

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

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>TUNICA-BILOXI INDIANS OF LOUISIANA 401(K) SAVINGS PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>2a</b> 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>TUNICA-BILOXI INDIANS OF LOUISIANA</u>  <u>711 PARAGON PLACE</u> <u>MARKSVILLE, LA 71351</u>	<b>1c</b> Effective date of plan <u>01/01/1997</u>  <b>2b</b> Employer Identification Number (EIN) <u>72-0942856</u>  <b>2c</b> Plan Sponsor's telephone number <u>318-253-2015</u>  <b>2d</b> Business code (see instructions) <u>721120</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2025	KIMBERLY HAIGH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1043
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	989
	<b>6a(2)</b>	1020
	<b>6b</b>	3
	<b>6c</b>	40
	<b>6d</b>	1063
	<b>6e</b>	3
	<b>6f</b>	1066
	<b>6g(1)</b>	392
	<b>6g(2)</b>	380
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 2T 3D

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

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

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <b>TUNICA-BILOXI INDIANS OF LOUISIANA 401(K) SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TUNICA-BILOXI INDIANS OF LOUISIANA</b>	<b>D</b> Employer Identification Number (EIN) <b>72-0942856</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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**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)

MORGAN STANLEY

26-4310632

(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?
70	CONSULTANT	7413	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 59 60 62 63 72	RECORDKEEPER	7025	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>TUNICA-BILOXI INDIANS OF LOUISIANA 401(K) SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TUNICA-BILOXI INDIANS OF LOUISIANA</u>	<b>D</b> Employer Identification Number (EIN) <u>72-0942856</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOLDMAN SACHS STABLE VALUE CIT INST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GOLDMAN SACHS TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>13-4166989-025</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2973649</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TUNICA-BILOXI INDIANS OF LOUISIANA 401(K) SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TUNICA-BILOXI INDIANS OF LOUISIANA</b>	<b>D</b> Employer Identification Number (EIN) <b>72-0942856</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	250	100
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	15167	8839
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	39062	21458
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1907	2246
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	664703	722033
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	2977410	2973649
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	15847218	18349349
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	0	0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	19545717	22077674
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	19545717	22077674

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	374869	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	1127627	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	17651	
(2) Noncash contributions.....	<b>2a(2)</b>	0	
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1520147
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	634	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	49878	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		50512
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	782518	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		782518
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	0	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	0	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	0	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	81852
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	0
(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)	1954583
<b>c</b> Other income .....	2c	3128
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	4392740

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1825094
(2) To insurance carriers for the provision of benefits .....	2e(2)	
(3) Other.....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	1825094
<b>f</b> Corrective distributions (see instructions) .....	2f	21237
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g	14
<b>h</b> Interest expense.....	2h	0
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	
(3) Recordkeeping fees .....	2i(3)	7025
(4) IQPA audit fees .....	2i(4)	
(5) Investment advisory and investment management fees .....	2i(5)	7413
(6) Bank or trust company trustee/custodial fees .....	2i(6)	
(7) Actuarial fees .....	2i(7)	
(8) Legal fees .....	2i(8)	
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	
(11) Other expenses.....	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	14438
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	1860783

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	2531957
<b>l</b> Transfers of assets:		
(1) To this plan.....	2l(1)	0
(2) From this plan .....	2l(2)	0

**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: **WEGMANN DAZET, APC**

(2) EIN: **72-0870824**

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

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

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1212392
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>TUNICA-BILOXI INDIANS OF LOUISIANA 401(K) SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>TUNICA-BILOXI INDIANS OF LOUISIANA</u>	<b>D</b> Employer Identification Number (EIN) <u>72-0942856</u>	

<b>Part I</b>	<b>Distributions</b>
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**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): 94-1687665

**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	
---	--

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

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

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

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

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

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

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702803A.

**TUNICA-BILOXI INDIANS OF LOUISIANA 401(K) SAVINGS PLAN**  
**FINANCIAL STATEMENTS**

December 31, 2024 and 2023

## Tunica-Biloxi Indians of Louisiana 401(k) Savings Plan

### CONTENTS

	<u>Page(s)</u>
Independent Auditor's Report	1-3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-14
Supplemental Schedules	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	15-16
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions	17

## INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee and Plan Administrator of  
Tunica-Biloxi Indians of Louisiana 401(k) Savings Plan  
Marksville, Louisiana

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

We have performed audits of the financial statements of Tunica-Biloxi Indians of Louisiana 401(k) Savings 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 ended December 31, 2024 and 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Tunica-Biloxi Indians of Louisiana 401(k) Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

### ***Opinion***

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

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

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of Tunica-Biloxi Indians of Louisiana 401(k) Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Tunica-Biloxi Indians of Louisiana 401(k) Savings Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

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

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement 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 Tunica-Biloxi Indians of Louisiana 401(k) Savings 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 Tunica-Biloxi Indians of Louisiana 401(k) Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

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

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Metairie, Louisiana  
October 14, 2025

*Wegmann Dazet APC*

TUNICA-BILOXI INDIANS OF LOUISIANA 401(k) SAVINGS PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	2024	2023
<b>ASSETS</b>		
Cash	<u>\$ 100</u>	<u>\$ 250</u>
Investments, at fair value		
Mutual funds	18,349,349	15,847,218
Money market funds	2,246	1,907
Common collective trust funds	2,973,649	2,977,410
Total investments	<u>21,325,244</u>	<u>18,826,535</u>
Receivables		
Employer contributions	8,839	15,167
Participant contributions	21,458	39,062
Notes receivable - participant loans	722,033	664,703
Total receivables	<u>752,330</u>	<u>718,932</u>
Total assets	<u>22,077,674</u>	<u>19,545,717</u>
<b>LIABILITIES</b>		
Excess contributions payable	<u>39,374</u>	<u>21,237</u>
Total liabilities	<u>39,374</u>	<u>21,237</u>
Net assets available for benefits	<u>\$ 22,038,300</u>	<u>\$ 19,524,480</u>

See accompanying Notes to Financial Statements.

TUNICA-BILOXI INDIANS OF LOUISIANA 401(k) SAVINGS PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2024 and 2023

	2024	2023
Additions to net assets attributed to:		
Interest from notes receivable - participant loans	<u>\$ 49,878</u>	<u>\$ 37,815</u>
Investment income		
Appreciation in fair value of investments	2,036,435	2,404,541
Dividends	782,518	499,349
Other income	<u>3,762</u>	<u>2,312</u>
Total investment income	<u>2,822,715</u>	<u>2,906,202</u>
Contributions		
Participants	1,127,627	1,047,158
Employer	374,869	350,562
Rollovers	<u>17,651</u>	<u>-</u>
Total contributions	<u>1,520,147</u>	<u>1,397,720</u>
Total additions	<u>4,392,740</u>	<u>4,341,737</u>
Deductions from net assets attributed to:		
Benefits paid to participants and beneficiaries	1,825,108	2,026,885
Return of excess contributions	39,374	19,604
Administrative expenses	<u>14,438</u>	<u>7,201</u>
Total deductions	<u>1,878,920</u>	<u>2,053,690</u>
Net increase	2,513,820	2,288,047
Net assets available for benefits		
Beginning of year	<u>19,524,480</u>	<u>17,236,433</u>
End of year	<u>\$ 22,038,300</u>	<u>\$ 19,524,480</u>

See accompanying Notes to Financial Statements.

TUNICA-BILOXI INDIANS OF LOUISIANA 401(k) SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS

For the Years Ended December 31, 2024 and 2023

1) Description of Plan

The following descriptions of Tunica-Biloxi Indians of Louisiana 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the Plan's document for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution, voluntary employee savings Plan qualified under Section 401(k) of the Internal Revenue Code.

The Plan covers substantially all employees of Tunica-Biloxi Indians of Louisiana (Tribe or Employer). Employees are eligible to participate in the plan and receive matching contributions at the start of the first month after they are hired and attained 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

(b) Contributions

For the years ended December 31, 2024 and 2023, participants may contribute up to 100% of their pretax annual compensation, as defined by the Plan, up to the maximum allowable under the Internal Revenue Code. Participants who have attained age of 50 before the end of the Plan year are eligible to make catch-up contributions.

The Tribe makes discretionary matching contributions of 50% of the first 5% of each participant's compensation, as defined by the Plan. Matching contributions were \$374,869 and \$350,562 for the Plan years ended December 31, 2024 and 2023, respectively. The Tribe may also make a discretionary profit-sharing contribution for eligible employees. There were no discretionary profit-sharing contributions in 2024 or 2023.

(c) Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Tribe's contributions is based on years of continuous service. After one year of service, the participant becomes 20% vested and vesting increases 20% for each year of service thereafter. A participant is 100% vested after five years of service.

(d) Forfeitures

If a participant terminates employment before becoming 100% vested in their account balance and does not take a distribution from the Plan, the non-vested portion of the participant's account balance will be forfeited as of the date the participant has five consecutive one-year breaks in service. If a participant terminates employment before becoming 100% vested in their account balance and receives a distribution, the non-vested portion of their account will be forfeited. These accounts are used to first reduce future Tribe contributions, second to offset Plan administrative expenses and finally any remaining will be allocated to participants. Forfeitures in the amount of \$5,208 and \$-0- were used to reduce Employer contributions into the Plan for the years ended December 31, 2024 and 2023, respectively. Forfeitures available to offset future Employer matching contributions at December 31, 2024 and 2023 were \$15,294 and \$14,362, respectively.

TUNICA-BILOXI INDIANS OF LOUISIANA 401(k) SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS

For the Years Ended December 31, 2024 and 2023

1) Description of Plan (continued)

(e) Notes receivable – participant loans

Participants may borrow from their account a minimum of \$1,000 up to the maximum equal to 50% of their vested account balance or \$50,000. Loans are restricted to vested dollars only. The loans are secured by the balance in the participant's account. Interest rates are set forth in the Plan document. Interest rates on loans ranged from 4.25% to 9.50% for the years ended December 31, 2024 and 2023. Principal and interest are paid ratably through payroll deductions. A loan origination fee and annual loan processing fees are charged to participants who borrow from their accounts.

(f) Participant accounts

Each participant's account is credited with the participant's contributions and allocations of the Tribe's matching contributions and Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investment of their account balances into various investment options offered by the Plan.

(g) Payment of benefits

On termination of service due to death, disability, or retirement, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Additionally, under certain circumstances of financial hardship, the participant is allowed to withdraw funds from the Plan. Balances under \$5,000 may be paid out at the discretion of the Tribe.

2) Summary of accounting policies

(a) Basis of accounting

The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

(b) Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(c) Investment valuation and income recognition

The Plan's investments are stated at fair value as determined by quoted market prices on the last business day of the Plan year, except investment assets in common collective trusts, which are valued based on the net asset value as determined by using fair value of the underlying assets held in the fund.

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 (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

TUNICA-BILOXI INDIANS OF LOUISIANA 401(k) SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS

For the Years Ended December 31, 2024 and 2023

2) Summary of accounting policies (continued)

(d) Payment of benefits

Benefit payments are recorded when paid. There were no amounts allocated to accounts of participants who have elected to withdraw from the Plan but not yet been paid as of December 31, 2024 and 2023.

(e) Notes receivable – participant loans

Participant loans are measured at the unpaid balance plus unpaid accrued interest. Defaulted loans are deemed distributed based on the terms of the Plan document and recorded as benefits paid to participants in the statements of changes in net assets available for benefits. During 2024 and 2023, deemed distributions were \$14 and \$1,500, respectively.

(f) Administrative expenses

All costs and expenses of formulating, administering, and carrying on the Plan are paid by the Tribe or from Plan assets. Administrative expenses paid by the Plan were \$14,438 and \$7,201 in 2024 and 2023, respectively.

3) Plan termination

Although it has not expressed any intent to do so, the Tribe has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

4) Federal income taxes

The Internal Revenue Service (IRS) has determined and informed the Tribe by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The Plan administrator, the Plan's tax counsel, and management believe that the Plan is currently designed and being operated in compliance with the applicable sections of the IRC. Therefore, there is no provision for income taxes as the Plan is qualified, and the related trust is tax exempt under IRC Sections 401(a) and 501(a).

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities for a period of three years from filing those returns; however, there are currently no audits for any tax periods in progress.

5) Investments

The Plan's investments, including gains and losses on investments bought and sold, as well as held during the year, appreciated in value by \$2,036,435 and \$2,404,541 for the years ended December 31, 2024 and 2023, respectively.

TUNICA-BILOXI INDIANS OF LOUISIANA 401(k) SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS

For the Years Ended December 31, 2024 and 2023

6) Certified investment information

Certain information in the accompanying financial statements and ERISA-required supplemental schedules related to investment and notes receivable from participants as of December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the years ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Bank of America, N.A., a qualified institution.

7) Party-in-interest transactions

Certain Plan investments are invested in mutual funds and common collective trust funds managed by the trustee and recordkeeper; therefore, these transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

8) Common collective trust funds

The Plan entered into an indirect benefit-responsive investment contract with Bank of America, N.A. held by a common collective trust. Bank of America, N.A. maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. A common collective trust fund issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer and adjusted quarterly.

While it is possible that some of the plans participating in the trust may experience plan terminations or other events that would trigger fair value payouts under the trust's wrapper agreements, based on prior experience, management of the Plan believes it is not probable that such events would be of sufficient magnitude to limit the ability of the trust to transact at contract value with the participants in the trust. Given that such events are beyond the control of the Plan, however, there can be no guarantee that this will be the case.

9) Fair value measurements

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

Level 1     Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2     Inputs to the valuation methodology include:

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

TUNICA-BILOXI INDIANS OF LOUISIANA 401(k) SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS

For the Years Ended December 31, 2024 and 2023

9) Fair value measurements (continued)

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

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

The asset's or liability's fair value measurements level within the fair value hierarchy is based on the lowest level of any inputs that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

*Mutual funds:* Valued at the daily closing price as reported by the fund.

*Common collective trust funds:* Valued at net asset value, which approximates fair value.

*Money market funds:* Valued at the daily closing price as reported by the fund.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024.

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 18,349,349	\$ -	\$ -	\$ 18,349,349
Money market funds	2,246	-	-	2,246
Total assets at fair value	\$ 18,351,595	\$ -	\$ -	\$ 18,351,595
Investments measured at NAV*				2,973,649
Total investments at fair value				\$ 21,325,244

TUNICA-BILOXI INDIANS OF LOUISIANA 401(k) SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS

For the Years Ended December 31, 2024 and 2023

9) Fair value measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023.

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 15,847,218	\$ -	\$ -	\$ 15,847,218
Money market funds	1,907	-	-	1,907
Total assets at fair value	\$ 15,849,125	\$ -	\$ -	\$ 15,849,125
Investments measured at NAV*				2,977,410
				\$ 18,826,535

\*Certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table is intended to permit reconciliation of the fair value hierarchy to the line items presented on the statement of net assets available for benefits.

The following table summarizes investments for which fair value is measured using NAV per share as a practical expedient as of December 31, 2024 and 2023.

Investments	Fair Value 2024	Fair Value 2023	Unfunded Commitment	Redemption frequency	Redemption notice
Common collective trust fund	\$ 2,973,649	\$ 2,977,410	\$ -	Daily	None

10) Risks and uncertainties

The Plan provides for various investment options in a variety of mutual funds, common collective trust funds, and other 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 value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

11) Delinquent employee deferral transmittal

Participant contributions of \$211,733 and loan payments of \$60,782 were withheld from participants' pay during 2024 but were not remitted to the Plan's trust within the time frame required by the Department of Labor under the plan asset rules. As of December 31, 2024, \$113,092 of employee contributions and \$32,141 of loan payments were corrected in the VCFP. Subsequent to year-end and as of the date of the auditor's report, an additional \$21,347 of employee contributions and \$3,858 of loan payments were corrected in the VCFP.

TUNICA-BILOXI INDIANS OF LOUISIANA 401(k) SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS

For the Years Ended December 31, 2024 and 2023

11) Delinquent employee deferral transmittal (continued)

Participant contributions of \$165,891 and loan payments of \$36,162 were withheld from participants' pay during 2023 but were not remitted to the Plan's trust within the time frame required by the Department of Labor under the plan asset rules. As of December 31, 2024, \$125,300 of employee contributions and \$28,919 of loan payments were corrected in the VCFP. Subsequent to year-end and as of the date of the auditor's report, an additional \$40,591 of employee contributions and \$7,243 of loan payments were corrected in the VCFP.

Participant contributions of \$154,535 and loan payments of \$36,637 were withheld from participants' pay during 2022 but were not remitted to the Plan's trust within the time frame required by the Department of Labor under the plan asset rules. As of December 31, 2024, \$85,105 of employee contributions and \$18,479 of loan payments were corrected in the VCFP. Subsequent to year-end and as of the date of the auditor's report, an additional \$69,430 of employee contributions and \$18,158 of loan payments were corrected in the VCFP.

Participant contributions of \$138,559 and loan payments of \$47,731 were withheld from participants' pay during 2021 but were not remitted to the Plan's trust within the time frame required by the Department of Labor under the plan asset rules. As of December 31, 2024, \$70,360 of employee contributions and \$22,600 of loan payments were corrected in the VCFP. Subsequent to year-end and as of the date of the auditor's report, an additional \$68,199 of employee contributions and \$25,131 of loan payments were corrected in the VCFP.

Participant contributions of \$201,537 and loan payments of \$85,232 were withheld from participants' pay during 2020 but were not remitted to the Plan's trust within the time frame required by the Department of Labor under the plan asset rules. As of December 31, 2024, \$60,100 of employee contributions and \$36,493 of loan payments were corrected in the VCFP. Subsequent to year-end and as of the date of the auditor's report, an additional \$141,437 of employee contributions and \$48,739 of loan payments were corrected in the VCFP.

Participant contributions of \$159,205 and loan payments of \$79,439 were withheld from participants' pay during 2019 but were not remitted to the Plan's trust within the time frame required by the Department of Labor under the plan asset rules. As of December 31, 2024, \$86,605 of employee contributions and \$45,957 of loan payments were corrected in the VCFP. Subsequent to year-end and as of the date of the auditor's report, an additional \$72,600 of employee contributions and \$33,482 of loan payments were corrected in the VCFP.

Participant contributions of \$138,643 and loan payments of \$84,564 were withheld from participants' pay during 2018 but were not remitted to the Plan's trust within the time frame required by the Department of Labor under the plan asset rules. As of December 31, 2024, \$29,739 of employee contributions and \$14,479 of loan payments were corrected in the VCFP. Subsequent to year-end and as of the date of the auditor's report, an additional \$108,904 of employee contributions and \$70,085 of loan payments were corrected in the VCFP.

Participant contributions of \$99,265 and loan payments of \$64,394 were withheld from participants' pay during 2017 but were not remitted to the Plan's trust within the time frame required by the Department of Labor under the plan asset rules. As of December 31, 2024, \$21,374 of employee contributions and \$12,023 of loan payments were corrected in the VCFP. Subsequent to year-end and as of the date of the auditor's report, an additional \$77,891 of employee contributions and \$52,371 of loan payments were corrected in the VCFP.

TUNICA-BILOXI INDIANS OF LOUISIANA 401(k) SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS

For the Years Ended December 31, 2024 and 2023

11) Delinquent employee deferral transmittal (continued)

Participant contributions of \$127,163 and loan payments of \$88,721 were withheld from participants' pay during 2016 but were not remitted to the Plan's trust within the time frame required by the Department of Labor under the plan asset rules. As of December 31, 2024, \$62,593 of employee contributions and \$43,771 of loan payments were corrected in the VCFP. Subsequent to year-end and as of the date of the auditor's report, an additional \$64,570 of employee contributions and \$44,950 of loan payments were corrected in the VCFP.

Participant contributions of \$161,434 and loan payments of \$107,868 were withheld from participants' pay during 2015 but were not remitted to the Plan's trust within the time frame required by the Department of Labor under the plan asset rules. As of December 31, 2024, \$72,314 of employee contributions and \$55,659 of loan payments were corrected in the VCFP. Subsequent to year-end and as of the date of the auditor's report, an additional \$89,120 of employee contributions and \$52,209 of loan payments were corrected in the VCFP.

12) Excess deferrals

For the Plan years ended December 31, 2024 and 2023, the Plan failed the nondiscrimination tests performed in accordance with the applicable provisions of Section 401(k) of the Internal Revenue Code. Consequently, contributions in the amount of \$39,374 and \$21,237, respectively, have been deferred for reimbursement in the subsequent years. The Plan refunded the 2024 and 2023 excess deferrals within the two and a half months as specified under IRC Section 4979.

13) Reconciliation of financial statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2024 and 2023:

	2024	2023
Net assets available for benefits per financial statements	\$ 22,038,300	\$ 19,524,480
Plus: accrual of excessive contribution distribution	39,374	21,237
Net assets available for benefits per Form 5500	\$ 22,077,674	\$ 19,545,717

The following is a reconciliation of net increase per the financial statements to the Form 5500 at December 31, 2024:

	2024
Net increase in assets available for benefits per financial statements	\$ 2,513,820
Plus: current year accrual of excessive contribution distribution	39,374
Less: prior year accrual of excessive contribution distribution	(21,237)
Net increase in assets available for benefits per Form 5500	\$ 2,531,957

TUNICA-BILOXI INDIANS OF LOUISIANA 401(k) SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS

For the Years Ended December 31, 2024 and 2023

14) SECURE Act 2.0

On December 23, 2022, Congress passed the Consolidated Appropriations Act of 2023 which included SECURE Act 2.0. SECURE Act 2.0 contains over 90 new retirement provisions, with varying effective dates through 2027. Since SECURE Act 2.0 provisions include both required and optional elements, the Plan administrator will determine the optional provisions to elect and amend the Plan document accordingly. Most of the significant provisions became effective in 2024 and thereafter. There is no material impact to the Plan's 2024 financial statements.

15) Subsequent events

The Plan has evaluated subsequent events through the date of the independent auditor's report, the date which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

Tunica-Biloxi Indians of Louisiana 401(k) Savings Plan  
Supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
EIN: 72-0942856  
Plan #: 001  
December 31, 2024

(a) <i>Party in Interest</i>	(b) <i>Identity of Issuer, borrower, lessor or similar party</i>	(c) <i>Description of Investment, including maturity date, rate of interest, collateral, par or maturity value</i>	(d)** <i>Cost</i>	(e) <i>Current Value</i>
<b>Mutual Funds</b>				
*	American Funds	Target Date RET 2035	**	\$ 871
*	American Funds	Target Date RET 2040	**	235,884
*	American Funds	Target Date RET 2045	**	48
*	American Funds	Target Date RET 2050	**	4,461
*	American Funds	Target Date RET 2055	**	1,044
*	American Funds	Target Date RET 2060	**	1,125
*	American New Perspective	Mutual Funds	**	2,035,360
*	Blackrock	Mid-Cap Grth Eq Fd K	**	71,968
*	Blackrock	Mid-Cap Grth Eq K Gm	**	187,284
*	Columbia	Dividend Income Inst3	**	556,419
*	Columbia	Dividend Income Inst3 GM	**	178,720
*	Federated Hermes Kaufmann	Small Cap Fund Class A Shares	**	65,337
*	Federated Hermes Kaufmann	Fund Class R Shares	**	109,899
*	IShares	Russell Mid-Cap Idx K	**	48,138
*	IShares	Russell Mid-Cap Idx Gm	**	571,402
*	IShares	S&P 500 Index C1 K Gm	**	1,115,681
*	IShares	S&P 500 Index Fd C1 K	**	3,338,899
*	JP Morgan	Global Allc C1 R6	**	621,935
*	JP Morgan	Large Cap Growth R6	**	2,295,247
*	JP Morgan	Large Cap Growth R6 GM	**	440,343
*	Macquarie	Small Cap Val FD R6	**	191,211
*	Macquarie	Small Cap Val FD R6	**	533,465
*	Mfs	Mid Cap Value Fund R6	**	10,798
*	Mfs	Mid Cap Value Fund R6 Gm	**	271,214
*	PGIM	Total Return Bond Bd R6	**	258,513
*	PGIM	Total Rtrn Bond Bd R6 Gm	**	2,021,341
*	Pimco	Income Fund Instl C1	**	88,600
*	Pimco	Income Fund Instl C1 Gm	**	615,149
*	Pimco	Stcksplus Intl Usdhgd A	**	31,245
*	Pimco	Stcksplus Intl Usdhgd Gm	**	1,098,966
*	T Rowe Price	Blue Chip Grth I	**	42,775
*	Vanguard International	Val Gm	**	569,171
*	Vanguard International	Value	**	14,176
*	Vanguard International	Growth Fund Admiral Shares CL S GM	**	407,322
*	Vanguard International	Growth Fund Admiral Shares	**	3,754
*	Vanguard	Small Cap Index FD GM	**	183,011
*	Vanguard	Small Cap Index Fund	**	128,573
<b>Total Mutual Funds</b>				<b>18,349,349</b>

(Continued)

Tunica-Biloxi Indians of Louisiana 401(k) Savings Plan  
Supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
EIN: 72-0942856  
Plan #: 001  
December 31, 2024

(a) <i>Party in Interest</i>	(b) <i>Identity of Issuer, borrower, lessor or similar party</i>	(c) <i>Description of Investment, including maturity date, rate of interest, collateral, par or maturity value</i>	(d)** <i>Cost</i>	(e) <i>Current Value</i>
<b>Non-Interest Bearing Cash</b>			**	100
<b>Total Money Market Funds</b>			**	2,246
<b>Common Collective Trust</b>				
*	Goldman Sachs	Stable Value Ct	**	2,572,226
*	Goldman Sachs	Stable Value Ct GM	**	401,423
<b>Total Common Collective Trust</b>				2,973,649
*	<b>Participant Loans</b>	Interest rates of 4.25% - 9.50%	**	722,033
<b>Total Investments, at fair value</b>				\$ 22,047,377

*The above investment information has been certified by the trustee as being complete and accurate.*

\* Represents a party-in-interest as defined by ERISA.

\*\* Not required for participant-directed investments.

Tunica-Biloxi Indians of Louisiana 401(k) Savings Plan  
EIN 72-0942856  
PN - 001  
Supplemental Schedule H, Line 4a - Schedule of Delinquent Participant Contributions  
December 31, 2024

		<i>Total that constitute Nonexempt Prohibited Transactions</i>				Total fully corrected under VFCP and PTE 2002-51
Year		Participant contributions and loan repayments transferred late to Plan	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
2024	Employee contributions	\$ 211,733	\$ 98,641	\$ -	\$ -	\$ 113,092
2024	Loan repayments	60,782	28,641	-	-	32,141
2023	Employee contributions	165,891	40,591	-	-	125,300
2023	Loan repayments	36,162	7,243	-	-	28,919
2022	Employee contributions	154,535	69,430	-	-	85,105
2022	Loan repayments	36,637	18,158	-	-	18,479
2021	Employee contributions	138,559	68,199	-	-	70,360
2021	Loan repayments	47,731	25,131	-	-	22,600
2020	Employee contributions	201,537	141,437	-	-	60,100
2020	Loan repayments	85,232	48,739	-	-	36,493
2019	Employee contributions	159,205	72,600	-	-	86,605
2019	Loan repayments	79,439	33,482	-	-	45,957
2018	Employee contributions	138,643	108,904	-	-	29,739
2018	Loan repayments	84,564	70,085	-	-	14,479
2017	Employee contributions	99,265	77,891	-	-	21,374
2017	Loan repayments	64,394	52,371	-	-	12,023
2016	Employee contributions	127,163	64,570	-	-	62,593
2016	Loan repayments	88,721	44,950	-	-	43,771
2015	Employee contributions	161,434	89,120	-	-	72,314
2015	Loan repayments	107,868	52,209	-	-	55,659

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held At End of Year)**

**Plan Name: Tunica-Biloxi Indians of Louisiana 401(k) Savings Plan**  
**Plan Sponsor's Name: Tunica-Biloxi Indians of Louisiana**

**EIN:72-0942856**  
**PN:001**

(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
	ACCRUED INCOME	ACCRUED INCOME	2,127	2,127
	GOLDMAN SACHS STABLE VALUE CT	COMMON / COLLECTIVE TRUSTS	2,572,226	2,572,226
	GOLDMAN SACHS STBL VAL CT GM	COMMON / COLLECTIVE TRUSTS	401,423	401,423
	LOAN FUND	LOANS	722,033	722,033
	BLF FEDFUND	MONEY MARKET	119	119
	AMERICAN FUNDS 2035 TARGET R6	MUTUAL FUNDS	768	871
	AMERICAN FUNDS 2040 TARGET R6	MUTUAL FUNDS	203,383	235,884
	AMERICAN FUNDS 2045 TARGET R6	MUTUAL FUNDS	48	46
	AMERICAN FUNDS 2050 TARGET R6	MUTUAL FUNDS	4,315	4,461
	AMERICAN FUNDS 2055 TARGET R6	MUTUAL FUNDS	1,012	1,044
	AMERICAN FUNDS 2060 TARGET R6	MUTUAL FUNDS	924	1,125
	AMERICAN NEW PERSPECTIVE	MUTUAL FUNDS	1,699,161	2,035,360
	BLACKROCK MID-CAP GRTH EQ FD K	MUTUAL FUNDS	56,125	71,968
	BLACKROCK MID-CAP GRTH EQ K GM	MUTUAL FUNDS	153,052	187,284
	COLUMBIA DIVID INCM INST3 GM	MUTUAL FUNDS	459,532	556,419
	COLUMBIA DIVIDEND INCOME INST3	MUTUAL FUNDS	146,040	178,720
	FEDERATED HERMES KAUFMANN GM	MUTUAL FUNDS	108,918	109,899
	FEDERATED HERMES KAUFMANN SML	MUTUAL FUNDS	65,073	65,337
	ISHARES RUSSELL MID-CAP IDX GM	MUTUAL FUNDS	473,873	571,402

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held At End of Year)**

**Plan Name: Tunica-Biloxi Indians of Louisiana 401(k) Savings Plan**  
**Plan Sponsor's Name: Tunica-Biloxi Indians of Louisiana**

**EIN:72-0942856**  
**PN:001**

(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
	ISHARES RUSSELL MID-CAP IDX K	MUTUAL FUNDS	45,089	48,138
	ISHARES S&P 500 INDEX CL K GM	MUTUAL FUNDS	722,028	1,115,681
	ISHARES S&P 500 INDEX FD CL K	MUTUAL FUNDS	2,066,937	3,338,899
	JP MORGAN GLOBAL ALLC CL R6	MUTUAL FUNDS	598,899	621,935
	JP MORGAN LARGE CAP GROWTH R6	MUTUAL FUNDS	1,674,802	2,295,247
	JP MORGAN LARGE CAP GRTH R6 GM	MUTUAL FUNDS	327,057	440,343
	MACQUARIE SMALL CAP VAL FD R6	MUTUAL FUNDS	180,424	191,211
	MACQUARIE SMALL CAP VAL FD R6	MUTUAL FUNDS	507,126	533,465
	MFS MID CAP VALUE FUND R6	MUTUAL FUNDS	11,021	10,798
	MFS MID CAP VALUE FUND R6 GM	MUTUAL FUNDS	235,516	271,214
	PGIM TOTAL RETURN BOND BD R6	MUTUAL FUNDS	296,173	258,513
	PGIM TOTAL RTRN BOND BD R6 GM	MUTUAL FUNDS	2,259,424	2,021,341
	PIMCO INCOME FUND INSTL CL	MUTUAL FUNDS	94,267	88,600
	PIMCO INCOME FUND INSTL CL GM	MUTUAL FUNDS	657,242	615,149
	PIMCO STCKSPPLUS INTL USDHGD GM	MUTUAL FUNDS	1,086,590	1,098,966
	PIMCO STOCKSPPLUS INTL USDHGD A	MUTUAL FUNDS	32,416	31,245
	T ROWE PRICE DIVIDEND GRTH I	MUTUAL FUNDS	39,465	42,775
	VANGUARD INTERNATIONAL VAL GM	MUTUAL FUNDS	570,565	569,171
	VANGUARD INTERNATIONAL VALUE	MUTUAL FUNDS	14,695	14,176

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held At End of Year)**

**Plan Name: Tunica-Biloxi Indians of Louisiana 401(k) Savings Plan**  
**Plan Sponsor's Name: Tunica-Biloxi Indians of Louisiana**

**EIN:72-0942856**  
**PN:001**

(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
	VANGUARD INTL GRWT ADM CL S GM	MUTUAL FUNDS	436,334	407,322
	VANGUARD INTL GRWT FD ADM CLAS	MUTUAL FUNDS	4,180	3,754
	VANGUARD SMALL CAP INDEX FD GM	MUTUAL FUNDS	136,361	183,011
	VANGUARD SMALL CAP INDEX FUND	MUTUAL FUNDS	101,270	128,573
	PENDING SETTLEMENT FUND	PENDING SETTLEMENT FUNDS	100	100
	UNINVESTED CASH	UNINVESTED CASH	0	0