,267           | 255,539                        | 127,490   | 1,433,296 |
| 2041      | 1,064,173           | 254,858                        | 119,188   | 1,438,219 |
| 2042      | 1,080,302           | 263,104                        | 110,736   | 1,454,142 |
| 2043      | 1,070,269           | 267,960                        | 102,185   | 1,440,414 |
| 2044      | 1,079,941           | 268,527                        | 93,596  | 1,442,064 |
| 2045      | 1,070,357           | 267,403                        | 85,038  | 1,422,798 |
| 2046      | 1,065,365           | 263,174                        | 76,592  | 1,405,131 |
| 2047      | 1,035,457           | 258,467                        | 68,346  | 1,362,270 |
| 2048      | 1,012,458           | 258,186                        | 60,390  | 1,331,034 |
| 2049      | 980,681             | 253,856                        | 52,814  | 1,287,351 |
| 2050      | 947,389             | 257,034                        | 45,694  | 1,250,117 |
| 2051      | 913,007             | 253,123                        | 39,097  | 1,205,227 |
| 2052      | 874,309             | 245,541                        | 33,070  | 1,152,920 |
| 2053      | 831,045             | 239,784                        | 27,645  | 1,098,474 |
| 2054      | 794,990             | 228,245                        | 22,831  | 1,046,066 |
| 2055      | 747,921             | 222,583                        | 18,626  | 989,130   |
| 2056      | 706,431             | 212,432                        | 15,007  | 933,870   |
| 2057      | 661,005             | 201,969                        | 11,942  | 874,916   |
| 2058      | 618,606             | 192,856                        | 9,387   | 820,849   |
| 2059      | 575,740             | 181,308                        | 7,291   | 764,339   |
| 2060      | 542,044             | 169,902                        | 5,600   | 717,546   |
| 2061      | 501,582             | 160,239                        | 4,255   | 666,076   |
| 2062      | 461,810             | 150,837                        | 3,201   | 615,848   |
| 2063      | 424,077             | 140,094                        | 2,388   | 566,559   |
| 2064      | 387,080             | 129,668                        | 1,767   | 518,515   |
| 2065      | 355,593             | 119,600                        | 1,300   | 476,493   |
| 2066      | 323,518             | 109,920                        | 951   | 434,389   |
| 2067      | 293,818             | 100,660                        | 693   | 395,171   |
| 2068      | 265,421             | 91,843                         | 504   | 357,768   |
| 2069      | 239,302             | 83,492                         | 365   | 323,159   |
| 2070      | 214,873             | 75,620                         | 265   | 290,758   |
| 2071      | 192,319             | 68,232                         | 191   | 260,742   |
| 2072      | 171,567             | 61,324                         | 137   | 233,028   |
| 2073      | 152,541             | 54,887                         | 98  | 207,526   |

**Schedule SB, Part V — Summary of Plan Provisions****Summary of major plan provisions**

|  |   |
|--|---|
| Effective date and plan year                     | Original plan: August 8, 2017<br>Plan year: January 1 to December 31  |
| Status of the plan                               | The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.   |
| Significant events that occurred during the year | None  |
| <b>Definitions</b>                               |   |
| • Covered employees                              | Employees with the company covered by the UNITE HERE Local 54 collective bargaining agreement.  |
| • Participation                                  | An employee joins the plan on the next January 1 following the plan year in which the employee is credited with at least 900 hours starting January 1, 2014 and including any year thereafter while the plan is in effect. As the plan did not take effect until August 8, 2017, the earliest date of participation for any employee is January 1, 2018.<br>Participants who terminated vested during the period August 8, 2017 through December 31, 2017 became participants on January 1, 2018 if they were credited with 900 hours of service in a plan year prior to such date. |
| • Employee contributions                         | The company bears the full cost of benefits under the plan.   |
| • Vesting service                                | Each plan year in which an employee is credited with at least 600 hours of service. Vesting service under the National Retirement Fund and from February 1, 2014 to the effective date of the plan is recognized  |
| • Credited service                               | Each plan year in which a participant is credited with at least 1,800 hours. A partial year is credited for plan years in which a participant is credited with at least 600 hours. Credited service from February 1, 2014 to the effective date of the plan is recognized.  |
| • Initial Accrual                                | \$32.39 per month   |
| • Retiree Asset Sub-pool                         | Sub-account of the trust funded by transferring assets equal to the present value of benefits at commencement for each retiree. The present value is determined using market bond yields and mortality defined in the actuarial equivalence section of the plan.  |
| • Actual Rate of Investment Return (R)           | Actual return on the trust, excluding the Retiree Asset Sub-Pool, determined by $2I/(A+B-I)$ where:<br>A = Beginning market value<br>B = Ending market value<br>I = Amount of realized and unrealized investment gains (or losses) for the period less brokerage and investment management fees   |
| • Accrued benefit                                | Monthly variable benefit equal to the sum of the Participant's Initial Accruals with respect to each year of credited service adjusted as of the last day of each subsequent plan year following the plan year credited by $(1+R)/(1.05)$ . R is further adjusted each year to limit the compound annual return to be no more than 8% and, if supported by deemed supplemental contributions, no less than 3.5% per year.<br>Upon retirement the benefit is payable as a fixed annuity and is not adjusted further.   |

**Schedule SB, Part V — Summary of Plan Provisions**

| <b>Normal retirement</b>                    |  |
|---|--|
| • Eligibility                               | The later of (a) age 65 and (b) the earlier of (1) the 5th anniversary of the participation date and (2) the date the participant attained vested status.  |
| • Benefit                                   | The accrued benefit.   |
| <b>Early retirement</b>                     |  |
| • Eligibility                               | The attainment of age 55 and five years of vesting service.  |
| • Benefit                                   | Actuarial equivalent of the accrued benefit.   |
| <b>Late retirement</b>                      |  |
| • Eligibility                               | Any time after Normal Retirement Age.  |
| • Benefit                                   | The accrued benefit.   |
| <b>Deferred vested</b>                      |  |
| • Eligibility                               | Five years of vesting service.   |
| • Benefit                                   | The accrued benefit payable at Normal Retirement Age   |
| <b>Pre-retirement death</b>                 |  |
| • Eligibility                               | Five years of vesting service and legally married on date of death.  |
| • Benefit                                   | The accrued benefit payable to the surviving spouse as of the date of death actuarially reduced for early commencement and the 50% joint and survivor option. This benefit is payable no later than Normal Retirement Age and is payable for the life of the surviving spouse.       |
| <b>Form of benefits</b>                     |  |
| • Automatic form for unmarried participants | Single life annuity.   |
| • Automatic form for married participants   | 50% joint & survivor annuity (actuarially reduced)   |
| • Optional forms                            | Single life annuity<br>Joint & survivor annuity (50%, 75%, 100%)<br>Lump sum if less than \$1,000  |
| • Optional form conversion factors          | Applicable mortality table as defined in IRC Section 417(e).<br>Annuity options use interest rates of 5% pre-retirement and 3% post-retirement.<br>Lump sum option uses the applicable interest rates as defined in IRC Section 417(e) for the second month preceding the plan year. |
| <b>Miscellaneous</b>                        |  |
| • Maximum benefits                          | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000   |

**Schedule SB, Part V — Summary of Plan Provisions****Benefits included or excluded**

Unless noted below, all benefits provided by the plan, as restated and amended through Amendment #4, are included in this valuation.

- **Most recent plan amendments included:** Amendment #4
- **Plan amendments excluded:** None
- **Late retirement increases:**
  - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond (i) age 70½ for participants who attain age 70½ prior to January 1, 2020, (ii) age 72 for participants who attain age 70½ after December 31, 2019 but attain age 72 prior to January 1, 2023, or (iii) age 73 for participants who attain age 72 after December 31, 2022.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued with retroactive annuity payments made for the period from normal retirement date through the valuation date.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants) since there are no key employees covered by the plan.

**Plan provisions specific to funding****Additional benefits included or excluded**

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Tropicana Casino and Resort Variable Annuity Pension Plan

EIN: 27-1472063 PLAN: 002

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) – As of December 31, 2024

*Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)*

| <b>Identity of Issuer</b>        | <b>Description of Investment</b> | <b>Cost</b>          | <b>Current Value</b> |
|----------------------------------|----------------------------------|----------------------|----------------------|
| Federated Govt Obligations Fund  | Money market fund                | \$ 183,683           | \$ 183,683           |
| Baird Short Term Bond Fund       | Mutual fund                      | 4,308,219            | 4,295,746            |
| Fidelity Total Market Index Fund | Mutual fund                      | 467,318              | 767,200              |
| Marco Group Trust Equity         | Common trust fund                | 4,478,374            | 7,098,040            |
| Marco Group Trust Fixed Income   | Common trust fund                | 12,698,731           | 13,111,807           |
| US Real Estate Investment Fund   | Real estate fund                 | 1,575,138            | 1,487,488            |
|                                  |                                  | <u>\$ 23,711,463</u> | <u>\$ 26,943,964</u> |

*See accompanying Independent Auditors' Report*

**Schedule SB, line 24 — Change in Actuarial Assumptions****Actuarial Assumption Changes Since Prior Valuation**

- The interest rate used in retroactive benefit payment calculations was updated from 5.09% (November 2022 417(e) 1st segment rate) to 5.50% (November 2023 417(e) 1st segment rate).
- Mortality rates used to convert optional forms of payment were updated from 2023 to 2024 in accordance with PPA.
- The expected investment return was updated from 5.59% to 5.50% to reflect Mercer's January 2024 Capital Market outlook, and the growth pool's target asset allocation.
- The expense assumption was changed from \$405,000 to \$555,000 to reflect our expectations for the current plan year.
- The load for future deemed supplemental contributions was removed, as it's not applicable this year.