# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**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.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

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

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

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

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
THUNDER VALLEY CASINO 401(K) RETIREMENT PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 05/01/2003

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
THUNDER VALLEY CASINO

1200 ATHENS AVENUE
LINCOLN, CA 95648

**2b** Employer Identification Number (EIN) 57-1136913

**2c** Plan Sponsor's telephone number 916-408-8284

**2d** Business code (see instructions) 721120

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/13/2026 | SAMUEL ROLPH |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |

| | | |
|---|---|---|
| **4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** EIN<br>**4d** PN | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 2642 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 2252 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 2309 |
| **b** | Retired or separated participants receiving benefits | **6b** | 9 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 418 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 2736 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 12 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 2748 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | 2108 |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | 2187 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 109 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
THUNDER VALLEY CASINO 401(K) RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
THUNDER VALLEY CASINO

**D** Employer Identification Number (EIN)
57-1136913

## Part I Service Provider Information (see instructions)

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

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

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

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

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

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

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

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

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

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

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

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

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

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 12 15 28 37 38 50 54 59 61 62 63 64 65 | RECORDKEEPER | 256190 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

NATIONAL FINANCIAL SERVICES

04-3523567

| (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? |
|---|---|---|---|---|---|---|
| 33 71 | SECURITIES BROKER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| NATIONAL FINANCIAL SERVICES | 33 71 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| AMERICAN FUNDS<br>5300 ROBIN HOOD ROAD<br>NORFOLK, VA 23513 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H) |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| NATIONAL FINANCIAL SERVICES | 33 71 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| BLACKROCK<br>40 EAST 52ND ST<br>NEW YORK, NY 10022 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H) |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| NATIONAL FINANCIAL SERVICES | 33 71 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| CARILLON<br>880 CARILLON PARKWAY<br>ST. PETERSBURG, FL 33716 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H) |

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| NATIONAL FINANCIAL SERVICES | 33 71 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| JP MORGAN<br>P.O. BOX 219143<br>KANSAS CITY, MO 64121 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H) |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| NATIONAL FINANCIAL SERVICES | 33 71 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| PUTNAM<br>30 DAN ROAD<br>CANTON, MA 02021 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H) |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| NATIONAL FINANCIAL SERVICES | 33 71 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| T ROWE PRICE<br>100 EAST PRATT STREET<br>BALTIMORE, MD 21202 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H) |

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| NATIONAL FINANCIAL SERVICES | 33 71 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| TCW<br>865 SOUTH FIGUEROA STREET<br>SUITE 1800<br>LOS ANGELES, CA 90017 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H) |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| NATIONAL FINANCIAL SERVICES | 33 71 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| VICTORY<br>3435 STELZER RD<br>COLUMBUS, OH 43219 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H) |

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

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

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

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

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

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

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

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

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

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

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

(complete as many entries as needed)

| | | | |
|---|---|---|---|
| **a** | Name: BAKER TILLY US, LLP | **b** EIN: | 30-1413443 |
| **c** | Position: AUDITOR | | |
| **d** | Address: | **e** Telephone: | |

Explanation: PART OF RFP PROCESS FOR 2025 AUDIT

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

# DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
THUNDER VALLEY CASINO 401(K) RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
THUNDER VALLEY CASINO

**D** Employer Identification Number (EIN)
57-1136913

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA RET SOLUTIONS CT

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

| **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) |
|---|---|---|
| 04-6784256-001 | C | 5993619 |

**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) |
|---|---|---|

**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) |
|---|---|---|

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
THUNDER VALLEY CASINO 401(K) RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
THUNDER VALLEY CASINO

**D** Employer Identification Number (EIN)
57-1136913

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 105 | 766 |
| **(2)** Participant contributions | 1b(2) | 320 | 78 |
| **(3)** Other | 1b(3) | 7521 | 6553 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 42195 | 28489 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 3717477 | 3688428 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 5884741 | 5993619 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 74379724 | 88162938 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 84032083 | 97880871 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | | |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 84032083 | 97880871 |

## Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 3433188 | |
| **(B)** Participants | 2a(1)(B) | 7058641 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 151006 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 10642835 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 1596 | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | 304112 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 305708 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 1558463 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 1558463 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | 185783 |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 10587438 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 23280227 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 9168144 | |
| **(2)** To insurance carriers for the provision of benefits | 2e(2) | | |
| **(3)** Other | 2e(3) | | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 9168144 |
| **f** Corrective distributions (see instructions) | 2f | | 2131 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 4974 |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: | | | |
| **(1)** Salaries and allowances | 2i(1) | | |
| **(2)** Contract administrator fees | 2i(2) | | |
| **(3)** Recordkeeping fees | 2i(3) | 256190 | |
| **(4)** IQPA audit fees | 2i(4) | | |
| **(5)** Investment advisory and investment management fees | 2i(5) | | |
| **(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) | | 256190 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 9431439 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 13848788 |
| **l** Transfers of assets: | | | |
| **(1)** To this plan | 2l(1) | | |
| **(2)** From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

**(1)** [X] 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)** [X] 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: RSM US LLP **(2)** EIN: 42-0714325

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **4a** | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 2575000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | | X | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | X | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

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

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

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
THUNDER VALLEY CASINO 401(K) RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
THUNDER VALLEY CASINO

**D** Employer Identification Number (EIN)
57-1136913

## Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... 1 | 0

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

EIN(s): 13-3689044

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... 3 | 214

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

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

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:
Public Equity: _____% 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 Q702459A .

# Thunder Valley Casino 401(k) Retirement Plan

Financial Report
December 31, 2025

**Contents**


| | |
|---|---|
| Independent auditor's report | 1-4 |
| Financial statements | |
| Statements of fiduciary net position | 5 |
| Statement of changes in fiduciary net position | 6 |
| Notes to financial statements | 7-15 |
| Supplemental schedule | |
| Schedule H, line 4i—schedule of assets (held at end of year) | 16 |

RSM



**Independent Auditor's Report**

RSM US LLP

Plan Administration and Participants
Thunder Valley Casino 401(k) Retirement Plan

**Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements**
We have performed an audit of the financial statements of Thunder Valley Casino 401(k) Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of fiduciary net position as of December 31, 2025, the related statement of changes in fiduciary net position for the year ended December 31, 2025, and the related notes to the 2025 financial statements.

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

Management has obtained certifications from qualified institutions, as of and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate to the best of their knowledge and belief.

**Opinion on the 2025 Financial Statements**
In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2025 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 (U.S. GAAP).

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Basis for Opinion on the 2025 Financial Statements**
We conducted our audit 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 2025 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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.



RSM US LLP is the U.S. member firm of RSM International, a global network of independent assurance, tax, and consulting firms.
Visit rsmus.com/aboutus for more information regarding RSM US LLP and RSM International.

**Responsibilities of Management for the 2025 Financial Statements**
Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for 12 months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

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 2025 Financial Statements**
Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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 U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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.

**2025 Required Supplementary Information**
Management has omitted management's discussion and analysis that U.S. GAAP requires to be presented to supplement the plan financial statements. Such missing information, although not a part of the plan financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the plan financial statements in an appropriate operational, economic or historical context. Our opinion on the financial statements is not affected by this missing information.

**Other Matter—2025 Supplemental Schedule Required by ERISA**
The supplemental schedule of Schedule H, Line 4i—schedule of assets (held at end of year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements, or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Other Matter - Auditor's Report on the 2024 Financial Statements**
Predecessor auditors performed an audit of the 2024 financial statements of the Plan. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated September 24, 2025 indicated that (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2024 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2024 supplemental schedule, other than the information in the 2024 supplemental schedule that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2024 supplemental schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

RSM US LLP

Duluth, Minnesota
October 12, 2026

**Thunder Valley Casino 401(k) Retirement Plan**

**Statements of Fiduciary Net Position**
**December 31, 2025 and 2024**

| | 2025 | 2024 |
|---|---|---|
| **Assets** | | |
| Investments, at fair value: | | |
| Registered investment companies | **$ 88,162,938** | $ 74,379,724 |
| Collective trust | **5,993,619** | 5,884,741 |
| Interest-bearing cash | **28,489** | 42,195 |
| | **94,185,046** | 80,306,660 |
| Receivables: | | |
| Notes receivable from participants | **3,688,428** | 3,717,477 |
| Participant contributions | **78** | 320 |
| Employer contributions | **766** | 105 |
| Interest receivable | **6,553** | 7,521 |
| | **3,695,825** | 3,725,423 |
| **Net position restricted for pensions** | **$ 97,880,871** | $ 84,032,083 |

See notes to financial statements.

**Thunder Valley Casino 401(k) Retirement Plan**

**Statement of Changes in Fiduciary Net Position**
**Year Ended December 31, 2025**

| | |
|---|---|
| Additions: | |
| Investment results: | |
| Net appreciation in fair value of investments | $ 10,773,221 |
| Dividends and interest | 1,560,059 |
| **Total investment results** | 12,333,280 |
| Interest income on notes receivable from participants | 304,112 |
| Contributions: | |
| Employer | 3,433,188 |
| Participants | 7,058,641 |
| Rollover | 151,006 |
| **Total contributions** | 10,642,835 |
| **Total additions** | 23,280,227 |
| Deductions: | |
| Benefits paid to participants | 9,175,249 |
| Administrative expenses | 256,190 |
| **Total deductions** | 9,431,439 |
| **Net increase in net position** | 13,848,788 |
| Net position restricted for pensions: | |
| Beginning of year | 84,032,083 |
| End of year | $ 97,880,871 |

See notes to financial statements.

## Note 1. Plan Description

The following description of Thunder Valley Casino 401(k) Retirement Plan (the Plan) provides only general information about the Plan, which has been legally established through a formal retirement Plan Document and Trust Agreement, as amended (the Plan Agreement). Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions. Thunder Valley Casino (the Casino) is the sponsor of the Plan. Transamerica Trust Company and State Street Bank and Trust Company serve as the trustees of the Plan.

**General:** The Plan is a qualified, defined contribution plan covering substantially all employees of Thunder Valley Casino (the Casino). To be eligible to participate in the Plan, employees must have attained age 21 and have completed three months of service, as defined by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Sponsor serves as the Plan Administrator. The Retirement Plan Committee is responsible for oversight of the Plan and has responsibility for making certain discretionary determinations under the Plan.

The following table shows the classes of plan members covered and the total number of participants as of December 31:

| Member class | 2025 | 2024 |
|---|---|---|
| Active members | 2,309 | 2,252 |
| Inactive members | 439 | 390 |
| Total | 2,748 | 2,642 |

**Contributions:**

***Participant contributions:*** Participants may make pretax contributions to the Plan ranging from 1% to 19% of eligible compensation, subject to applicable plan and regulatory limitations. Participants may also elect to make Roth contributions utilizing after-tax compensation. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions Participants ages 60 to 63 may be eligible to make enhanced catch-up contributions, subject to Internal Revenue Service (IRS) limits. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers).

***Employer matching contribution:*** The Casino may make a discretionary matching contribution each year for eligible participants who have completed one year of service with the Casino. The amount of the matching contribution is determined annually by the Casino. The matching contribution was 60% of the first 4% of eligible compensation deferred to the Plan during 2025. The employer matching contribution totaled $1,884,388 for the year ended December 31, 2025.

***Employer nonelective contribution:*** The Casino provides a discretionary nonelective contribution of $880 each year to each eligible participant who completed 1,000 hours of service in the immediate-preceding plan year and who were employed on the last day of the immediate-preceding plan year, with exception made for death, retirement or disability. The employer nonelective contribution totaled $1,548,800 for the year ended December 31, 2025.

Contributions are subject to regulatory limitations.

### Note 1. Plan Description (Continued)

**Participant accounts:** Individual accounts are maintained for each Plan participant. Each participant's account is credited with participant contributions, employer matching and nonelective contributions, allocations of Plan investment income or losses, and charged with applicable expenses and withdrawals. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Investments:** Participants may direct the investment of their account balances into various investment options offered by the Plan, including registered investment companies, a collective trust fund and interest-bearing cash. Subject to certain Plan provisions, participants may change their investment elections on a daily basis. The Plan documents provide a complete description of the available investment options and the underlying investments within each fund.

**Vesting:** Participant contributions are immediately 100% vested and nonforfeitable. A participant is credited with a year of service for purposes of vesting employer contributions upon completion of one year of service, as defined by the Plan. A participant's vested interest in employer contributions is based on years of service in accordance with the vesting provisions of the Plan.

| Years of Service for Vesting | Employer Matching Percentage | Employer Nonelective Contribution Percentage |
|---|---|---|
| Less than 1 year | 0% | 0% |
| 1 year | 20% | 0% |
| 2 years | 40% | 0% |
| 3 years | 60% | 100% |
| 4 years | 80% | 100% |
| 5 or more years | 100% | 100% |

In the event of a participant's death or permanent disability, the participant's account becomes fully vested as of the immediately preceding Plan year-end.

**Payment of benefits:** Upon a participant's death, permanent disability, retirement from employment, or termination of employment, a participant (or designated beneficiary) is entitled to receive his or her vested account balance in a lump-sum payment. Additionally, participants with a vested account balance of less than $7,000 may elect an automatic rollover to another qualified vehicle as required under applicable regulations. Participants with a vested balance of less than $1,000 who do not elect to rollover to another qualified vehicle will receive an automatic distribution in the form of a lump-sum payment. Participants reaching age 59½ or those suffering from a hardship as defined in the Plan Agreement may request a distribution of all or a portion of their vested account balance.

**Notes receivable from participants:** Participants may borrow from their accounts a minimum of $1,000 up to a maximum amount equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from one to five years, except for loans obtained for the purchase of a participant's principal residence, which may have a repayment term of up to 15 years. The loans are secured by the balance in the participant's account and bear interest at a rate equal to the Prime Rate plus 1%. Principal and interest are paid ratably through payroll deductions.

## Note 1. Plan Description (Continued)

**Forfeitures:** The nonvested portion of a participant's account is forfeited upon the earlier of (a) distribution of the participant's nonvested account balance or (b) the participant incurring five consecutive one-year breaks in service, as defined by the Plan. In accordance with the Plan's provisions, forfeitures may be used to pay Plan administrative expenses and reduce future employer contributions. As of December 31, 2025 and 2024, forfeited nonvested account balances totaled approximately $15,000 and $30,000, respectively. During 2025, approximately $100,000 of forfeitures was used to pay Plan administrative expenses and approximately $30,000 was used to reduce employer contributions.

## Note 2. Summary of Accounting Policies

**Basis of accounting:** The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America as applied to governmental units and accounting standards promulgated by the Governmental Accounting Standards Board (GASB). This Plan is sponsored by Thunder Valley Casino (the Casino), an enterprise fund of the United Auburn Indian Community. These financial statements present only the Thunder Valley Casino 401(k) Retirement Plan and are not intended to present the financial statements of the United Auburn Indian Community.

**Use of estimates:** The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

**Contributions:** Participant contributions and related payroll-based employer matching contributions are recorded in the year in which participant contributions are withheld from compensation. Discretionary employer nonelective contributions are recorded when authorized by the Casino and the amount can be reasonably determined, in accordance with the provisions of the Plan.

**Investment valuation and income recognition:** Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. If available, quoted market prices are used to value investments. The Plan's Retirement Plan Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, trustees, custodians and other third parties. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation (depreciation) in fair value of investments includes both realized gains and losses on investments sold and unrealized appreciation and depreciation of investments held during the year.

**Notes receivable from participants:** Notes receivable from participants are measured at the unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Participant loans are secured by the balance in the participant's account and are repayable through payroll deductions. Notes receivable from participants that are considered in default are reclassified as distributions based on the terms of the Plan Agreement. No allowance for credit losses has been recorded as of December 31, 2025 or 2024.

**Payment of benefits:** Benefits are recorded when paid.

### Note 2. Summary of Accounting Policies (Continued)

**Administrative expenses:** Certain administrative expenses of the Plan may be paid by the Casino or from forfeitures in accordance with the provisions of the Plan. Investment-related expenses are included as a reduction of net appreciation (depreciation) in fair value of investments and are not separately disclosed in the accompanying financial statements. Participants are charged for fees related to specific transactions, including participant loan administration and certain other participant-directed transactions. Such fees are charged directly to the applicable participant accounts and are reflected in the accompanying statement of changes in fiduciary net position, net of any revenue-sharing credits received by the Plan. All other administrative expenses are paid by the Casino. Certain administrative functions are performed by employees of the Casino. No such employees receive compensation from the Plan.

**Investment policy:** The Plan's investment policy is designed to provide participants with a broad range of diversified investment alternatives that accommodate varying risk tolerances, investment objectives, and retirement planning horizons. Available investment options include principal preservation, fixed income, domestic equity, international equity, balanced, growth-oriented, and value-oriented investment strategies. Through participant-directed investing, participants may construct portfolios with aggregate risk and return characteristics consistent with their individual retirement objectives. Investment performance is monitored relative to the objectives established for each investment category and evaluated over appropriate long-term periods. The Plan's investment options consist primarily of mutual funds and a collective trust, with participants directing the investment of their individual account balances among the available alternatives.

**Investment risk factors*:*** The Plan invests in various investment securities. Investment securities are exposed to various risks, including custodial credit risk, interest rate risk, foreign currency risk, credit risk, and concentration of credit risk. These risks may affect both equity and debt securities. Equity securities respond to factors such as economic conditions, individual company earnings performance, and market liquidity, while debt securities are particularly sensitive to changes in interest rates and credit quality. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the fair 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 statement of fiduciary net position.

**Custodial credit risk*:*** Custodial credit risk is the risk that, in the event of the failure of a counterparty, the Plan may not be able to recover the value of investments held by that party. Although the Plan's investment policy does not specifically address custodial credit risk, all Plan investments are insured or registered, or held by the Plan or its agent in the Plan's name.

**Interest rate risk*:*** Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, investments with longer maturities are more sensitive to changes in interest rates than investments with shorter maturities. The Plan invests in bond mutual funds and a stable pooled fund that are subject to interest rate risk. Approximately 90% of the underlying investments within the bond mutual funds have maturities of 10 years or less, and the underlying investments within the stable pooled fund have an average duration of approximately three years.

**Foreign currency risk*:*** Foreign currency risk is the risk that changes in exchange rates will adversely affect the fair value of investments denominated in foreign currencies. The Plan's exposure to foreign currency risk is limited to investments held within international mutual funds. The Plan does not hold direct investments or financial instruments denominated in foreign currencies.

### Note 2. Summary of Accounting Policies (Continued)

**Credit risk:** Credit risk exists when there is a possibility that the issuer or other counterparty to an investment may be unable to fulfill its payments on a security under the original term. Certain bond mutual funds and the stable pooled fund of the Plan are exposed to this risk.

**Subsequent events:** Subsequent events have been evaluated through October 12, 2026, which is the date the financial statements were available to be issued.

### Note 3. Plan Termination

Although it has not expressed an intent to do so, the Casino reserves the right to terminate the Plan and discontinue contributions at any time, subject to the provisions of ERISA and the Plan document. In the event the Plan is terminated, participants would become fully vested in their account balances.

### Note 4. Tax Status

The Plan has adopted a preapproved plan document that has received an opinion letter from the Internal Revenue Service (IRS) dated June 30, 2020, stating that the form of the preapproved plan document was in compliance with applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since adopting the preapproved plan document; however, the Plan Administrator believes the Plan is designed, and is being operated, in compliance with the applicable requirements of the IRC.

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

### Note 5. Information Certified by the Trustees

The following is a summary of the Plan's investment information as of December 31, 2025 and 2024, and for the year ended December 31, 2025, included throughout the Plan's financial statements and ERISA-required supplemental schedule, obtained by management and agreed to or derived from information certified as complete and accurate to the best of their knowledge and belief by Transamerica Trust Company and State Street Bank and Trust Company, the trustees of the Plan and qualified institutions:

| | December 31 | |
|---|---|---|
| | 2025 | 2024 |
| Investments, at fair value: | | |
| Registered investment companies | $ 88,162,938 | $ 74,379,724 |
| Collective trust | 5,993,619 | 5,884,741 |
| Interest-bearing cash | 28,489 | 42,195 |
| | $ 94,185,046 | $ 80,306,660 |
| Notes receivable from participants | $ 3,688,428 | $ 3,717,477 |

Transamerica Trust Company and State Street Bank and Trust Company also certified to the completeness and accuracy to the best of their knowledge and belief of $10,773,221 of net appreciation in the fair value of investments, $1,560,059 of dividends and interest related to the aforementioned investments, and $304,112 of interest on notes receivable from participants for the year ended December 31, 2025.

## Note 6. Fair Value Measurements

To the extent available, the Plan's investments are recorded at fair value at December 31, 2025 and 2024. GASB Statement No. 72, *Fair Value Measurement and Application*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. This statement establishes a hierarchy of valuation inputs based on the extent to which the inputs are observable in the marketplace. Inputs are used in applying the various valuation techniques and take into account the assumptions that market participants use to make valuation decisions. Inputs may include price information, credit data, interest and yield curve data, and other factors specific to the financial instrument. Observable inputs reflect market data obtained from independent sources. In contrast, unobservable inputs reflect the entity's assumptions about how market participants would value the financial instrument. Valuation techniques should maximize the use of observable inputs to the extent available.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used for financial instruments measured at fair value on a recurring basis:

**Level 1:** Investments have values based on quoted prices (unadjusted) for identical assets in active markets that a government can access at the measurement date.

**Level 2:** Investments have inputs—other than quoted prices included within Level 1—that are observable for an asset, either directly or indirectly.

**Level 3:** Investments have unobservable inputs for an asset and may require a degree of professional judgment.

The following tables summarize the Plan's investments within the fair value hierarchy at December 31, 2025 and 2024:

| | Investments at Fair Value as of December 31, 2025 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Investments by fair value level: | | | | |
| Mutual funds: | | | | |
| Balanced funds | $ 49,707,171 | $ - | $ - | $ 49,707,171 |
| Domestic stock funds | 29,203,357 | - | - | 29,203,357 |
| Bond funds | 5,186,963 | - | - | 5,186,963 |
| International funds | 4,065,447 | - | - | 4,065,447 |
| Investments at net asset value | $ 88,162,938 | $ - | $ - | 88,162,938 |
| Interest-bearing cash | | | | 28,489 |
| Collective trust fund (a) | | | | 5,993,619 |
| Total investments | | | | $ 94,185,046 |

## Note 6. Fair Value Measurements (Continued)

| | Investments at Fair Value as of December 31, 2024 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Investments by fair value level: | | | | |
| Mutual funds: | | | | |
| Balanced funds | $ 39,711,477 | $ - | $ - | $ 39,711,477 |
| Domestic stock funds | 26,383,943 | - | - | 26,383,943 |
| Bond funds | 5,052,050 | - | - | 5,052,050 |
| International funds | 3,232,254 | - | - | 3,232,254 |
| Investments at net asset value | $ 74,379,724 | $ - | $ - | 74,379,724 |
| Interest-bearing cash | | | | 42,195 |
| Collective trust fund (a) | | | | 5,884,741 |
| Total assets at fair value | | | | $ 80,306,660 |

(a) In accordance with GASB Statement No. 72, *Fair Value Measurement and Application*, certain investments that were measured at the net asset value (NAV) per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net position restricted for pensions.

| | Fair Value as of December 31 | | Unfunded | Redemption | Redemption |
|---|---|---|---|---|---|
| | 2025 | 2024 | Commitment | Frequency | Notice Period |
| Investment category: | | | | | |
| Collective trust fund (a) | $ 5,993,619 | $ 5,884,741 | None | Daily | None |

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

***Registered investment companies (mutual funds)*:** Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and transact at that price. The mutual funds held by the Plan are considered actively traded.

***Collective trust fund*:** Investments are valued using the NAV practical expedient as reported by the fund manager. The NAV practical expedient is based on the fair value of the underlying assets of the fund less liabilities divided by the number of units outstanding. The NAV is calculated using primarily observable market information and is determined daily. Units are issued and redeemed at the fund's daily NAV. Withdrawals are generally permitted at any time; however, certain restrictions may apply to transfers into competing fixed-income investments. The use of NAV as a practical expedient is considered appropriate because the fund does not have a finite life, significant redemption restrictions, or unfunded commitments.

***Interest-bearing cash*:** The interest-bearing cash account is valued at cost plus accrued income, which approximates fair value measured by similar assets in active markets.

## Note 7. Risks and Uncertainties

**Credit risk:** The Plan invests in bond mutual funds and a stable pooled fund that are subject to credit risk. The credit quality distribution of the underlying investments, as measured using Standard & Poor's ratings, is presented in the accompanying schedules and tables at December 31:

| | 2025 | | 2024 | |
|---|---|---|---|---|
| | % | Fair Value | % | Fair Value |
| Bond mutual funds: | | | | |
| Credit quality: | | | | |
| AAA | 47.3% | $ 2,451,049 | 11.2% | $ 571,925 |
| AA | 4.5% | 235,936 | 38.3% | 1,932,821 |
| A | 2.2% | 112,166 | 5.6% | 282,887 |
| BBB | 9.7% | 504,070 | 9.0% | 453,547 |
| BB | 20.1% | 1,044,271 | 10.5% | 529,327 |
| B | 12.0% | 620,606 | 13.6% | 685,945 |
| Below B | 2.2% | 114,767 | 8.3% | 418,226 |
| Not rated | 2.0% | 104,098 | 3.5% | 177,372 |
| | 100.0% | $ 5,186,963 | 100.0% | $ 5,052,050 |

| | 2025 | | 2024 | |
|---|---|---|---|---|
| | % | Fair Value | % | Fair Value |
| Stable pooled fund: | | | | |
| Credit quality: | | | | |
| AAA | 26.5% | $ 1,586,722 | 24.1% | $ 1,418,223 |
| AA | 47.8% | 2,862,088 | 53.9% | 3,171,875 |
| A | 14.2% | 850,244 | 12.2% | 717,938 |
| BBB | 11.5% | 694,565 | 9.8% | 576,705 |
| | 100.0% | $ 5,993,619 | 100.0% | $ 5,884,741 |

### Note 7. Risks and Uncertainties (Continued)

**Concentration of credit risk:** Concentration of credit risk is the risk of loss attributed to the magnitude of the Plan's investment in a single issuer. The Plan's investment policy limits concentration risk by providing a diversified investment lineup across multiple asset classes and investment managers. At December 31, 2025 and 2024, the Plan held several individual investment funds that represented more than 5% of net position restricted for pensions. These investments are disclosed in the following schedules:

| | 2025 | |
|---|---|---|
| Mutual funds: | Fair Value | % of Total Investments at Fair Value |
| Balanced funds: | | |
| T. Rowe Price Retirement 2030 | $ 13,514,402 | 13.8% |
| T. Rowe Price Retirement 2040 | 14,473,202 | 14.8% |
| T. Rowe Price Retirement 2050 | 9,642,172 | 9.9% |
| T. Rowe Price Retirement 2060 | 6,734,563 | 6.9% |
| Domestic stock funds: | | |
| JPMorgan Large Cap Growth R5 | 9,981,096 | 10.2% |
| Vanguard 500 Index Fund | 8,898,948 | 9.1% |
| Collective trust: | | |
| Stable pooled fund: | | |
| Transamerica Stable Pooled Fund | 5,993,619 | 6.1% |

| | 2024 | |
|---|---|---|
| Mutual funds | Fair Value | % of Total Investments at Fair Value |
| Balanced funds: | | |
| T. Rowe Price Retirement 2030 | $ 11,444,468 | 14.3% |
| T. Rowe Price Retirement 2040 | 11,527,458 | 14.4% |
| T. Rowe Price Retirement 2050 | 6,962,932 | 8.7% |
| T. Rowe Price Retirement 2060 | 5,035,054 | 6.3% |
| Domestic stock funds: | | |
| JPMorgan Large Cap Growth R5 | 9,070,875 | 11.3% |
| Vanguard 500 Index Fund | 7,518,154 | 9.4% |
| Collective trust: | | |
| Stable pooled fund: | | |
| Transamerica Stable Pooled Fund | 5,884,741 | 7.3% |

### Note 8. Related-Party Transactions and Party-in-Interest Transactions

Transamerica Retirement Solutions, LLC, serves as the current record keeper, and Transamerica Trust Company and State Street Bank and Trust Company, are the trustees of the Plan. The transactions with the record keeper and trustees qualify as party-in-interest transactions. Fees paid by the Plan to the record keeper and trustees are included in administrative expenses in the statement of changes in fiduciary net position. Fees incurred by the Plan for the investment management services reduce the net appreciation in value of the investments.

**Thunder Valley Casino 401(k) Retirement Plan**

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year)**
**December 31, 2025**

Employer Identification Number: 57-1136913
Plan Number: 001

| Identity of Issue, Borrower, Lessor or Similar Party | Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value | Current Value |
|---|---|---|
| American Funds | American Funds EUPAC R4 | $ 4,065,447 |
| BlackRock | BlackRock High Yield Portfolio Instl | 1,319,158 |
| Dodge & Cox | Dodge & Cox Income X | 3,867,805 |
| Carillon Eagle | Eagle Mid Cap Growth I | 1,643,804 |
| Fidelity | Fidelity Mid Cap Index | 1,234,193 |
| JPMorgan | JPMorgan Large Cap Growth R5 | 9,981,096 |
| Putnam | Putnam Large Cap Value Y | 3,811,567 |
| T. Rowe Price | T. Rowe Price Retirement 2010 | 295,856 |
| T. Rowe Price | T. Rowe Price Retirement 2020 | 3,767,769 |
| T. Rowe Price | T. Rowe Price Retirement 2030 | 13,514,402 |
| T. Rowe Price | T. Rowe Price Retirement 2035 | 33,869 |
| T. Rowe Price | T. Rowe Price Retirement 2040 | 14,473,202 |
| T. Rowe Price | T. Rowe Price Retirement 2045 | 3,668 |
| T. Rowe Price | T. Rowe Price Retirement 2050 | 9,642,172 |
| T. Rowe Price | T. Rowe Price Retirement 2055 | 6,089 |
| T. Rowe Price | T. Rowe Price Retirement 2060 | 6,734,563 |
| T. Rowe Price | T. Rowe Price Retirement 2070 | 2,844 |
| Vanguard | Vanguard 500 Index Admiral | 8,898,948 |
| Vanguard | Vanguard Small Cap Growth Index Admiral | 2,817,440 |
| Vanguard | Vanguard Wellington Adm | 1,232,737 |
| Victory Sycamore | Victory Sycamore Small Company Opportunity I | 816,309 |
| | | 88,162,938 |
| Transamerica Trust Company* | Transamerica Retirement Solutions—Collective trust | 5,993,619 |
| State Street Bank and Trust Company* | Cash reserve account—Interest-bearing cash | 28,489 |
| Participants* | Notes receivable from participants, interest rates ranging from 4.25% to 9.50%, due in various amounts through December 2038 | 3,688,428 |
| | | $ 97,873,474 |

* A party-in-interest as defined by ERISA.

The above information has been provided or certified by Transamerica Trust Company and State Street Bank and Trust Company, the trustees, as complete and accurate to the best of their knowledge and belief.

# Schedule C, Line 2(h) Formula Descriptions

**Thunder Valley Casino 401(k) Retirement Plan**
**EIN No.: 57-1136913, Plan No. 001**
**Plan Year Ending: 12/31/2025**

**Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:**

NATIONAL FINANCIAL SERVICES 04-3523567

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

| Fund Family | Fund Name | Start Date | End Date | Revenue to National Financial Services |
|---|---|---|---|---|
| AMERICAN FUNDS | AMERICAN FUNDS EUPAC R4 | 1/1/2025 | 12/31/2025 | 1.155 |
| BLACKROCK | BLACKROCK HIGH YIELD PORTFOLIO INSTL | 1/1/2025 | 12/31/2025 | 0.495 |
| CARILLON | CARILLON EAGLE MID CAP GROWTH I | 1/1/2025 | 12/31/2025 | 0.495 |
| JP MORGAN | JP MORGAN LARGE CAP GROWTH R5 | 1/1/2025 | 12/31/2025 | 0.330 |
| PUTNAM | PUTNAM LARGE CAP VALUE Y | 1/1/2025 | 12/31/2025 | 0.825 |
| T ROWE PRICE | T ROWE PRICE RETIREMENT 2010 | 1/1/2025 | 12/31/2025 | 0.495 |
| T ROWE PRICE | T ROWE PRICE RETIREMENT 2015 | 9/2/2025 | 12/31/2025 | 0.495 |
| T ROWE PRICE | T ROWE PRICE RETIREMENT 2020 | 1/1/2025 | 12/31/2025 | 0.495 |
| T ROWE PRICE | T ROWE PRICE RETIREMENT 2025 | 9/2/2025 | 12/31/2025 | 0.495 |
| T ROWE PRICE | T ROWE PRICE RETIREMENT 2030 | 1/1/2025 | 12/31/2025 | 0.495 |
| T ROWE PRICE | T ROWE PRICE RETIREMENT 2035 | 9/2/2025 | 12/31/2025 | 0.495 |
| T ROWE PRICE | T ROWE PRICE RETIREMENT 2040 | 1/1/2025 | 12/31/2025 | 0.495 |
| T ROWE PRICE | T ROWE PRICE RETIREMENT 2045 | 9/2/2025 | 12/31/2025 | 0.495 |
| T ROWE PRICE | T ROWE PRICE RETIREMENT 2050 | 1/1/2025 | 12/31/2025 | 0.495 |
| T ROWE PRICE | T ROWE PRICE RETIREMENT 2055 | 9/2/2025 | 12/31/2025 | 0.495 |
| T ROWE PRICE | T. ROWE PRICE RETIREMENT 2060 | 1/1/2025 | 12/31/2025 | 0.495 |
| T ROWE PRICE | T. ROWE PRICE RETIREMENT 2065 | 9/2/2025 | 12/31/2025 | 0.495 |
| T ROWE PRICE | T. ROWE PRICE RETIREMENT 2070 | 9/2/2025 | 12/31/2025 | 0.495 |
| TCW | TCW METWEST TOTAL RETURN BOND I | 1/1/2025 | 1/29/2025 | 0.330 |
| VICTORY | VICTORY SYCAMORE SMALL COMPANY OPPORTUNITY I | 1/1/2025 | 12/31/2025 | 0.330 |

**Thunder Valley Casino 401(k) Retirement Plan**
**EIN No.: 57-1136913, Plan No. 001**
**Schedule H, Line 4i - Schedule of Assets**
**Plan Year Ending: 12/31/2025**

| (a) | (b) Identity of Issuer, Borrower, Lessor or Similar Party | (c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value | (d) CURRENT VALUE |
|---|---|---|---|
| * | State Street Bank & Trust Co. | Cash Reserve Account | **$ 28,489** |
| | American Funds | American Funds EuroPacific Gr R4 | $ 4,065,447 |
| | Blackrock | BlackRock High Yield Portfolio Instl | $ 1,319,158 |
| | Dodge & Cox | Dodge & Cox Inc X | $ 3,867,805 |
| | Eagle | Carillon Eagle Mid Cap Gr I | $ 1,643,804 |
| | Fidelity | Fidelity Mid Cap Index | $ 1,234,193 |
| | JPMorgan | JPMorgan Lg Cap Gr R5 | $ 9,981,096 |
| | Putnam | Putnam Lg Cap Val Y | $ 3,811,567 |
| | T. Rowe Price | T. Rowe Price Retrmnt 2010 | $ 295,856 |
| | T. Rowe Price | T. Rowe Price Retrmnt 2020 | $ 3,767,769 |
| | T. Rowe Price | T. Rowe Price Retrmnt 2030 | $ 13,514,402 |
| | T. Rowe Price | T. Rowe Price Retrmnt 2035 | $ 33,869 |
| | T. Rowe Price | T. Rowe Price Retrmnt 2040 | $ 14,473,202 |
| | T. Rowe Price | T. Rowe Price Retrmnt 2045 | $ 3,668 |
| | T. Rowe Price | T. Rowe Price Retrmnt 2050 | $ 9,642,172 |
| | T. Rowe Price | T. Rowe Price Retrmnt 2055 | $ 6,090 |
| | T. Rowe Price | T. Rowe Price Retrmnt 2060 | $ 6,734,563 |
| | T. Rowe Price | T. Rowe Price Retirement 2070 | $ 2,844 |
| | Vanguard | Vanguard 500 Index Adm | $ 8,898,948 |
| | Vanguard | Vanguard Small Cap Gr Index Adm | $ 2,817,440 |
| | Vanguard | Vanguard Wellington Adm | $ 1,232,737 |
| | Victory | Victory Sycamore Small Co Opp I | $ 816,309 |
| | | **Mutual Funds Total** | **$ 88,162,938** |
| * | Transamerica Trust Company | Stabled Pooled-Inv Cl | $ 5,993,619 |
| | | **Collective Trust Funds Total** | **$ 5,993,619** |
| * | Participants | Notes Receivable with interest rates of 4.25% to 9.50% | **$ 3,688,428** |
| | | **TOTAL PLAN ASSETS** | **$ 97,873,474** |

* Indicates Party-In-Interest to the Plan