# 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
CTSI ENTERPRISES 401(K) RETIREMENT PLAN FOR EMPLOYEES OF CHINOOK WINDS CASINO

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 01/01/1992

**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)
CHINOOK WINDS CASINO

1777 NW 44TH ST
LINCOLN CITY, OR 97367-5094

**2b** Employer Identification Number (EIN)
93-1172959

**2c** Plan Sponsor's telephone number
541-996-5882

**2d** Business code (see instructions)
813000

**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. | 10/14/2026 | DAN MCCUE |
| | **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: | **4b** | EIN |
| **a** | Sponsor's name | **4d** | PN |
| **c** | Plan Name | | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 931 |
| **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)** | 802 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 766 |
| **b** | Retired or separated participants receiving benefits | **6b** | 19 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 155 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 940 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 3 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 943 |
| **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)** | 662 |
| **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)** | 703 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 48 |
| **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:

3H 2T

**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)** | [X] Insurance | **(1)** | [X] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [ ] Trust | **(3)** | [ ] 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)** [X] **A** (Insurance Information) – Number Attached 1
- **(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 A
## (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

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

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

OMB No. 1210-0110

**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
CTSI ENTERPRISES 401(K) RETIREMENT PLAN FOR EMPLOYEES OF CHINOOK WINDS CASINO

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
93-1172959

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

**1** Coverage Information:

**(a)** Name of insurance carrier
MUTUAL OF AMERICA

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 13-1614399 | 88668 | 61630A | 711 | 01/01/2025 | 12/31/2025 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 0 | 1190 |

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

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

NORTHWEST OFFICE
10230 NE POINT DRIVE
KIRKLAND, WA 98033-7808

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 0 | 1190 | PORTION OF INCENTIVE COMPENSATION | 3 |

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 736623 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 22944229 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 739508 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 70766 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 20327 | | |
| | (4) Transferred from separate account | 7c(4) | 11936 | | |
| | (5) Other (specify below) | 7c(5) | 753077 | | |
| | ▶ ROLLOVER, LOANS, FORFEITURES | | | | |
| | (6)Total additions | | | 7c(6) | 856106 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 1595614 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 79527 | | |
| | (2) Administration charge made by carrier | 7e(2) | 230 | | |
| | (3) Transferred to separate account | 7e(3) | 61995 | | |
| | (4) Other (specify below) | 7e(4) | 717239 | | |
| | ▶ ROLLOVERS, LOANS, FORFEITURES | | | | |
| | (5) Total deductions | | | 7e(5) | 858991 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 736623 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<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
CTSI ENTERPRISES 401(K) RETIREMENT PLAN FOR EMPLOYEES OF CHINOOK WINDS CASINO

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
93-1172959

## 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

DWS
210 WEST 10TH STREET
KANSAS CITY, MO 64105

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

FIDELITY INVESTMENTS
82 DEVONSHIRE STREET
BOSTON, MA 02109

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

GOLDMAN SACHS
200 WEST STREET
NEW YORK, NY 10282

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

MUTUAL OF AMERICA
320 PARK AVE
NEW YORK, NY 10022

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

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

INVESCO

11 GREENWAY PLAZA
STE. 2500
HOUSTON, TX 77046

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355

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

AMERICAN CENTURY INVESTMENTS

P.O. BOX 419200
4500 MAIN STREET
KANSAS CITY, MO 64141

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

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

DELAWARE FUNDS BY MACQUARIE

PO BOX 9876
PROVIDENCE, RI 02940

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

VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

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

PIMCO

840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

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

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1406

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

CALVERT RESEARCH AND MANAGEMENT

1825 CONNECTICUT AVENUE NW
SUITE 400
WASHINGTON, DC 20009

**(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

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

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

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

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

| (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 37 65 | RECORD KEEPER | 7958 | Yes [X] No [ ] | Yes [X] No [ ] | 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 [ ] |

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

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

## Part I Service Provider Information (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**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
CTSI ENTERPRISES 401(K) RETIREMENT PLAN FOR EMPLOYEES OF CHINOOK WINDS CASINO

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
93-1172959

**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: SEPARATE ACCOUNT NUMBER SA1

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

| **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) |
|---|---|---|
| 13-1614399-000 | P | 22944229 |

**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
CTSI ENTERPRISES 401(K) RETIREMENT PLAN FOR EMPLOYEES OF CHINOOK WINDS CASINO

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
93-1172959

## 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) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 0 | 0 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 18587312 | 22944229 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 739508 | 736623 |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | (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 | 19326820 | 23680852 |
| **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 | 0 | 0 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 19326820 | 23680852 |

## 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) | 1236397 | |
| **(B)** Participants | 2a(1)(B) | 1789877 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 156638 | |
| **(2)** Noncash contributions | 2a(2) | 0 | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 3182912 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| **(E)** Participant loans | 2b(1)(E) | 0 | |
| **(F)** Other | 2b(1)(F) | 20327 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 20327 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| **(B)** Common stock | 2b(2)(B) | 0 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 0 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 0 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | 0 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 2902710 |
| c Other income | 2c | | 11705 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 6117654 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1755664 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| (3) Other | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 1755664 |
| f Corrective distributions (see instructions) | 2f | | 0 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| h Interest expense | 2h | | 0 |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | 0 | |
| (2) Contract administrator fees | 2i(2) | 0 | |
| (3) Recordkeeping fees | 2i(3) | 0 | |
| (4) IQPA audit fees | 2i(4) | 0 | |
| (5) Investment advisory and investment management fees | 2i(5) | 0 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 0 | |
| (7) Actuarial fees | 2i(7) | 0 | |
| (8) Legal fees | 2i(8) | 0 | |
| (9) Valuation/appraisal fees | 2i(9) | 0 | |
| (10) Other trustee fees and expenses | 2i(10) | 0 | |
| (11) Other expenses | 2i(11) | 7958 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 7958 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1763622 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 4354032 |
| 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: BLUEBIRD, CPAS **(2)** EIN: 26-1571066

**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 | | 2116841 |
| **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 | | 500000 |
| **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** | | | |

**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
CTSI ENTERPRISES 401(K) RETIREMENT PLAN FOR EMPLOYEES OF CHINOOK WINDS CASINO

**B** Three-digit plan number (PN) ▶ 002

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

**D** Employer Identification Number (EIN)
93-1172959

## 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): 13-3590259

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

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

**13** Enter the following information for each employer that (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 Q702371A .

# CONFEDERATED TRIBES OF SILETZ INDIANS ENTERPRISE 401(k) RETIREMENT PLAN

**Financial Statements and Independent Auditor's Report**

**December 31, 2025 and 2024**

BlueBird CPAs

**CONFEDERATED TRIBES OF SILETZ INDIANS ENTERPRISE**
**401(k) RETIREMENT PLAN**

**DECEMBER 31, 2025 AND 2024**

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BlueBird CPAs

**INDEPENDENT AUDITOR'S REPORT**

To the Trustees and Participants of the
Confederated Tribes of Siletz Indians Enterprise 401(k) Retirement Plan:

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

We have performed audits of the accompanying financial statements of the Confederated Tribes of Siletz Indians Enterprise 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 net position available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net position available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years ended December 31, 2025 and 2024, stating the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

**Opinion**

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

**Basis for Opinion**

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

**Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for twelve 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 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, we:

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

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

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

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

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

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

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

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

**Supplemental Schedules Required by ERISA**

The supplemental schedules, *Schedule H, Line 4a – Schedule of Delinquent Participant Contributions* and *Schedule H, Line 4i – Schedule of Assets (Held at End of Year)*, as of December 31, 2025, and for the year then ended, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

- the information in the supplemental schedule 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).

BlueBird CPAs

Reno, Nevada
October 12, 2026

**CONFEDERATED TRIBES OF SILETZ INDIANS ENTERPRISE**
**401(k) RETIREMENT PLAN**
**STATEMENTS OF NET POSITION AVAILABLE FOR BENEFITS**
**DECEMBER 31, 2025 AND 2024**

| | 2025 | 2024 |
|---|---|---|
| **ASSETS:** | | |
| Investments, at fair value | $ 22,944,229 | $ 18,587,312 |
| Fully benefit-responsive investment contract, at contract value | 736,623 | 739,508 |
| Total investments | 23,680,852 | 19,326,820 |
| Receivables: | | |
| Participant contributions | 52,964 | 12,033 |
| Employer contributions | 39,065 | 8,901 |
| Total receivables | 92,029 | 20,934 |
| **Total assets** | 23,772,881 | 19,347,754 |
| **LIABILITIES:** | | |
| Excess contributions payable | 18,178 | - |
| **Total liabilities** | 18,178 | - |
| **Net position available for benefits** | $ 23,754,703 | $ 19,347,754 |

The accompanying notes are an integral part of the financial statements.

**CONFEDERATED TRIBES OF SILETZ INDIANS ENTERPRISE**
**401(k) RETIREMENT PLAN**
**STATEMENTS OF CHANGES IN NET POSITION AVAILABLE FOR BENEFITS**
**FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024**

| | 2025 | 2024 |
|---|---|---|
| **ADDITIONS:** | | |
| **Investment income:** | | |
| Net appreciation in fair value of investments | $ 2,902,710 | $ 2,461,328 |
| Interest income | 20,327 | 19,724 |
| Other income | 11,705 | 9,509 |
| Total investment income | 2,934,742 | 2,490,561 |
| **Contributions:** | | |
| Participants | 1,812,630 | 1,654,040 |
| Employer | 1,266,561 | 1,026,701 |
| Rollover | 156,638 | 62,154 |
| Total contributions | 3,235,829 | 2,742,895 |
| **Total additions** | 6,170,571 | 5,233,456 |
| **DEDUCTIONS:** | | |
| Benefit payments to participants | 1,755,664 | 1,785,418 |
| Administrative expenses | 7,958 | 6,258 |
| **Total deductions** | 1,763,622 | 1,791,676 |
| **Increase in net position available for benefits** | 4,406,949 | 3,441,780 |
| **Net position available for benefits, beginning of year** | 19,347,754 | 15,905,974 |
| **Net position available for benefits, end of year** | $ 23,754,703 | $ 19,347,754 |

The accompanying notes are an integral part of the financial statements.

**CONFEDERATED TRIBES OF SILETZ INDIANS ENTERPRISE**
**401(k) RETIREMENT PLAN**
**NOTES TO FINANCIAL STATEMENTS**
**DECEMBER 31, 2025 AND 2024**

## Note 1: Description of the Plan

The following description of the Confederated Tribes of Siletz Indians Enterprise 401(k) Retirement Plan (the "Plan") is provided for general information only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

***General*** – The Confederated Tribes of Siletz Indians & Enterprises 401(k) Retirement Plan was a 401(k) profit sharing plan established by the Confederated Tribes of Siletz Indians of Oregon (the "Tribe") on January 1, 1992 for the Tribal government and various enterprises. Effective January 1, 2015, the Tribe split the Confederated Tribes of Siletz Indians & Enterprises 401(k) Retirement Plan into two separate plans. The Confederated Tribes of Siletz Indians Enterprise 401(k) Retirement Plan includes the Siletz Tribal Business Corporation and all enterprises under that corporation along with the Chinook Winds Casino Resort (the "Tribal Enterprises"). The Confederated Tribes of Siletz Indians 401(k) Retirement Plan includes all employees working for the tribal government and the Siletz Tribal Gaming Commission. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and subsequent amendments. All investments of the Plan are participant directed within certain investment options offered by the Plan.

***Participation and Employee Contributions*** – Employees of the Tribal Enterprises, not excluded by class, which have completed six months of service and attained the age of 18, are eligible to participate in the Plan. Employees are eligible for employer contributions after completing one year of service. Effective January 1, 2021, new participants are automatically enrolled at a 1% salary deferral rate, with auto escalation of 1% each year to a maximum of 6%, unless they decline. Employees covered by a collective bargaining unit under which benefits were a subject of good faith bargaining, as well as leased employees and Job Training Partnership Act Program recipients, are excluded by class. Each participant may elect to invest in any one or a combination of the Plan investment options. Elective deferral contributions may not exceed a specific dollar amount determined annually by the Internal Revenue Service (IRS). Participants may also contribute amounts representing distributions from other qualified defined contribution plans (rollovers). Starting in 2015, the Plan also allows for Roth after-tax contributions to be made to the Plan.

***Employer Profit Sharing Contributions*** – Any profit sharing contributions are determined separately by each participating employer. Such contributions are allocated to each participant's separate account based on the participant's proportionate share of the total compensation paid during the year to all participants who have completed one year of service; defined as 1,000 hours or more worked per year. The Chinook Winds Casino Resort and Siletz Tribal Business Corporation provided no profit sharing contributions to the Plan for the years ended December 31, 2025 and 2024.

***Employer Matching Contributions*** – Any matching contributions are determined separately by each participating employer. Matching contributions are allocated to each participant's separate account, for those who have completed one year of service, based on the participant's compensation paid during the year. The Chinook Winds Casino Resort and Siletz Tribal Business Corporation elected to match employees' contributions up to 6% for the years ended December 31, 2025 and 2024, respectively.

***Investments*** – Participants direct their contributions into the various investment options offered by the Plan. Investment options are shares of registered investment company funds held and managed by Mutual of America Life Insurance Company, the custodian of the Plan. Participants may change their investment elections and make transfers between investment options twice per month.

**Note 1: Description of the Plan (Continued)**

***Participant Accounts*** – Each participant's account is credited with the participant's contribution, the employer's contributions, and allocations of Plan earnings (losses) and is charged with an allocation of administrative expenses that are paid by the Plan. Plan earnings (losses) are allocated based on the participant's share of net earnings or losses of their respective elected investment options. Allocations of administrative expenses are based on the participant's 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.

***Vesting*** – All participant contributions are fully vested at all times including earnings thereon. Participants become vested in accumulated Tribal Enterprises' contributions based on 20% increments for each year of service after the second year. Participants become fully vested upon completion of six years of service, permanent disability, or death. In the event the Plan is terminated, all participant accounts would become fully vested and the assets would be distributed to the participants in accordance with the terms set forth in the Plan.

| Years of Service | Percentage Vested |
|---|---|
| Less than 2 | 0% |
| 2 | 20% |
| 3 | 40% |
| 4 | 60% |
| 5 | 80% |
| 6 | 100% |

***Payment of Benefits*** – All amounts allocated to participants are distributable to them or their beneficiaries in the event of the participant's retirement, death, or total disability. Participants who terminate their employment with the Tribal Enterprises receive all vested amounts allocated to them. Under the terms set forth in the Plan, if the participant's vested account balance exceeds $5,000, the distribution of benefits may be made in a lump-sum, installments, or a combination of a lump-sum and installments or through rollover to another retirement plan at the election of the participant. All distributions of participant account balances for less than $5,000 are made in a lump-sum or the Plan may rollover all account balances less than $5,000 but exceeding $1,000 into an Individual Retirement Account (IRA).

***Forfeitures*** – Participant forfeitures may be used to pay Plan administrative expenses or to reduce future employer contributions. During the years ended December 31, 2025 and 2024, forfeitures used to reduce employer contributions were $823 and $35,785, respectively. At December 31, 2025 and 2024, the balance in the forfeitures account was $36,304 and $0, respectively.

***Participant Loans*** – Participant loans from the Plan are not permitted.

**Note 2: Summary of Significant Accounting Policies**

The following significant accounting policies were used to prepare the financial statements in accordance with generally accepted accounting principles.

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 (GAAP). Generally accepted accounting principles include statements from the Governmental Accounting Standards Board (GASB), as well as other guidance provided by the American Institute of Certified Public Accountants' Audit and Accounting Guide, *Employee Benefit Plans*.

During 2025, the Plan implemented GASB Statement No. 102, *Certain Risk Disclosures*, the objective of which is to provide users of government financial statements with essential information about risks related to a government's vulnerabilities due to certain concentrations or constraints. Implementation of this statement did not have a significant impact on the Plan's financial statements.

In April 2024, GASB issued Statement No. 103, *Financial Reporting Model Improvements*. The objective of this statement is to improve key components of the financial reporting model to (a) enhance the effectiveness of the financial reporting model in providing information that is essential for decision making and assessing a government's accountability and (b) address certain application issues identified through pre-agenda research conducted by the GASB. GASB Statement No. 103 becomes effective for the Plan for the 2026 reporting period.

In December 2025, GASB issued Statement No. 105, *Subsequent Events*. The objective of this statement is to improve the financial reporting requirements for subsequent events, thereby enhancing consistency in their application and better meeting the information needs of financial statement users. GASB Statement No. 105 becomes effective for the Plan for the 2027 reporting period.

The effect of the future adoption of GASB Statements No. 103 and No. 105 on the Plan's financial statements has not been evaluated as of the date of this report.

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therewith, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully the benefit-responsive investment contract, which is reported at contract value, as certified by the Plan's custodian, Mutual of America Life Insurance Company. 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.

Fully benefit-responsive investments are reported at contract value. Contract value is the most relevant measurement attribute because it is the amount that participants in a plan would receive in a permitted participant-initiated transaction.

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

**Note 2: Summary of Significant Accounting Policies (Continued)**

Excess Contributions Payable

Excess contributions payable represent amounts payable to participants for contributions in excess of amounts allowed by the IRS and are recorded as a liability with a corresponding reduction in contributions. Amounts payable to participants at December 31, 2025 and 2024, totaled $18,178 and $-, respectively. The Plan distributed the December 31, 2025, excess contributions payable to the applicable participants prior to March 15, 2026.

Payment of Benefits

The Plan recognizes benefit payments in the period the benefits are actually paid.

Administrative Expenses

Expenses of the Plan may be paid through Plan assets, forfeitures, or the Tribal Enterprises. Investment related expenses are included in net appreciation in fair value of investment. Administrative expenses paid by the Plan were $7,958 and $6,258 for the years ended December 31, 2025 and 2024, respectively.

Date of Management's Review

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

**Note 3: Fair Value Measurements**

The Plan's investments, excluding the fully benefit-responsive investment contract, are reported at fair value in the accompanying statements of net position available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

GASB Statement No. 72, *Fair Value Measurement and Application*, provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under GASB Statement No. 72 are described as follows: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date; and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. The Plan uses Level 2 inputs only when Level 1 inputs are not available to the Plan. There were no Level 1 or Level 3 inputs required to be used by the Plan.

**Note 3: Fair Value Measurements (Continued)**

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

Level 2 Fair Value Measurements

The fair value of mutual funds held in pooled separate accounts are based on inputs other than quoted prices included within Level 1 that are observable for valuing the asset or liability, either directly or indirectly. Observable inputs include quoted prices for similar assets or liabilities in active or nonactive markets. Fair value of the investments is based on the net asset value of the fund as reported by the investment advisor. Net asset valuation is computed by dividing the total assets, minus liabilities, allocated to each share class by the number of shares outstanding for that class at the close of each business day that the New York Stock Exchange is open. Level 2 inputs may also include insignificant adjustments to market inputs.

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025:

| December 31, 2025 | Fair Value | Inputs other Than Quoted Prices in Active Markets for Identical Assets (Level 2) |
|---|---|---|
| Mutual funds: | | |
| Growth equity | $ 3,734,234 | $ 3,734,234 |
| Blend equity | 3,807,845 | 3,807,845 |
| Value equity | 210,897 | 210,897 |
| International | 510,232 | 510,232 |
| Specialty | 705,908 | 705,908 |
| Asset allocation | 271,788 | 271,788 |
| Strategic allocation | 95,368 | 95,368 |
| Target maturity | 13,488,799 | 13,488,799 |
| Bond | 82,159 | 82,159 |
| Money market | 36,999 | 36,999 |
| Total investments, at fair value | $ 22,944,229 | $ 22,944,229 |

**Note 3: Fair Value Measurements (Continued)**

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

| December 31, 2024 | Fair Value | Inputs other Than Quoted Prices in Active Markets for Identical Assets (Level 2) |
|---|---|---|
| Mutual funds: | | |
| Growth equity | $ 3,042,657 | $ 3,042,657 |
| Blend equity | 3,379,860 | 3,379,860 |
| Value equity | 156,211 | 156,211 |
| International | 397,810 | 397,810 |
| Specialty | 573,556 | 573,556 |
| Asset allocation | 217,564 | 217,564 |
| Strategic allocation | 120,376 | 120,376 |
| Target maturity | 10,555,401 | 10,555,401 |
| Bond | 74,025 | 74,025 |
| Money market | 69,852 | 69,852 |
| Total investments, at fair value | $ 18,587,312 | $ 18,587,312 |

**Note 4: Investments**

Investments representing 5% or more of net position available for benefits consisted of the following as of December 31:

| | 2025 | 2024 |
|---|---|---|
| T. Rowe Price Blue Chip Growth Portfolio | $ 2,002,243 | $ 1,661,286 |
| MoA Equity Index Fund | $ 1,908,254 | $ 1,632,492 |
| MoA Clear Passage 2030 Fund | $ 2,231,396 | $ 1,712,304 |
| MoA Clear Passage 2035 Fund | $ 1,693,250 | $ 1,336,956 |
| MoA Clear Passage 2040 Fund | $ 1,711,570 | $ 1,233,021 |
| MoA Clear Passage 2045 Fund | $ 2,404,532 | $ 1,874,523 |
| MoA Clear Passage 2050 Fund | $ 1,791,913 | $ 1,372,091 |

For the years ended December 31, 2025 and 2024, the Plan's mutual fund investments (including gains and losses on investments bought and sold, as well as held during the year), appreciated in value by $2,902,710 and $2,461,328, respectively.

**Note 5: Guaranteed Investment Contract with Insurance Company**

The Plan invests in a fully benefit-responsive investment contract with Mutual of America Life Insurance Company called the Mutual of America Interest Accumulation. Mutual of America Life Insurance Company maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

**Note 5: Guaranteed Investment Contract with Insurance Company (Continued)**

The Mutual of America Interest Accumulation meets the fully benefit-responsive criteria and therefore is reported at contract value. Contract value, as reported to the Plan by Mutual of America Life Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events may limit the ability of the Plan to transact at contract value. Such events include but may not be limited to: premature termination of the contract by the Plan or termination of the Plan. The plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with participants is probable of occurring.

**Average yields of investment contract(s):**

| Average Yields: | 2025 | 2024 |
|---|---|---|
| Based on actual earnings | 2.65% | 3.00% |
| Based on interest rate credited to participants | 2.65% | 3.00% |

**Note 6: Reconciliation of the Financial Statements to the Form 5500**

The following is a reconciliation of net position available for benefits and related changes per the financial statements as of and for the years ended December 31, 2025 and 2024, to the Form 5500:

| | 2025 | 2024 |
|---|---|---|
| Net position available for benefits per the financial statements | $ 23,754,703 | $ 19,347,754 |
| Contributions receivable | (92,029) | (20,934) |
| Excess contributions payable | 18,178 | - |
| Net position available for benefits per the Form 5500 | $ 23,680,852 | $ 19,326,820 |
| | | |
| Increase in net position available for benefits per the financial statements | $ 4,406,949 | $ 3,441,780 |
| Change in contributions receivable | (71,095) | (20,934) |
| Change in excess contributions payable | 18,178 | (4,608) |
| Increase in net position available for benefits per the Form 5500 | $ 4,354,032 | $ 3,416,238 |

**Note 7: Investment Information Prepared and Certified by the Custodian**

Management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and fully benefit-responsive investment contract, at contract value, held at December 31 2025 and 2024, and net appreciation in fair value of investments, interest income, and other income for the years ended December 31, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Mutual of America Life Insurance Company.

The Plan's independent certified public accountants did not perform auditing procedures with respect to the above information, except for comparing such information to the related information included in the financial statements and supplemental schedule of assets.

**Note 8: Related Party/Party-in-Interest Transactions**

Certain Plan investments are shares of mutual funds and a fully benefit-responsive contract managed by Mutual of America Life Insurance Company. Mutual of America Life Insurance Company is the custodian and trustee as defined by the Plan, and, therefore, these transactions qualify as related party/party-in-interest transactions.

**Note 9: Plan Termination**

Although it has not expressed any intent to do so, the Plan may be amended or terminated at any time by the Tribal Enterprises provided that no such amendment may deprive participants of their vested benefits. It is currently the intent of the Tribal Enterprises to continue the Plan. Any participating employer shall be permitted to discontinue or revoke its participation in the Plan upon notification to the Trustee. In the event of Plan termination, participants will become 100% vested in their accounts.

**Note 10: Tax Status**

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code and, accordingly, the trust's investment income is exempt from income tax. The Plan has obtained a favorable tax determination letter, updated June 30, 2020, from the IRS, covering the prototype plan offered by the trustees. Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Note 11: Risks and Uncertainties**

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

**Note 12: ERISA Fidelity Bond**

ERISA requires that employee benefit plans obtain a fidelity bond to protect the Plan against theft of Plan assets by fiduciaries and other Plan officials. The amount of the bond is fixed at the beginning of the Plan year, in an amount that is not less than 10% of the Plan assets as of the beginning of the Plan year, up to a maximum bond requirement of $500,000. Bonds were in place during the years ended December 31, 2025 and 2024.

**Note 13: Delinquent Participant Remittances**

As disclosed in *Schedule H, Line 4a – Schedule of Delinquent Participant Contributions* the Plan Sponsor failed to remit certain participant salary deferrals to the Plan in a timely manner, as defined by ERISA. These contributions are considered non-exempt party-in-interest transactions that may result in the imposition of a 15-percent excise tax on the amount of the transactions. The Plan Sponsor intends to pay any fines imposed, including the excise tax resulting from these late remittances. The Plan Sponsor also intends to compensate participants for lost income resulting from the delay in remitting the contributions. The Plan Sponsor believes that these non-exempt transactions will not affect the tax status determination of the Plan.

**SUPPLEMENTAL INFORMATION**

**CONFEDERATED TRIBES OF SILETZ INDIANS ENTERPRISE**
**401(k) RETIREMENT PLAN**
**FOR THE YEAR ENDED DECEMBER 31, 2025**

**Schedule H, Line 4a**
**Schedule of Delinquent Participant Contributions**

**EIN: 93-1172959**
**PLAN NUMBER: 002**

| Participant Contributions Transferred Late to Plan | | Total that Constitutes Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|---|
| Check Here if Late Participant Loan Repayments are Included | Years | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| N/A | 2025 | $722,356 | $ - | $ - | $ - |
| N/A | 2024 | $841,401 | $ - | $ - | $ - |
| N/A | 2023 | $426,617 | $ - | $ - | $ - |
| N/A | 2022 | $126,467 | $ - | $ - | $ - |
| | Total | $2,116,841 | $ - | $ - | $ - |

**CONFEDERATED TRIBES OF SILETZ INDIANS ENTERPRISE**
**401(k) RETIREMENT PLAN**
**DECEMBER 31, 2025**

## Schedule H, Line 4i
## Schedule of Assests (Held at End of Year)

**EIN: 93-1172959**
**PLAN NUMBER: 002**

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| | **Identity of Issuer, Borrower, Lessor, or Similar Party** | **Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value** | **Cost** | **Current Value** |
| * | Mutual of America | MoA Aggressive Allocation Fund | ** | $ 271,788 |
| * | Mutual of America | MoA Conservative Allocation Fund | ** | 51,602 |
| * | Mutual of America | MoA Moderate Allocation Fund | ** | 43,766 |
| * | Mutual of America | MoA Core Bond Fund | ** | 53,201 |
| * | Mutual of America | American Century Investments VP Capital Appreciation Fund | ** | 274,357 |
| * | Mutual of America | Vanguard VIF Diversified Value Portfolio | ** | 99,886 |
| * | Mutual of America | Vanguard VIF International Portfolio | ** | 364,152 |
| * | Mutual of America | T. Rowe Price Blue Chip Growth Portfolio | ** | 2,002,243 |
| * | Mutual of America | MoA Balanced Fund | ** | 86,570 |
| * | Mutual of America | Calvert VP SRI Balanced Portfolio | ** | 582,976 |
| * | Mutual of America | Nomura VIP Small Cap Value Series | ** | 36,673 |
| * | Mutual of America | MoA Equity Index Fund | ** | 1,908,254 |
| * | Mutual of America | Fidelity VIP Mid Cap Portfolio | ** | 65,119 |
| * | Mutual of America | Fidelity VIP Asset Manager 50% Portfolio | ** | 2,500 |
| * | Mutual of America | Fidelity VIP Contrafund Portfolio | ** | 149,251 |
| * | Mutual of America | Fidelity VIP Equity-Income Portfolio | ** | 36,898 |
| * | Mutual of America | Goldman Sachs VIT US Equity Insights Fund | ** | 33,117 |
| * | Mutual of America | Goldman Sachs VIT Small Cap Equity Insights Fund | ** | 32,318 |
| * | Mutual of America | American Funds Insurance Series New World Fund | ** | 83,159 |
| * | Mutual of America | MoA US Government Money Market Fund | ** | 36,999 |
| * | Mutual of America | MoA Intermediate Bond Fund | ** | 3,198 |
| * | Mutual of America | MoA Mid Cap Equity Index Fund | ** | 889,772 |
| * | Mutual of America | MFS VIT III Mid Cap Value Portfolio | ** | 41,193 |
| * | Mutual of America | MoA Mid Cap Value Fund | ** | 7,945 |
| * | Mutual of America | Neuberger Berman AMT Quality Equity Portfolio | ** | 65,263 |
| * | Mutual of America | MoA International Fund | ** | 62,921 |
| * | Mutual of America | Invesco V.I. Main Street Fund | ** | 4,576 |
| * | Mutual of America | MoA Retirement Income Fund | ** | 484,263 |
| * | Mutual of America | Vanguard VIF Real Estate Index Portfolio | ** | 122,931 |
| * | Mutual of America | PIMCO VIT Real Return Portfolio | ** | 38,847 |
| * | Mutual of America | MoA Clear Passage 2020 Fund | ** | 894,361 |
| * | Mutual of America | MoA Clear Passage 2025 Fund | ** | 843,526 |
| * | Mutual of America | MoA Clear Passage 2030 Fund | ** | 2,231,396 |
| * | Mutual of America | MoA Clear Passage 2035 Fund | ** | 1,693,250 |
| * | Mutual of America | MoA Clear Passage 2040 Fund | ** | 1,711,570 |
| * | Mutual of America | MoA Clear Passage 2045 Fund | ** | 2,404,532 |
| * | Mutual of America | MoA Clear Passage 2050 Fund | ** | 1,791,913 |
| * | Mutual of America | MoA Clear Passage 2055 Fund | ** | 920,492 |
| * | Mutual of America | MoA Clear Passage 2060 Fund | ** | 646,237 |
| * | Mutual of America | MoA Clear Passage 2065 Fund | ** | 351,522 |
| * | Mutual of America | MoA All America Fund | ** | 15,057 |
| * | Mutual of America | MoA Small Cap Equity Index Fund | ** | 205,947 |
| * | Mutual of America | DWS Capital Growth VIP | ** | 1,041,799 |
| * | Mutual of America | MoA Small Cap Growth Fund | ** | 205,929 |
| * | Mutual of America | MoA Small Cap Value Fund | ** | 25,200 |
| * | Mutual of America | Vanguard VIF Total Bond Market Index Portfolio | ** | 25,760 |
| | | Investments, at fair value | | $ 22,944,229 |
| * | Mutual of America | Mutual of America Interest Accumulation | ** | $ 736,623 |
| | | Fully benefit-responsive investment contract, at contract value | | $ 736,623 |

* Denotes party-in-interest to the Plan
** Historical cost information is not required for participant directed accounts

**Attachment to Jan2025 Form 5500**
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**
**Siletz Tribal Business Corporation**
**EIN: 13-4270106**
**Plan Number: 002**

| (a) | (b) identity of issuer, borrower, lessor, or similar party | (c)Description of investment including maturity date, rate of interest, collateral par or maturity value | (d) Cost | (e)Closing Value |
|---|---|---|---|---|
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>American Century Investments VP Capital Appreciation Fund | | 274,357 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>American Funds Insurance Series New World Fund | | 83,159 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Calvert VP SRI Balanced Portfolio | | 582,976 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>DWS Capital Growth VIP | | 1,041,799 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Fidelity VIP Asset Manager 50% Portfolio | | 2,500 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Fidelity VIP Contrafund Portfolio | | 149,251 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Fidelity VIP Equity-Income Portfolio | | 36,898 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Fidelity VIP Mid Cap Portfolio | | 65,119 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Goldman Sachs VIT Small Cap Equity Insights Fund | | 32,318 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Goldman Sachs VIT US Equity Insights Fund | | 33,117 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Invesco V.I. Main Street Fund | | 4,576 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MFS VIT III Mid Cap Value Portfolio | | 41,193 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Aggressive Allocation Fund | | 271,788 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA All America Fund | | 15,057 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Balanced Fund | | 86,570 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2015 Fund | | 0 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2020 Fund | | 894,361 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2025 Fund | | 843,526 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2030 Fund | | 2,231,396 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2035 Fund | | 1,693,250 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2040 Fund | | 1,711,570 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2045 Fund | | 2,404,532 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2050 Fund | | 1,791,913 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2055 Fund | | 920,492 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2060 Fund | | 646,237 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2065 Fund | | 351,522 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Conservative Allocation Fund | | 51,602 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Core Bond Fund | | 53,201 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Equity Index Fund | | 1,908,253 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Intermediate Bond Fund | | 3,198 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA International Fund | | 62,921 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Mid Cap Equity Index Fund | | 889,772 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Mid Cap Value Fund | | 7,945 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Moderate Allocation Fund | | 43,766 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Retirement Income Fund | | 484,262 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Small Cap Equity Index Fund | | 205,947 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Small Cap Growth Fund | | 205,929 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA Small Cap Value Fund | | 25,200 |

**Attachment to Jan2025 Form 5500**
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**
**Siletz Tribal Business Corporation**
**EIN: 13-4270106**
**Plan Number: 002**

| | | | | |
|---|---|---|---|---|
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>MoA US Government Money Market Fund | | 36,999 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Mutual of America Interest Accumulation Account | | 736,623 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Neuberger Berman AMT Quality Equity Portfolio | | 65,263 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Nomura VIP Small Cap Value Series | | 36,673 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>PIMCO VIT Real Return Portfolio | | 38,847 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>T. Rowe Price Blue Chip Growth Portfolio | | 2,002,243 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Vanguard VIF Diversified Value Portfolio | | 99,886 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Vanguard VIF International Portfolio | | 364,152 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Vanguard VIF Real Estate Index Portfolio | | 122,931 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Vanguard VIF Total Bond Market Index Portfolio | | 25,760 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Victory RS Small Cap Growth Equity VIP Series | | 0 |