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| <p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p>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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
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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

| | |
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| <p>1a Name of plan <u>TRIBAL CASINO GAMING ENTERPRISE RETIREMENT PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>003</u></p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRIBAL CASINO GAMING ENTERPRISE</u></p> <p><u>777 CASINO DRIVE</u> <u>CHEROKEE, NC 28719</u></p> | <p>1c Effective date of plan <u>01/01/2010</u></p> <p>2b Employer Identification Number (EIN) <u>56-1972062</u></p> <p>2c Plan Sponsor's telephone number <u>828-497-8858</u></p> <p>2d Business code (see instructions) <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.

| | | | |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/13/2025 | SHELLY MARTINEZ |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 1059 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 421 |
| | 6a(2) | 392 |
| | 6b | 293 |
| | 6c | 340 |
| | 6d | 1025 |
| | 6e | 24 |
| | 6f | 1049 |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | 2 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

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

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

| | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 9a Plan funding arrangement (check all that apply) | 9b Plan benefit arrangement (check all that apply) |
| (1) <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 _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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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| SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Single-Employer Defined Benefit Plan Actuarial Information 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). ▶ File as an attachment to Form 5500 or 5500-SF. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
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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.

| | | |
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| A Name of plan <u>TRIBAL CASINO GAMING ENTERPRISE RETIREMENT PLAN</u> | B Three-digit plan number (PN) ▶ | <u>003</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TRIBAL CASINO GAMING ENTERPRISE</u> | D Employer Identification Number (EIN) <u>56-1972062</u> | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F 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 | | | |
| 1 Enter the valuation date: | Month <u>01</u> | Day <u>01</u> | Year <u>2024</u> |
| 2 Assets: | | | |
| a Market value | 2a | <u>135523804</u> | |
| b Actuarial value | 2b | <u>131960151</u> | |
| 3 Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment | <u>296</u> | <u>42540568</u> | <u>42540568</u> |
| b For terminated vested participants | <u>342</u> | <u>27553418</u> | <u>27553418</u> |
| c For active participants | <u>421</u> | <u>73618140</u> | <u>83988706</u> |
| d Total | <u>1059</u> | <u>143712126</u> | <u>154082692</u> |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | | | |
| a Funding target disregarding prescribed at-risk assumptions | 4a | | |
| 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 | 4b | | |
| 5 Effective interest rate | 5 | <u>5.28 %</u> | |
| 6 Target normal cost | | | |
| a Present value of current plan year accruals | 6a | <u>7540683</u> | |
| b Expected plan-related expenses | 6b | <u>212400</u> | |
| c Target normal cost | 6c | <u>7753083</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.

| | | |
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| SIGN HERE | | |
| | Signature of actuary | <u>09/30/2025</u> Date |
| | <u>DAVID B. WOODMANSEE JR.</u> Type or print name of actuary | <u>23-05801</u> Most recent enrollment number |
| | <u>USI CONSULTING GROUP</u> Firm name | <u>860-368-2972</u> Telephone number (including area code) |
| | <u>95 GLASTONBURY BLVD, SUITE 102 GLASTONBURY, CT 06033</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

| Part II Beginning of Year Carryover and Prefunding Balances | | (a) Carryover balance | (b) Prefunding balance |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of <u>13.68</u> % | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 0 |
| b(1) | 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>5.37</u> % | | 0 |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 0 |
| d | Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

| Part III Funding Percentages | | | |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| 14 | Funding target attainment percentage | 14 | 85.64 % |
| 15 | Adjusted funding target attainment percentage | 15 | 85.64 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 87.20 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

| Part IV Contributions and Liquidity Shortfalls | | 18 Contributions made to the plan for the plan year by employer(s) and employees: | | | | | |
|-------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------|-----------------------|--------------------------------|------------------------------|--------------|---|
| (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 | | |
| 04/15/2024 | 2429265 | | | | | | |
| 07/15/2024 | 2429265 | | | | | | |
| 10/15/2024 | 2217093 | | | | | | |
| 01/15/2025 | 2217093 | | | | | | |
| 08/29/2025 | 942959 | | | | | | |
| | | | Totals ▶ | 18(b) | 10235675 | 18(c) | 0 |

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| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| a | Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| b | Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 9853746 |
| 20 | Quarterly contributions and liquidity shortfalls: | | |
| a | Did the plan have a "funding shortfall" for the prior year? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b | If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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 |
| 0 | 0 | 0 | 0 |

| | | | |
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| Part V Assumptions Used to Determine Funding Target and Target Normal Cost | | | |
| 21 Discount rate: | | | |
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.96 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code) | | | 21b 0 |
| 22 Weighted average retirement age | | | 22 62 |
| 23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute | | | |

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

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

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| Part VIII Minimum Required Contribution For Current Year | | | |
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6c) | 31a | 7753083 | |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 0 | |
| 32 Amortization installments: | Outstanding Balance | Installment | |
| a Net shortfall amortization installment | 22122541 | 2100663 | |
| b Waiver amortization installment..... | 0 | 0 | |
| 33 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 | 33 | | |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... | 34 | 9853746 | |
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement | | | 0 |
| 36 Additional cash requirement (line 34 minus line 35) | 36 | 9853746 | |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | 37 | 9853746 | |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | 38a | 0 | |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... | 38b | 0 | |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | 39 | 0 | |
| 40 Unpaid minimum required contributions for all years | 40 | 0 | |

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| Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions) | | | |
| 41 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 type="checkbox"/> 2021 | | | |

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| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

| | | |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| A Name of plan TRIBAL CASINO GAMING ENTERPRISE RETIREMENT PLAN | B Three-digit plan number (PN) ▶ | 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 TRIBAL CASINO GAMING ENTERPRISE | D Employer Identification Number (EIN) 56-1972062 | |

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

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)

USI CONSULTING GROUP

05-1053228

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 | NONE | 168889 | 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)

KEY BANK

23-7036607

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 19 99 21 | NONE | 27847 | 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)

FORVIS MAZARS, LLP

44-0160260

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 | NONE | 9000 | Yes <input type="checkbox"/> No <input 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)

USI ADVISORS

06-1397347

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 27 50 51 59 60 | NONE | 0 | 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) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| | | | Yes <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) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| | | | Yes <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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

| | |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan TRIBAL CASINO GAMING ENTERPRISE RETIREMENT PLAN | B Three-digit plan number (PN) ▶ 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 TRIBAL CASINO GAMING ENTERPRISE | D Employer Identification Number (EIN) 56-1972062 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| | | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 7729410 | 3160052 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | | |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 2883070 | 4726969 |
| (2) U.S. Government securities | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 125096890 | 144137897 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | | |
| (15) Other..... | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 135709370 | 152024918 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | 26809 | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 26809 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 135682561 | 152024918 |

Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | 10235675 | |
| (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) | | 10235675 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 0 |
| (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) | 8661463 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 8661463 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 1609167 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 20506305 |

Expenses

| | | | |
|---------------------------------------------------------------------------------------------|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 3958212 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 3958212 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | 9000 | |
| (5) Investment advisory and investment management fees | 2i(5) | 0 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | 168889 | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | 27847 | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 205736 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 4163948 |

Net Income and Reconciliation

| | | | |
|-------------------------------------------------------------------------------|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 16342357 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 5000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | X | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 560738.

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

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

| | | |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| A Name of plan <u>TRIBAL CASINO GAMING ENTERPRISE RETIREMENT PLAN</u> | B Three-digit plan number (PN) ▶ | <u>003</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRIBAL CASINO GAMING ENTERPRISE</u> | D Employer Identification Number (EIN) <u>56-1972062</u> | |

| | |
|---------------|----------------------|
| Part I | Distributions |
|---------------|----------------------|

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

| | |
|---|---|
| 1 | 0 |
|---|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 34-0797057

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

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

| | |
|---|---|
| 3 | 0 |
|---|---|

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

| | |
|-----------------|-------------------|
| Part III | Amendments |
|-----------------|-------------------|

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 53.00 % Private Equity: 0.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 31.00 %
 High-Yield Debt: 3.00 % Real Assets: 5.00 % Cash or Cash Equivalents: _____ % Other: 8.00 %

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 _____.




Tribal Casino Gaming Enterprise Retirement Plan

EIN 56-1972062 PN 003

**Independent Auditor's Report, Financial Statements,
and Supplemental Schedules**

December 31, 2024 and 2023



**Tribal Casino Gaming Enterprise Retirement Plan
Contents
December 31, 2024 and 2023**

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Independent Auditor's Report

Board of Advisors and Plan Administrator
Tribal Casino Gaming Enterprise Retirement Plan
Cherokee, North Carolina

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

We have performed audits of the financial statements of Tribal Casino Gaming Enterprise Retirement 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 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 DOL'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 ("GAAP").
- 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 GAAP, 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.

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 GAAP.

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 GAAP.

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, have been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Forvis Mazars, LLP

**Greensboro, North Carolina
October 9, 2025**

Federal Identification Number: 44-0160260

**Tribal Casino Gaming Enterprise Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

| | <u>2024</u> | <u>2023</u> |
|------------------------------------------|-----------------------|-----------------------|
| ASSETS | | |
| Investments | | |
| Mutual funds | \$ 144,137,897 | \$ 125,096,890 |
| Money market fund | <u>4,704,487</u> | <u>2,872,742</u> |
| Total Investments | 148,842,384 | 127,969,632 |
| Accrued income | 22,482 | 10,328 |
| Receivables | | |
| Employer contributions | <u>3,160,052</u> | <u>7,729,410</u> |
| Total Assets | 152,024,918 | 135,709,370 |
| LIABILITIES | | |
| Other liabilities | <u>702,047</u> | <u>26,809</u> |
| Net Assets Available for Benefits | <u>\$ 151,322,871</u> | <u>\$ 135,682,561</u> |

Tribal Casino Gaming Enterprise Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

| | <u>2024</u> | <u>2023</u> |
|-------------------------------------------------------------|-----------------------|-----------------------|
| Additions | | |
| Interest and dividends | \$ 7,618,854 | \$ 5,236,304 |
| Net appreciation in fair value of investments | 1,609,167 | 10,194,204 |
| Employer contributions | 10,235,675 | 10,385,271 |
| Other contributions | 1,042,609 | - |
| Total Additions | <u>20,506,305</u> | <u>25,815,779</u> |
| Deductions | | |
| Benefits paid directly to participants | 3,958,212 | 3,546,452 |
| Purchase of annuity contract | - | 2,269,952 |
| Administrative expenses | 907,783 | 248,312 |
| Total Deductions | <u>4,865,995</u> | <u>6,064,716</u> |
| Net Change | 15,640,310 | 19,751,063 |
| Net Assets Available for Benefits, Beginning of Year | <u>135,682,561</u> | <u>115,931,498</u> |
| Net Assets Available for Benefits, End of Year | <u>\$ 151,322,871</u> | <u>\$ 135,682,561</u> |

**Tribal Casino Gaming Enterprise Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023**

Note 1. Description of Plan

The following description of the Tribal Casino Gaming Enterprise Retirement Plan (the “Plan”) provides general information only. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

General

Effective January 1, 2010, the Plan spun-off from the Eastern Band of Cherokee Indians (“EBCI”) Retirement Plan. The Plan is a defined benefit pension plan covering substantially all employees of the Tribal Casino Gaming Enterprise (the “Company”) who have completed one year of credited service, are at least 18 years of age, were employed with the Company prior to January 1, 2009, and were previously a participant of the EBCI Retirement Plan without a five-year break in service. The Board of Advisors of the Company controls and manages the operation and administration of the Plan. KeyBank National Association (“KeyBank”) serves as the trustee of the Plan (“trustee”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Pension Benefits

Pension benefits are actuarially determined for each participant based on length of service and average wages. Participants may become entitled to receive benefits from the Plan upon incurring a break in service after termination of employment or upon death, disability, early retirement, normal retirement, or the termination of the Plan. Employees may elect to receive the value of their accumulated plan benefits as a life annuity, payable monthly, or by other annuity options as defined by the Plan. Participants may also elect a lump-sum distribution for benefits equal to or less than \$15,000, but more than \$1,000, or other amounts as specified by the Plan. Benefits under \$1,000 are automatically distributed as a lump sum.

Death and Disability Benefits

In the event of a vested employee’s death, his or her designated beneficiary will be entitled to receive a survivor benefit equal to the participant’s accrued benefit according to the Plan provisions. If a participant becomes disabled, he or she may elect disability retirement, subject to certain limitations. Disabled participants are eligible for early retirement, normal retirement, or delayed retirement, if he or she is otherwise eligible.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (“GAAP”).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates.

**Tribal Casino Gaming Enterprise Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023**

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the trustee. See Note 5 for a discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the plan document. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan.

Subsequent Events

The Plan has evaluated subsequent events through October 9, 2025, the date the financial statements were available to be issued.

Note 3. Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in the amount as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

Although it has not expressed any intentions to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Note 4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including 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 or beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Retirement benefits under the Plan are based on an average of each employee's highest five annual compensation amounts during their last ten years of credited service, as well as total credited service. The accumulated plan benefits amount is based on the accrued retirement benefit determined using a long-term rate of return. Benefits payable under all circumstances: retirement, death, disability, and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

Tribal Casino Gaming Enterprise Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

The actuarial present value of accumulated plan benefits is determined by an independent actuary, and 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 is recognized during the year in which such amendments become effective.

The significant actuarial assumptions used in the valuation as of January 1, 2024 and 2023 were:

| | |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Actuarial cost method:</i> | Segment rates in 2024 and 2023 |
| <i>Assumed return on investments:</i> | 7.25% in 2024 and 2023 |
| <i>Mortality rate:</i> | Annuitant and Non-annuitant Mortality tables provided in IRC Regulation §1.430(h)(3)-1(d), fully generational with the Adjusted Scale MP-2021 in 2024 and PRI-2012 Total Dataset Mortality Table with MP-2021 Scaling in 2023 |

| | Age | Assumption |
|------------------------|----------|------------|
| <i>Retirement age:</i> | 55 | 10% |
| | 56 to 58 | 5% |
| | 59 to 60 | 10% |
| | 61 | 15% |
| | 62 | 50% |
| | 63 to 66 | 15% |
| | 67 | 10% |
| | 68 to 69 | 5% |
| | 70+ | 100% |

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

The actuarial present value of accumulated plan benefits as of January 1 was as follows:

| | 2024 | 2023 |
|------------------------------------------------------------|----------------|----------------|
| Vested benefits | | |
| Participants currently receiving benefits | \$ 35,782,812 | \$ 34,265,475 |
| Other participants | 74,151,375 | 71,138,199 |
| | 109,934,187 | 105,403,674 |
| Non-vested benefits | 8,429,552 | 7,154,989 |
| Total actuarial present value of accumulated plan benefits | \$ 118,363,739 | \$ 112,558,663 |

Tribal Casino Gaming Enterprise Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

The actuarial present value of accumulated plan benefits increased as follows:

| | <u>2024</u> | <u>2023</u> |
|-------------------------------------------------------------------------|-----------------------|-----------------------|
| Actuarial present value of accumulated plan benefits, beginning of year | \$ 112,558,663 | \$ 103,728,265 |
| Increase (decrease) attributable to | | |
| Benefits accumulated | 5,205,848 | 4,730,031 |
| Benefits paid | (5,816,404) | (3,302,318) |
| Change in actuarial assumptions | (1,537,715) | - |
| Increase for interest due to the decrease in the discount period | <u>7,953,347</u> | <u>7,402,685</u> |
| Actuarial present value of accumulated plan benefits, end of year | <u>\$ 118,363,739</u> | <u>\$ 112,558,663</u> |

Note 5. Fair Value Measurements

Fair value as defined under GAAP is an exit price, representing 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. GAAP establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

- Level 1** Observable inputs such as quoted prices in active markets.
- Level 2** Inputs other than quoted prices in active markets that are either directly or indirectly observable.
- Level 3** Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities, and their placement within the fair value hierarchy levels.

There have been no changes in the methodologies used at December 31, 2024 and 2023. The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual Funds and Money Market Fund

Mutual funds and the money market fund are publicly traded investments and are valued daily at the closing price reported on the active market on which the funds are traded.

Tribal Casino Gaming Enterprise Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

| | December 31, 2024 | | | |
|------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------|
| | Fair Value Measurements Using | | | |
| | Fair Value | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Mutual funds and money market fund | \$ 148,842,384 | \$ 148,842,384 | \$ - | \$ - |

| | December 31, 2023 | | | |
|------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------|
| | Fair Value Measurements Using | | | |
| | Fair Value | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Mutual funds and money market fund | \$ 127,969,632 | \$ 127,969,632 | \$ - | \$ - |

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 6. Unaudited Information Certified by Trustee

The accompanying financial statements include the following unaudited information as of December 31, 2024 and 2023, and for the years then ended, that was obtained from data prepared and certified to be complete and accurate by the Plan's trustee.

| | 2024 | 2023 |
|-----------------------------------------------|----------------|----------------|
| Investments | \$ 148,842,384 | \$ 127,969,632 |
| Accrued income | \$ 22,482 | \$ 10,328 |
| Net appreciation in fair value of investments | \$ 1,609,167 | \$ 10,194,204 |
| Interest and dividend income | \$ 7,618,854 | \$ 5,236,304 |
| Other income | \$ 1,042,609 | \$ - |

Note 7. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated November 21, 2013, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter; however, the Company and plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt.

Tribal Casino Gaming Enterprise Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

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

Note 8. Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of 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 the 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.

Note 9. Plan Termination

In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination, subject to a statutory ceiling on the amount of an individual’s monthly benefit.

Should the Plan be terminated at some future time, whether all participants receive their benefits will depend on the sufficiency, at that time, of the Plan’s net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

Supplemental Schedules

Tribal Casino Gaming Enterprise Retirement Plan
EIN 56-1972062 PN 003
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|-----|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| | Mutual Funds | | | |
| | Alliancebernstein | Global Bond Fund | \$ 9,802,106 | \$ 9,098,239 |
| | Alliancebernstein | Small Cap Growth | 3,216,160 | 4,237,038 |
| | Alliancebernstein | Large Cap Growth | 6,575,113 | 8,846,354 |
| | BNY Mellon | International Stock Fund | 5,591,046 | 5,853,566 |
| | Calvert | Short Duration Income Fund | 6,280,225 | 6,144,815 |
| | Cohen & Steers | Global Equity Realty Shares Inc Fund | 7,507,361 | 7,247,491 |
| | Columbia | Overseas Value Fund | 5,819,331 | 5,687,473 |
| | Eaton Vance | Floating Rate | 4,676,824 | 4,631,324 |
| | Franklin | Franklin Equity Income | 9,048,778 | 8,785,215 |
| | Franklin | Franklin Small Cap Value Fund | 4,009,316 | 4,274,979 |
| | Invesco | Developing Markets Fund | 3,153,565 | 2,967,785 |
| | John Hancock | Bond Fund | 12,744,364 | 12,024,702 |
| | John Hancock | 3 Disp Value | 6,585,924 | 8,717,283 |
| | Macquarie | Mid Cap Growth Fund | 7,358,311 | 8,495,431 |
| | Merger Fund | Institutional Class | 7,774,321 | 7,732,963 |
| | MFS | International Equity Fund | 5,581,399 | 5,876,478 |
| | Parnassus | Core Equity Fund | 9,337,160 | 9,636,444 |
| | Pioneer | Bond Fund | 12,560,464 | 11,875,126 |
| | Thornburg | Limited Term Income Fund | 5,278,535 | 6,098,903 |
| | Victory Trivalent | International Small Cap Fund | 5,428,428 | 5,906,288 |
| | Money Market Fund | | | |
| | Federated | Government Obligations Institutional Shares | 4,704,486 | 4,704,487 |
| | | | <u>\$ 143,033,217</u> | <u>\$ 148,842,384</u> |

Tribal Casino Gaming Enterprise Retirement Plan
EIN 56-1972062 PN 003
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2024

| (a) Identity of Party Involved | (b) Description of Investment of Asset (Include Interest Rate and Maturity in Case of a Loan) | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| Category (i) - Single Transactions in Excess of Five Percent of Beginning Plan Assets | | | | | | |
| Parnassus | Core Equity Fund | \$ 7,639,750 | - | \$ 7,639,750 | \$ 7,639,750 | \$ - |
| Franklin | Equity Income | \$ 8,674,852 | - | \$ 8,674,852 | \$ 8,674,852 | \$ - |
| JP Morgan | Small Cap Equity Fund | \$ - | \$ 7,893,590 | \$ 7,798,830 | \$ 7,893,590 | \$ 94,760 |
| Pioneer | Equity Income Fund | \$ - | \$ 8,188,472 | \$ 8,937,762 | \$ 8,188,472 | \$ (749,290) |
| Category (iii) - Series of Transactions in Excess of Five Percent of Beginning Plan Assets | | | | | | |
| Parnassus | Core Equity Fund | \$ 9,337,160 | - | \$ 9,338,182 | \$ 9,338,182 | \$ - |
| Franklin | Equity Income | \$ 9,338,182 | - | \$ 9,338,182 | \$ 9,338,182 | \$ - |
| Franklin | Equity Income | \$ - | \$ 313,968 | \$ 289,404 | \$ 313,968 | \$ 24,564 |
| Pioneer | Equity Income Fund | \$ 213,294 | - | \$ 213,294 | \$ 213,294 | \$ - |
| Pioneer | Equity Income Fund | \$ - | \$ 10,435,361 | \$ 11,487,176 | \$ 10,435,361 | \$ (1,051,815) |
| Federated | Government Obligations | \$ 19,174,911 | - | \$ 19,174,911 | \$ 19,174,911 | \$ - |
| Federated | Government Obligations | \$ - | \$ 17,343,166 | \$ 17,343,166 | \$ 17,343,166 | \$ - |

There were no category (ii) or (iv) reportable transactions during 2024. Columns (e) and (f) are omitted as items are not applicable.

See Independent Auditor's Report

Tribal Casino Gaming Enterprise Retirement Plan

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS

COST METHOD

In accordance with PPA, the annual cost is equal to the target normal cost plus the shortfall amortization charge minus any prefunding and carryover balances.

Unit Credit method. The normal cost is the sum of the individual normal costs for active participants. The normal cost for an individual is the present value, as of the valuation date, of the participant's retirement, death, and withdrawal benefits which he is expected to accrue during the current plan year.

The actuarial accrued liability is the sum of the individual present values, for all participants, of the benefits accrued, based on service to the valuation date.

The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities specific to your pension plan. These inputs include economic and non-economic assumptions, plan provisions and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.

ACTUARIAL ASSUMPTIONS

Interest Rates

Without Adjusted Interest Rates under Funding Relief:

Liabilities are valued using the three segment rates based on the 24-month average of the corporate bond yield curve published by the Secretary of the Treasury for the applicable month of January 2024.

With Adjusted Interest Rates under Funding Relief:

The interest rates are the adjusted 24-month segment rates using 25-year average segment rate corridors of 95% to 105% per Funding Relief.

PBGC Premiums and LDRM:

LDRM Liabilities are valued using the three segment rates based on the 1-month average of the corporate bond yield curve published by the Secretary of the Treasury for the applicable month of January 2024. The Plan Sponsor is using the Alternative Method to determine the Variable Rate Premium.

| | Without Adjusted Interest Rates | With Adjusted Interest Rates | PBGC Premiums & LDRM |
|---------------------------|---------------------------------|------------------------------|----------------------|
| Segment 1 (0 to 5 years) | 4.37% | 4.75% | 5.01% |
| Segment 2 (5 to 20 years) | 4.96% | 4.96% | 5.13% |
| Segment 3 (20+ years) | 4.95% | 5.59% | 5.15% |
| Effective Rate | 4.94% | 5.28% | 5.14% |

Tribal Casino Gaming Enterprise Retirement Plan

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS (continued)

Pre-Retirement

Mortality Assumption

Non-Disabled – Annuitant and Non-Annuitant Mortality tables provided in provided in IRC Regulation §1.430(h)(3)-1(d), fully generational with the Adjusted Scale MP-2021

Disabled – Annuitant and Non-Annuitant Mortality tables provided in provided in IRC Regulation §1.430(h)(3)-1(d), fully generational with the Adjusted Scale MP-2021

Salary Projection – 5.00% per annum

The assumption selected is consistent with the Plan Sponsor's current compensation practice. This reflects consideration of the following factors:

- Available compensation data, including
 - Plan Sponsor's current compensation practice and any anticipated changes
 - Current compensation distributions by age or service
 - Historical compensation increases and practices of the Plan Sponsor and other Plan Sponsors in the same industry or geographic area
 - Historical national wage increases and productivity growth
- Competitive factors (within industry or geographic area or globally)
- Consider collective bargaining agreements
- Compensation volatility (bonuses and overtime vary)
- Expected plan freeze or termination
- Multiple compensation increase assumptions
 - Select and ultimate (vary by period or by age or service)
 - Separate assumptions for different employee groups
 - Separate assumptions for different compensation elements

Social Security Wage Base Increases – 0.00% per annum

Lump Sums – 0.00% of the population are assumed to take a lump sum

Disability Rates – None

Tribal Casino Gaming Enterprise Retirement Plan

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS (continued)

Retirement Age – See table below

| Retirement Age | | | |
|------------------------------|-------------------|---------------------------------|-------------------|
| Under 30 Years of Service | | 30 Years of Service and Over | |
| <u>Age</u> | <u>Assumption</u> | <u>Age</u> | <u>Assumption</u> |
| 55 | 10% | 50-54 | 25% |
| 56-58 | 5% | 55-69 | 50% |
| 59-60 | 10% | 70 | 100% |
| 61 | 15% | | |
| 62 | 50% | | |
| 63-66 | 15% | | |
| 67 | 10% | | |
| 68-69 | 5% | | |
| 70+ | 100% | | |

Withdrawal Rates – See withdrawal rates in table below

| <u>Age</u> | <u>Withdrawal – By Years of Service</u> | | |
|------------|-----------------------------------------|---------------|---------------------|
| | <u>0 Years</u> | <u>1 Year</u> | <u>>=2 Years</u> |
| 20 | 34.240% | 14.020% | 8.640% |
| 25 | 34.240% | 14.020% | 8.640% |
| 30 | 33.390% | 13.790% | 7.470% |
| 35 | 32.540% | 13.560% | 6.300% |
| 40 | 31.690% | 13.330% | 5.130% |
| 45 | 29.480% | 12.760% | 4.570% |
| 50 | 27.270% | 12.190% | 4.010% |
| 55 | 25.060% | 11.620% | 3.450% |
| 60 | 21.940% | 10.590% | 3.130% |

Post-Retirement

Mortality Assumption

Post-decrement/retirement – Annuitant and Non-Annuitant Mortality tables provided in provided in IRC Regulation §1.430(h)(3)-1(d), fully generational with the Adjusted Scale MP-2021

Cost of Living Increase – 0.00%

Expense Load – \$212,400

Tribal Casino Gaming Enterprise Retirement Plan

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS (continued)

Additional Assumptions

Credit Balances – No Excess contributions plus interest for the 2022 plan year were elected to be added to the prefunding balance.
The Voluntary reduction of the funding standard carryover balance was \$0.
The Voluntary reduction of the prefunding balance was \$0.

Long-Term Inflation – This assumption is an underlying component of a number of these economic assumptions. This assumption reflects the following factors:

- Consumer price indices
- Forecasts of inflation
- Yields on government securities of various maturities
- Yields on nominal and inflation-indexed debt

RATIONALE FOR ASSUMPTIONS

1. Prescribed Assumptions: The Interest Rates and Mortality Assumptions are prescribed by the IRS and/or Plan Sponsor elections.
2. The Retirement, Withdrawal, and Disability Assumptions were chosen based on an Experience Study completed August 2016. The additional Retirement assumption for those Participants over 30 Years of Service was determined based on an analysis of the experience over the last several years.
3. The Expected Return on Plan Assets and the Salary Projection assumptions were chosen based on an Experience Study completed August 2016.

In our opinion, the assumptions selected are not expected to have a significant bias. That is, the results shown should not be overly optimistic or pessimistic.

Tribal Casino Gaming Enterprise Retirement Plan

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS (continued)

ASSET VALUATION

The actuarial value of plan assets is developed as the 3-point average of the plan assets based on the market value of assets as of the valuation date and the “adjusted value” of market assets for each of the two immediately preceding measurement dates. The adjusted value of assets at each preceding measurement date is equal to the market value of assets on such measurement date plus the net cash flow amount (including expected earnings on investments) for each following period up to the current measurement date. In this way, one third of the investment gain or loss over the preceding period is recognized in plan assets immediately, and the other two thirds is deferred. As of 1/1/2020, the measurement dates described above will be semi-annual dates (the previous year-end, the value 6 months later, and the current year-end), and is being phased into. Valuation assets are further limited to a 10% corridor around market value.

Expected Return on Assets for IRC 430, for FASB ASC 960 and FASB 715: 7.25%

Valuation expected return on assets is mandated by PPA. The expected return for the actuarial value of assets, as well as the expected return on the market value of assets for ASC 960 and ASC 715 purposes is determined based on the assumption described below.

The return reflects the anticipated gross long-term rate of return on plan assets based on the Plan’s current and expected future asset portfolio, as supported by the Plan’s investment manager.

This reflects consideration of the following factors:

- Current yields of fixed income securities (government and corporate)
- Forecasts of inflation, GDP growth, and total returns for each asset class
- Historical and current investment data
- Historical plan performance
- Investment policy
- Effect of reinvestment
- Investment volatility
- Investment manager performance
- Investment and other administrative expenses paid from plan assets

PLAN SPONSOR ELECTIONS

The plan sponsor has elected to use three-point smoothing of investment experience over semi-annual increments over the previous 12 months starting in 2020.

The plan sponsor elected to use the Alternative method to value liabilities for the variable premium calculation during the 2015 premium payment year.

The plan sponsor is using default IRS 3-segment yield curve

Tribal Casino Gaming Enterprise Retirement Plan

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS (continued)

ATTRIBUTION PARAMETERS

Attribution parameters determine how growth in the benefit formula is allocated to years of service.

Accrual rate proration, by component – This method attributes the benefit separately for each component of the benefit formula, based on the credited service. If there are no accrual definitions in the benefit formula, then the entire projected benefit is assigned to past service (and considered fully accrued as of the valuation date). This results in "natural" or "direct differencing" attribution.

ACCRUED AND VESTED BENEFITS

Vested benefits are based on the Plan Document vesting schedule based on years of service. Please refer to the Summary of Plan Provisions section of this report for requirements for particular benefits.

Early retirement subsidies are only valued once participants become eligible by meeting the specified requirements.

Disability and death benefits (other than the qualified pre-retirement survivor annuity) are not treated as vested benefits for liability calculation purposes.

Tribal Casino Gaming Enterprise Retirement Plan

SUMMARY OF PLAN PROVISIONS

| | |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Effective Date</u> | Eastern Band of Cherokee Indians Retirement Plan: January 1, 2002, amended and restated January 1, 2010 and January 1, 2013. Tribal Casino Gaming Enterprise Retirement Plan: January 1, 2010 |
| <u>Plan Year Beginning</u> | January 1, 2024 |
| <u>Plan Sponsor</u> | Harrah's Cherokee Hotel and Casino |
| <u>Eligibility</u> | |
| Participating Employees | Employees of a participating Tribal entity who are not (1) participating in another pension plan, (2) leased employees, (3) covered by a collective bargaining agreement. No TCGE employee first hired on/after January 1, 2009 is eligible to participate unless they previously participated in the plan (or predecessor plan). Effective July 1, 2020 16 TCGE Employees were added to the plan in order to pass the IRC Section 410(b) Coverage Test for the 2020 Plan Year. |
| Requirements | Attainment of age 18 and completion of one year of service |
| Entry Date | January 1 or July 1 coincident with or next following the satisfaction of the entry requirements |
| <u>Normal Retirement Date</u> | Effective February 1, 2007: The first day of the month coincident with or next following the participant's 62nd birthday and completion of 5 years of vesting service. |
| <u>Normal Retirement Benefit</u> | (A) 1.5% of Average Annual Compensation times years of Credited Service, plus (B) 0.5% of Average Annual Compensation in excess of Covered Compensation, multiplied by years of Credited Service, up to a maximum of 30 years. |
| Annual Compensation | W-2 compensation, plus certain pre-tax contributions, excluding income resulting from service as an elected Tribal official or as a member of a Tribal Board of Commission. The compensation limit for 2024 is \$345,000. |
| Average Earnings | Average of Annual Compensation during the 5 highest non-consecutive full plan years out of the last 10 plan years preceding the participant's date of termination. |
| Covered Compensation | The average of the Social Security Taxable Wage Base for the 35-year period ending with the last day of the calendar year in which the employee attains Social Security Retirement Age. |

Tribal Casino Gaming Enterprise Retirement Plan

SUMMARY OF PLAN PROVISIONS (continued)

| | |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Credited Service, Vesting Service | On/After January 1, 2002: One year is credited if a participant completes 1,000 hours during a plan year. Prior service credited to certain individuals is determined based on full and partial years. |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

On January 1, 2021, 25 participants who worked less than 1000 hours during 2020 were granted a year credited service. Additionally, 16 participants who would not have been eligible to join the plan were granted credited service in 2019 or 2020 if more than 1000 was worked in either year.

| | |
|------------------------|---------------------------------------------------------------------------------------|
| Normal Form of Benefit | Life annuity for single participants, 50% joint and survivor for married participants |
|------------------------|---------------------------------------------------------------------------------------|

| | |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Optional Forms of Benefit | 100%, 75% or 50% joint and survivor annuity, life annuity, life annuity with 120 monthly payments guaranteed, small benefit lump sums under \$15,000 |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Actuarial Equivalence | 1983 Group Annuity Mortality Table, blended 50%/50% for males and females, 8.0% interest For lump sum distributions: 417(e) applicable mortality, segment rates as prescribed by PPA for the November preceding the plan year. |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Early Retirement Benefit

| | |
|-------------|---------------------------------------------------------------------------------------------------------|
| Eligibility | Attainment of age 55 and the completion of 10 years of Vesting Service, or, 30 years of vesting service |
|-------------|---------------------------------------------------------------------------------------------------------|

| | |
|---------|--------------------------------------------------------------------------------------------------------------|
| Benefit | Normal retirement benefit, reduced by 0.5% for each month early. Unreduced with 30 years of vesting service. |
|---------|--------------------------------------------------------------------------------------------------------------|

Pre-Retirement Spouse's Benefit

Any member who is vested and married will receive a benefit equal to the vested pension benefit accrued to the date of death, payable as a 50% Joint and Survivor annuity to the employee's spouse.

Vested Termination Benefit

Upon termination after 5 years of service, 100% of the accrued benefit deferred to the normal retirement date, or the early retirement date, if the participant is eligible.

Tribal Casino Gaming Enterprise Retirement Plan

SUMMARY OF PLAN PROVISIONS
(continued)**Late Retirement**

| | |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | An employee may elect to postpone his/her retirement to the first day of any month following his/her 62 nd birthday |
| Benefit | The greater of (a) and (b): (a) The Normal Retirement Benefit actuarially increased to take into account the later date at which payments begin, and the shorter life expectancy of the employee; and (b) The Normal Retirement Benefit calculated using the Average Annual Compensation and Credited Service at the postponed retirement date. |

Disability Benefit

| | |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | Designation of disability by Social Security and the completion of 5 years of Vesting Service |
| Benefit | A participant is assumed to continue to earn compensation equal to the average earnings as of the date of disability. Credited Service is capped at a total of 20 years. The benefit is the same as calculated under Normal Retirement. |

Transferred Participants

Any employee that becomes a participant after ceasing participation in the Eastern Band of Cherokee Indians Retirement Plan or Governmental Retirement Plan shall receive full credit for credited service and compensation recognized in those plans. The benefit shall then be reduced by the benefit earned under those respective plans.

Tribal Casino Gaming Enterprise Retirement Plan

DEVELOPMENT OF SHORTFALL AMORTIZATION CHARGE AS OF 1/1/2024

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|----------------------|
| (A) 1st Segment Rate | | 4.75% | |
| 2nd Segment Rate | | 4.96% | |
| 3rd Segment Rate | | 5.59% | |
| (B) Funding Target | | 154,082,692 | |
| (C) Adjusted Plan Assets | | | |
| (1) Actuarial Assets | | 131,960,151 | |
| (2) Funding Standard Carryover Balance | | 0 | |
| (3) Prefunding Balance (PFB) | | 0 | |
| (4) Adjusted Assets: (1) - (2) - (3), not less than 0 | | 131,960,151 | |
| (D) Funding Shortfall: (B) - (C)(4), not less than 0 | | 22,122,541 | |
| (E) Current Shortfall Amortization Installments | | | |
| (1) | (2) | (3) | (4) |
| <u>Year Established</u> | <u>Installment Amount</u> | <u>Years Remaining</u> | <u>Present Value</u> |
| 2023 | 1,696,929 | 14 | 17,705,126 |
| Total | 1,696,929 | | 17,705,126 |
| (F) Exemption from New Shortfall Amortization Base | | | |
| The Plan is exempt from a new shortfall amortization base if the assets, adjusted by the prefunding balance (if used to reduce the minimum required contribution) are greater than or equal to the funding target. | | | |
| (1) Shortfall Funding Target: (B) | | | 154,082,692 |
| (2) The PFB, if used to reduce the minimum required contribution, otherwise 0 | | | 0 |
| Your plan is not exempt from a new shortfall amortization base. | | | |
| (G) Shortfall Amortization Base | | | |
| (1) Adjusted Funding Shortfall: (F)(1) – (C)(4), not less than 0 | | | 22,122,541 |
| (2) New Current Year Base: (G)(1) - (E)(4)(Total), or 0 if exempt | | | 4,417,415 |
| (3) Fifteen-Year Installment Amount | | | 403,734 |
| (H) Shortfall Amortization Charge: (E)(2)(Total) + (G)(3), not less than 0 | | | 2,100,663 |

Schedule SB, Line 22 - Description of Weighted Average Normal Retirement Age
 Plan Name: Tribal Casino Gaming Enterprise Retirement Plan

Plan Year 2024
 EIN/PN 56-1972062/003

| (1) Age | (2) Rate of Retirement | (3) % Remaining' | (4) (1) * (2) * (3) |
|------------|---------------------------|---------------------|------------------------|
| 55 | 10% | 100% | 5.50 |
| 56 | 5% | 90.0% | 2.52 |
| 57 | 5% | 85.5% | 2.44 |
| 58 | 5% | 81.2% | 2.36 |
| 59 | 10% | 77.2% | 4.55 |
| 60 | 10% | 69.4% | 4.17 |
| 61 | 15% | 62.5% | 5.72 |
| 62 | 50% | 53.1% | 16.47 |
| 63 | 15% | 26.6% | 2.51 |
| 64 | 15% | 22.6% | 2.17 |
| 65 | 15% | 19.2% | 1.87 |
| 66 | 15% | 16.3% | 1.62 |
| 67 | 10% | 13.9% | 0.93 |
| 68 | 5% | 12.5% | 0.42 |
| 69 | 5% | 11.9% | 0.41 |
| 70 | 100% | 11.3% | 7.88 |

Weighted Normal Retirement Age 61.53
 (sum of column 4)

The assumed normal retirement age is age 62 or upon completion of 30 years of service with the employer

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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.

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| A Name of plan Tribal Casino Gaming Enterprise Retirement Plan | B Three-digit plan number (PN) ▶ | 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Tribal Casino Gaming Enterprise | D Employer Identification Number (EIN) 56-1972062 | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F 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

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| 1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u> | | | |
| 2 Assets: | | | |
| a Market value | 2a | 135,523,804 | |
| b Actuarial value | 2b | 131,960,151 | |
| 3 Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment..... | 296 | 42,540,568 | 42,540,568 |
| b For terminated vested participants..... | 342 | 27,553,418 | 27,553,418 |
| c For active participants | 421 | 73,618,140 | 83,988,706 |
| d Total..... | 1,059 | 143,712,126 | 154,082,692 |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | | | |
| a Funding target disregarding prescribed at-risk assumptions | | | 4a |
| 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..... | | | 4b |
| 5 Effective interest rate | | | 5 5.28 % |
| 6 Target normal cost..... | | | |
| a Present value of current plan year accruals..... | | | 6a 7,540,683 |
| b Expected plan-related expenses | | | 6b 212,400 |
| c Target normal cost | | | 6c 7,753,083 |

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.

| | | |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SIGN HERE | <p style="font-size: 2em; font-family: cursive;">DBW</p> <p>Signature of actuary</p> <p>David B. Woodmansee Jr.</p> <p>Type or print name of actuary</p> <p>USI Consulting Group</p> <p>Firm name</p> <p>95 Glastonbury Blvd, Suite 102</p> <p>Glastonbury CT 06033</p> <p>Address of the firm</p> | <p style="font-size: 1.5em; font-family: cursive;">9/30/2025</p> <p>Date</p> <p>23-05801</p> <p>Most recent enrollment number</p> <p>(860) 368-2972</p> <p>Telephone number (including area code)</p> |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

| Part II Beginning of Year Carryover and Prefunding Balances | | (a) Carryover balance | (b) Prefunding balance |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of <u>13.68</u> % | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 0 |
| | b(1) 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>5.37</u> % | | 0 |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 0 |
| | d Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

| Part III Funding Percentages | | | |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| 14 | Funding target attainment percentage | 14 | 85.64% |
| 15 | Adjusted funding target attainment percentage | 15 | 85.64% |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 87.20% |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

| Part IV Contributions and Liquidity Shortfalls | | | | | | | |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|--------------|---|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: | | | | | | | |
| (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 | | |
| 04/15/2024 | 2,429,265 | | | | | | |
| 07/15/2024 | 2,429,265 | | | | | | |
| 10/15/2024 | 2,217,093 | | | | | | |
| 01/15/2025 | 2,217,093 | | | | | | |
| 08/29/2025 | 942,959 | | | | | | |
| | | | Totals ▶ | 18(b) | 10,235,675 | 18(c) | 0 |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------|---------|---------------------------------------------------------------------|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | | |
| a Contributions allocated toward unpaid minimum required contributions from prior years | 19a | | 0 |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | | 0 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | | 9,853,746 |
| 20 Quarterly contributions and liquidity shortfalls: | | | |
| a Did the plan have a "funding shortfall" for the prior year? | | | |
| | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | | | |
| | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 |
| 0 | 0 | 0 | 0 |

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

| | | | | |
|-------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| 21 Discount rate: | | | | |
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.96 % | 3rd segment: 5.59 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code) | | | | 21b 0 |
| 22 Weighted average retirement age | | | | 22 62 |
| 23 Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute | |

Part VI Miscellaneous Items

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 25 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 |
| 26 Demographic and benefit information | | |
| a 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 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 |
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... | 27 | |

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| 28 Unpaid minimum required contributions for all prior years | 28 | 0 |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | 29 | 0 |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | 30 | 0 |

Part VIII Minimum Required Contribution For Current Year

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6c) | 31a | 7,753,083 | |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 0 | |
| 32 Amortization installments: | Outstanding Balance | Installment | |
| a Net shortfall amortization installment | 22,122,541 | 2,100,663 | |
| b Waiver amortization installment | 0 | 0 | |
| 33 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 | 33 | | |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... | 34 | 9,853,746 | |
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement | | | 0 |
| 36 Additional cash requirement (line 34 minus line 35) | 36 | 9,853,746 | |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | 37 | 9,853,746 | |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | 38a | 0 | |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... | 38b | 0 | |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | 39 | 0 | |
| 40 Unpaid minimum required contributions for all years | 40 | 0 | |

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

| |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 41 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 type="checkbox"/> 2021 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

TRIBAL CASINO GAMING ENTERPRISE RETIREMENT PLAN**Age and Service Distribution as of January 1, 2024****Years of Credited Service**

| Attained Age | <u>Under 1</u> No. | <u>1 to 4</u> No. | <u>5 to 9</u> No. | <u>10 to 14</u> No. | <u>15 to 19</u> No. | <u>20 to 24</u> No. | <u>25 to 29</u> No. | <u>30 to 34</u> No. | <u>35 to 39</u> No. | <u>40 & up</u> No. |
|---------------------|-----------------------|----------------------|----------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|---------------------------|
| Under 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25 to 29 | 0 | 2 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 to 34 | 0 | 4 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35 to 39 | 0 | 1 | 6 | 4 | 26 | 0 | 0 | 0 | 0 | 0 |
| 40 to 44 | 0 | 0 | 1 | 7 | 27 | 31 | 3 | 0 | 0 | 0 |
| 45 to 49 | 0 | 0 | 0 | 6 | 22 | 39 | 16 | 0 | 0 | 0 |
| 50 to 54 | 0 | 0 | 0 | 3 | 21 | 32 | 25 | 0 | 0 | 0 |
| 55 to 59 | 0 | 2 | 1 | 5 | 20 | 27 | 12 | 0 | 0 | 0 |
| 60 to 64 | 0 | 0 | 2 | 2 | 12 | 19 | 8 | 0 | 1 | 0 |
| 65 to 69 | 0 | 1 | 0 | 0 | 12 | 4 | 2 | 0 | 0 | 0 |
| 70 & up | 0 | 0 | 0 | 1 | 4 | 3 | 0 | 0 | 0 | 0 |

| Plan Year | Active | Terminated Vested | Retired Participants and | Total |
|-----------|--------------|-------------------|----------------------------------|---------------|
| | Participants | Participants | Beneficiaries Receiving Payments | |
| 2024 | 556,749.31 | 200,015.19 | 3,659,746.09 | 4,416,510.59 |
| 2025 | 971,715.01 | 477,807.96 | 3,612,858.72 | 5,062,381.69 |
| 2026 | 1,331,242.08 | 610,603.58 | 3,560,899.54 | 5,502,745.20 |
| 2027 | 1,679,887.47 | 707,758.84 | 3,515,453.50 | 5,903,099.81 |
| 2028 | 2,466,407.40 | 827,520.64 | 3,469,927.88 | 6,763,855.92 |
| 2029 | 3,204,311.21 | 1,082,737.74 | 3,395,897.95 | 7,682,946.90 |
| 2030 | 3,968,761.47 | 1,249,927.71 | 3,318,493.29 | 8,537,182.47 |
| 2031 | 4,642,356.97 | 1,385,815.99 | 3,228,269.01 | 9,256,441.97 |
| 2032 | 5,234,677.97 | 1,474,390.09 | 3,132,215.47 | 9,841,283.53 |
| 2033 | 5,780,843.49 | 1,612,523.41 | 3,042,264.68 | 10,435,631.58 |
| 2034 | 6,262,613.36 | 1,651,783.70 | 2,958,265.26 | 10,872,662.32 |
| 2035 | 6,607,717.68 | 1,782,555.98 | 2,862,760.07 | 11,253,033.73 |
| 2036 | 6,899,380.99 | 1,961,299.64 | 2,761,552.29 | 11,622,232.92 |
| 2037 | 7,136,181.37 | 2,046,828.29 | 2,662,507.93 | 11,845,517.59 |
| 2038 | 7,323,065.42 | 2,143,779.69 | 2,552,825.87 | 12,019,670.98 |
| 2039 | 7,469,542.99 | 2,216,233.83 | 2,435,553.03 | 12,121,329.85 |
| 2040 | 7,577,941.87 | 2,267,533.60 | 2,313,773.66 | 12,159,249.13 |
| 2041 | 7,622,502.33 | 2,317,533.69 | 2,188,088.28 | 12,128,124.30 |
| 2042 | 7,641,408.02 | 2,380,846.79 | 2,059,198.30 | 12,081,453.11 |
| 2043 | 7,626,697.07 | 2,439,773.92 | 1,927,903.33 | 11,994,374.32 |
| 2044 | 7,596,810.97 | 2,420,962.39 | 1,795,119.46 | 11,812,892.82 |
| 2045 | 7,476,554.17 | 2,397,622.92 | 1,661,858.55 | 11,536,035.64 |
| 2046 | 7,360,543.61 | 2,430,289.08 | 1,529,188.45 | 11,320,021.14 |
| 2047 | 7,243,320.86 | 2,419,826.35 | 1,398,217.75 | 11,061,364.96 |
| 2048 | 7,072,915.24 | 2,388,785.23 | 1,270,045.69 | 10,731,746.16 |
| 2049 | 6,893,335.51 | 2,344,281.77 | 1,145,737.32 | 10,383,354.60 |
| 2050 | 6,685,162.33 | 2,277,225.95 | 1,026,297.36 | 9,988,685.64 |
| 2051 | 6,450,765.93 | 2,222,394.63 | 912,675.07 | 9,585,835.63 |
| 2052 | 6,210,067.73 | 2,149,859.50 | 805,742.65 | 9,165,669.88 |
| 2053 | 5,955,611.29 | 2,064,283.60 | 706,176.57 | 8,726,071.46 |
| 2054 | 5,693,826.10 | 1,975,683.59 | 614,432.55 | 8,283,942.24 |
| 2055 | 5,427,102.81 | 1,883,288.15 | 530,751.74 | 7,841,142.70 |
| 2056 | 5,156,344.28 | 1,789,666.64 | 455,163.74 | 7,401,174.66 |
| 2057 | 4,881,290.76 | 1,695,064.55 | 387,530.74 | 6,963,886.05 |
| 2058 | 4,602,267.21 | 1,598,021.90 | 327,578.62 | 6,527,867.73 |
| 2059 | 4,322,203.93 | 1,500,213.48 | 274,917.68 | 6,097,335.09 |
| 2060 | 4,041,631.74 | 1,403,080.42 | 229,067.45 | 5,673,779.61 |
| 2061 | 3,762,862.61 | 1,307,759.05 | 189,503.20 | 5,260,124.86 |
| 2062 | 3,487,404.20 | 1,212,374.98 | 155,663.65 | 4,855,442.83 |
| 2063 | 3,216,713.90 | 1,118,841.94 | 126,970.20 | 4,462,526.04 |
| 2064 | 2,952,139.89 | 1,027,609.00 | 102,848.42 | 4,082,597.31 |
| 2065 | 2,694,907.34 | 939,092.73 | 82,732.91 | 3,716,732.98 |
| 2066 | 2,446,121.53 | 853,670.65 | 66,094.95 | 3,365,887.13 |
| 2067 | 2,206,793.72 | 771,684.33 | 52,438.25 | 3,030,916.30 |
| 2068 | 1,977,844.38 | 693,453.12 | 41,310.09 | 2,712,607.59 |
| 2069 | 1,760,124.46 | 619,263.16 | 32,314.01 | 2,411,701.63 |
| 2070 | 1,554,415.28 | 549,371.99 | 25,100.78 | 2,128,888.05 |
| 2071 | 1,361,502.02 | 484,006.77 | 19,365.55 | 1,864,874.34 |
| 2072 | 1,182,131.60 | 423,318.89 | 14,842.51 | 1,620,293.00 |
| 2073 | 1,016,907.81 | 367,384.70 | 11,300.47 | 1,395,592.98 |

Tribal Casino Gaming Enterprise Retirement Plan
EIN 56-1972062 PN 003
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|-----|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| | Mutual Funds | | | |
| | Alliancebernstein | Global Bond Fund | \$ 9,802,106 | \$ 9,098,239 |
| | Alliancebernstein | Small Cap Growth | 3,216,160 | 4,237,038 |
| | Alliancebernstein | Large Cap Growth | 6,575,113 | 8,846,354 |
| | BNY Mellon | International Stock Fund | 5,591,046 | 5,853,566 |
| | Calvert | Short Duration Income Fund | 6,280,225 | 6,144,815 |
| | Cohen & Steers | Global Equity Realty Shares Inc Fund | 7,507,361 | 7,247,491 |
| | Columbia | Overseas Value Fund | 5,819,331 | 5,687,473 |
| | Eaton Vance | Floating Rate | 4,676,824 | 4,631,324 |
| | Franklin | Franklin Equity Income | 9,048,778 | 8,785,215 |
| | Franklin | Franklin Small Cap Value Fund | 4,009,316 | 4,274,979 |
| | Invesco | Developing Markets Fund | 3,153,565 | 2,967,785 |
| | John Hancock | Bond Fund | 12,744,364 | 12,024,702 |
| | John Hancock | 3 Disp Value | 6,585,924 | 8,717,283 |
| | Macquarie | Mid Cap Growth Fund | 7,358,311 | 8,495,431 |
| | Merger Fund | Institutional Class | 7,774,321 | 7,732,963 |
| | MFS | International Equity Fund | 5,581,399 | 5,876,478 |
| | Parnassus | Core Equity Fund | 9,337,160 | 9,636,444 |
| | Pioneer | Bond Fund | 12,560,464 | 11,875,126 |
| | Thornburg | Limited Term Income Fund | 5,278,535 | 6,098,903 |
| | Victory Trivalent | International Small Cap Fund | 5,428,428 | 5,906,288 |
| | Money Market Fund | | | |
| | Federated | Government Obligations Institutional Shares | 4,704,486 | 4,704,487 |
| | | | <u>\$ 143,033,217</u> | <u>\$ 148,842,384</u> |

Tribal Casino Gaming Enterprise Retirement Plan
EIN 56-1972062 PN 003
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2024

| (a) Identity of Party Involved | (b) Description of Investment of Asset (Include Interest Rate and Maturity in Case of a Loan) | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| Category (i) - Single Transactions in Excess of Five Percent of Beginning Plan Assets | | | | | | |
| Parnassus | Core Equity Fund | \$ 7,639,750 | - | \$ 7,639,750 | \$ 7,639,750 | \$ - |
| Franklin | Equity Income | \$ 8,674,852 | - | \$ 8,674,852 | \$ 8,674,852 | \$ - |
| JP Morgan | Small Cap Equity Fund | \$ - | \$ 7,893,590 | \$ 7,798,830 | \$ 7,893,590 | \$ 94,760 |
| Pioneer | Equity Income Fund | \$ - | \$ 8,188,472 | \$ 8,937,762 | \$ 8,188,472 | \$ (749,290) |
| Category (iii) - Series of Transactions in Excess of Five Percent of Beginning Plan Assets | | | | | | |
| Parnassus | Core Equity Fund | \$ 9,337,160 | - | \$ 9,338,182 | \$ 9,338,182 | \$ - |
| Franklin | Equity Income | \$ 9,338,182 | - | \$ 9,338,182 | \$ 9,338,182 | \$ - |
| Franklin | Equity Income | \$ - | \$ 313,968 | \$ 289,404 | \$ 313,968 | \$ 24,564 |
| Pioneer | Equity Income Fund | \$ 213,294 | - | \$ 213,294 | \$ 213,294 | \$ - |
| Pioneer | Equity Income Fund | \$ - | \$ 10,435,361 | \$ 11,487,176 | \$ 10,435,361 | \$ (1,051,815) |
| Federated | Government Obligations | \$ 19,174,911 | - | \$ 19,174,911 | \$ 19,174,911 | \$ - |
| Federated | Government Obligations | \$ - | \$ 17,343,166 | \$ 17,343,166 | \$ 17,343,166 | \$ - |

There were no category (ii) or (iv) reportable transactions during 2024. Columns (e) and (f) are omitted as items are not applicable.

See Independent Auditor's Report