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
BOIS FORTE ENTERPRISES 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1995

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)
FORTUNE BAY RESORT AND CASINO

1430 BOIS FORTE ROAD
TOWER, MN 55790

2b Employer Identification Number (EIN) 41-1482604

2c Plan Sponsor's telephone number 218-753-6400

2d Business code (see instructions) 721120

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	DANIEL KELLER
	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:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	260
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)**	260
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	230
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	230
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	230
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)**	212
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)**	183
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
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:

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

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)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(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
BOIS FORTE ENTERPRISES 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FORTUNE BAY RESORT AND CASINO

D Employer Identification Number (EIN)
41-1482604

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
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(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
04-1590850	65935	770247-01	73	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

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

(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	

(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	1336411
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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 ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	1482230
c	Additions: (1) Contributions deposited during the year	7c(1)	22726		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	46029		
	(4) Transferred from separate account	7c(4)	39781		
	(5) Other (specify below)	7c(5)	17692		
	▶ LOAN REPAYMENTS, TRANSFERS, ETC				
	(6)Total additions			7c(6)	126228
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1608458
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	234693		
	(2) Administration charge made by carrier	7e(2)	7501		
	(3) Transferred to separate account	7e(3)	29853		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	272047
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1336411

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 Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
BOIS FORTE ENTERPRISES 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FORTUNE BAY RESORT AND CASINO

D Employer Identification Number (EIN)
41-1482604

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

UBS FINANCIAL SERVICES INC

PO BOX 198928
PAYMENT SERVICES-RPCS
NASHVILL, TN 37238

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	30777	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	27442	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

DWC ERISA CONSULTANTS LLC

PO BOX 241267
ST PAUL, MN 55124

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	5882	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	533	Yes [ ] No [X]	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 [ ]

(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
BOIS FORTE ENTERPRISES 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FORTUNE BAY RESORT AND CASINO

D Employer Identification Number (EIN)
41-1482604

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:	T ROWE PRICE RET BLEND SELCT TRST		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-7271348-742	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	697078
a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRICE RET BLEND SELCT TRST		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-7271347-741	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1197392
a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRICE RET BLEND SELCT TRST 2		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-7271342-736	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	309743
a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRICE RET BLEND SELCT TRST 2		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-7271344-738	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2704369
a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRICE RET BLEND SELCT TRST 2		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-7271350-744	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	389239
a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRICE RET BLEND SELCT TRST 2		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-7271345-739	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1292888
a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRICE RET BLEND SELCT TRST		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-7271346-740	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	971118

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SELCT TRST

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 38-7264570-734	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9423

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SELCT TRST

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 38-7271349-743	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 483070

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SELCT TRST

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 38-7271343-737	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 574508

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SELCT TRST

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 38-7271351-745	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17188

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SELCT TRST

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 38-7271341-735	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12347

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
BOIS FORTE ENTERPRISES 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FORTUNE BAY RESORT AND CASINO

D Employer Identification Number (EIN)
41-1482604

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	266992	219924
(9) Value of interest in common/collective trusts	1c(9)	0	8658364
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8889299	348720
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1482231	1336410
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	10638522	10563418
Liabilities			
1g Benefit claims payable	1g	0	12346
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	12346
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	10638522	10551072

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)	322645	
(B) Participants	2a(1)(B)	431235	
(C) Others (including rollovers)	2a(1)(C)	7596	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		761476
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	22464	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		22464
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	46031	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		46031
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1371708
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2201679
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2219774	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2219774
f Corrective distributions (see instructions)	2f		12346
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	27956	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	29053	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		57009
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2289129
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-87450
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: WALKER, GIROUX, & HAHNE LLC **(2)** EIN: 46-3893925

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		55602
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
BOIS FORTE ENTERPRISES 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FORTUNE BAY RESORT AND CASINO

D Employer Identification Number (EIN)
41-1482604

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): 20-3691708

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 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A .

BOIS FORTE ENTERPRISES
401(K) RETIREMENT PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION
Years Ended December 31, 2025 and 2024

BOIS FORTE ENTERPRISES
401(K) RETIREMENT PLAN

TABLE OF CONTENTS
December 31, 2025 and 2024

	Page
INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7
SUPPLEMENTAL INFORMATION	
Schedule of Assets Held at End of Year	17
Schedule of Delinquent Participant Contributions	18

JARVI, KELLY AND NEWMAN, LLC
Certified Public Accountants and Consultants
218-749-4880 | 505 SOUTH 12TH AVENUE, VIRGINIA, MN 55792

INDEPENDENT AUDITOR'S REPORT

To the Trustees and Investment Committee
Bois Forte Enterprises 401(k) Retirement Plan

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

We have performed audits of the financial statements of Bois Forte Enterprises 401(k) Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Bois Forte Enterprises 401(k) Retirement 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 and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements 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 accompanying 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 Bois Forte Enterprises 401(k) Retirement 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 the 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 Bois Forte Enterprises 401(k) Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Bois Forte Enterprises 401(k) Retirement 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 Bois Forte Enterprises 401(k) Retirement 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 of assets held at end of year and of delinquent participant contributions as of December 31, 2025, 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

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

Other Matter – Bois Forte Band of Chippewa

As discussed in Note B, the financial statements present Bois Forte Enterprises 401(k) Retirement Plan and do not purport to, and do not, present fairly the financial statements of the Bois Forte Band of Chippewa.

Because the financial statements present only the Plan, a fund of the Bois Forte Band of Chippewa, management has chosen not to present a management's discussion and analysis for the Plan.

Garvi, Kelly + Newman, LLC

Virginia, Minnesota
October 15, 2026

BOIS FORTE ENTERPRISES
401(K) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
ASSETS		
Participant-directed investments, at fair value:		
Mutual funds	$ 348,720	$ 8,889,299
Common/collective funds	8,658,364	-
Participant-directed investments, at contract value:		
General account	1,336,410	1,482,231
Total Investments	10,343,494	10,371,530
Receivables:		
Notes receivable from participants	219,924	266,992
TOTAL ASSETS	10,563,418	10,638,522
LIABILITIES		
Excess contributions payable	12,346	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 10,551,072	$ 10,638,522

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

BOIS FORTE ENTERPRISES
401(K) RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2025 and 2024

	2025	2024
ADDITIONS:		
Investment Income:		
Net appreciation in fair value	$ 1,371,708	$ 982,118
Interest income	46,031	74,931
Total Investment Income	1,417,739	1,057,049
Interest income on notes receivable from participants	22,464	18,464
Contributions:		
Employer	322,645	343,431
Participants	431,235	463,007
Rollover	7,596	23,558
Corrective distributions for excess participant contributions	(12,346)	-
Total Contributions	749,130	829,996
TOTAL ADDITIONS	2,189,333	1,905,509
DEDUCTIONS:		
Benefits paid to participants	2,219,774	1,169,869
Administrative expenses	57,009	55,853
TOTAL DEDUCTIONS	2,276,783	1,225,722
NET INCREASE (DECREASE)	(87,450)	679,787
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	10,638,522	9,958,735
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 10,551,072	$ 10,638,522

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

BOIS FORTE ENTERPRISES
401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE A – DESCRIPTION OF PLAN

The following description of the Bois Forte Enterprises 401(k) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. *General*. The Plan is a defined contribution plan covering all eligible employees of Bois Forte Reservation Tribal Council (the Company), who have completed one year of service, as defined by the Plan, and have attained age sixteen or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). A member of the Company's management and a member of the Tribe's governing body (Tribal Council) act as trustees of the Plan. The trustees have delegated the administration of the Plan to the Investment Committee. The Investment Committee has responsibility for determining the appropriateness of the Plan's investment offerings and monitors investment performance. The Company serves as the Plan Administrator, which is responsible for establishing the Plan's benefits, contributions, and other provisions, and for approving all Plan amendments.

2. *Participant Contributions*. Each year, participants may contribute a pre-tax or after-tax (Roth) elective salary deferral contribution up to the maximum allowable by law of the participant's annual eligible compensation, as defined by the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollover). Participants direct the investment of Plan contributions into various investment options offered by the Plan.

3. *Employer Contributions*. The Company contributes employer discretionary matching contribution and employer nonelective contributions to the Plan, subject to certain Internal Revenue Code limitations as follows:

   a. *Employer Discretionary Matching Contribution.* The Company contributed 100 percent of the participant's contribution up to 5 percent in 2025 and 2024. The Plan will include catch-up contributions in the elective deferral amount used to determine the amount of your matching contributions.

   b. *Employer Discretionary Nonelective Contribution.* The Company may make a discretionary nonelective contribution to the Plan. For a participant to share in the nonelective contribution there are conditions that are needed to be satisfied. The nonelective contribution will be allocated or divided among eligible participants for the Plan year. There were no discretionary profit-sharing contributions made for the years ended December 31, 2025 and 2024.

4. *Participant Accounts*. Each participant's account is credited with the participant's contributions and the Company's discretionary matching contributions, as well as allocations of the Company's nonelective contribution and Plan earnings (losses), and charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

5. *Vesting*. Participants are vested immediately in the participants and rollover contributions plus actual earnings thereon. Vesting in the Company's contributions portion of their accounts is based on years of

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

credited service, as defined by the Plan. A participant vests 100 percent in Company contributions after three years of credited service.

6. *Notes Receivable from Participants.* Participants previously were able to borrow from their fund accounts a minimum of $1,000 up to maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. This plan provision was eliminated effective January 1, 2020 and any outstanding loans continued to be administered in accordance with the terms of the Loan Policy. A new loan policy was adopted effective March 1, 2023. Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $20,000 or 50 percent of their account balance. Effective September 16, 2024, the loan policy was updated to the previous maximum equal to the lesser of $50,000 or 50 percent of the vested account balance. Loan terms range from 1 to 5 years for general purpose loans and 5 to 15 years for a principal residence loan. The loans are secured by the balance in the participant's account and bear interest at a rate of Prime plus two percent. Principal and interest are paid ratably through payroll deductions or remitted directly by participants.

7. *Payment of Benefits*. Benefits are paid to the participant or beneficiary upon death, disability, normal retirement age (age 62) or termination of employment reasons other than death, disability, or retirement. If the participant has a vested account balance, the participant may elect to receive a single lump sum amount or elect to postpone distribution until their required beginning date, as defined in the Plan. After normal retirement age or death and the participant has a vested account balance that exceeds $5,000 the participant may elect to receive installments, as defined in the Plan. If the vested account balance is $1,000 or less, involuntary cash outs are automatically distributed in a lump sum distribution without Participant's consent. In addition, in-service distributions are permitted if participant has attained age 59-1/2 from all contribution accounts. Financial hardships are allowed if participant satisfies certain conditions and limitations.

8. *Forfeitures.* Participant forfeitures may be used to pay Plan expenses or to reduce any nonelective or matching contribution. At December 31, 2025 and 2024, forfeited and non-vested accounts totaled $89,875 and $72,240, respectively. During 2025 and 2024, $80 and $497 of forfeitures were used to pay administrative expenses, respectively.

9. *Reclassifications.* Certain accounts in the prior-year financial statements have been reclassified for comparative purposes to conform with the presentation in the current-year financial statements.

NOTE B – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting
The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting standards promulgated by the Governmental Accounting Standards Board (GASB). The Plan is sponsored by Bois Forte Enterprises, a component unit of the Bois Forte Band of Chippewa (the Band). These financial statements present only the Bois Forte Enterprises 401(k) Retirement Plan and are not intended to present the financial statements of the Band.

NOTE B – SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

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

Investment Valuation and Income Recognition
Common/collective trusts and mutual funds are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Trustees or Investment Committee determines the Plan's valuation policies utilizing information provided by the custodian of the Plan. See Note D for discussion of fair value measurements.

General investment option contract held by a group annuity contract is reported at contract value. Contract value is the relevant measurement attribute for fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The investment in the general account is reported at contract value. See Note E for discussion of the general account.

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

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. No allowances for credit losses have been recorded as of December 31, 2025 and 2024.

Notes receivable from participants have been classified as an investment asset for Form 5500 reporting purposes and, accordingly, have been included as an investment in the supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year).

Payment of Benefits
Benefits are recorded when paid.

Excess Participant Contributions Refundable
During the year ended December 31, 2025, the Plan recorded a corrective distributions payable totaling $12,346 to certain participants to correct excess contributions resulting from the Plan's failure to satisfy the Actual Deferral Percentage (ADP) nondiscrimination test for the current plan year. This refundable contribution is included as a decrease to contributions in the accompanying statement of changes in net assets available for benefits. The assessed excise tax is payable by Bois Forte Enterprises not from plan assets. Therefore, no excise tax expense is presented on the financial statements.

NOTE C – INFORMATION PREPARED AND CERTIFIED

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the qualified institution, Empower Retirement.

	2025	2024
Plan interest in general account:		
SAGIC Diversified Bond II	$ 1,336,410	$ 1,482,231
Plan interest in mutual funds:		
MassMutual T.Rowe Price Rtmt 2005 Fd	-	4,112
MassMutual T.Rowe Price Rtmt 2010 Fd	-	31,286
MassMutual T.Rowe Price Rtmt 2015 Fd	-	11,058
MassMutual T.Rowe Price Rtmt 2020 Fd	-	278,119
MassMutual T.Rowe Price Rtmt 2025 Fd	-	591,840
MassMutual T.Rowe Price Rtmt 2030 Fd	-	2,916,542
MassMutual T.Rowe Price Rtmt 2035 Fd	-	1,303,225
MassMutual T.Rowe Price Rtmt 2040 Fd	-	849,239
MassMutual T.Rowe Price Rtmt 2045 Fd	-	1,220,213
MassMutual T.Rowe Price Rtmt 2050 Fd	-	612,348
MassMutual T.Rowe Price Rtmt 2055 Fd	-	433,141
MassMutual T.Rowe Price Rtmt 2060 Fd	-	266,871
American Funds Balanced Fund	9,162	6,492
BlackRock High Yield Bond Fund	6,284	9,605
BlackRock Mid-Cap Growth Equity Fd	998	1,315
Columbia Overseas Value Fund	12,544	9,041
Columbia Small Cap Growth Fund	975	1,353
Dreyfus Government Secs Cash Mgmt Instl	82	77
Hartford Balanced Income Y	199	100
Hartford Schroders Intl Stock Fd	19,035	14,556
Invesco International Bond Fund	9,476	7,988
JPMorgan Large Cap Value Fund	33,973	29,135
Loomis Sayles Global Allocation N	350	153
Macquarie Emerging Markets Fund	-	9,812
Macquarie Small Cap Value Institutional	-	11,500
Morgan Stanley Instl Intl Adv Fd	11,651	11,653
Nomura Emerging Markets R6	17,249	-
Nomura Small Cap Value Institutional	7,408	-
PIMCO Income Instl	5,733	154
T. Rowe Price Blue Chip Growth Fund	22,673	23,751
Vanguard 500 Index Fund	114,640	125,832
Vanguard Mid Cap Index Fund	37,843	56,812
Vanguard Small Cap Index Fund	5,886	8,338
Virtus NFJ Mid-Cap Value Fund	1,151	1,360
Voya Intermediate Bond Fund	31,408	42,278
Total Mutual Funds	348,720	8,889,299

NOTE C – INFORMATION PREPARED AND CERTIFIED (CONTINUED)

Plan interest in collective trust funds:		
T.Rowe Price Rtmt 2010 Fd	$ 9,423	$ -
T.Rowe Price Rtmt 2015 Fd	12,347	-
T.Rowe Price Rtmt 2020 Fd	309,743	-
T.Rowe Price Rtmt 2025 Fd	574,508	-
T.Rowe Price Rtmt 2030 Fd	2,704,370	-
T.Rowe Price Rtmt 2035 Fd	1,292,888	-
T.Rowe Price Rtmt 2040 Fd	971,118	-
T.Rowe Price Rtmt 2045 Fd	1,197,392	-
T.Rowe Price Rtmt 2050 Fd	697,078	-
T.Rowe Price Rtmt 2055 Fd	483,070	-
T.Rowe Price Rtmt 2060 Fd	389,239	-
T.Rowe Price Rtmt 2065 Fd	17,188	-
Total Collective Trust Funds	8,658,364	-
Total Investments with Empower	$ 10,343,494	$ 10,371,530
Interest from general account	$ 46,031	$ 74,931
Net appreciation (depreciation) from mutual funds and collective trust funds	$ 1,371,708	$ 982,118

NOTE D – FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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 FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include ▪ quoted prices for similar assets or liabilities in active markets; ▪ quoted prices for identical or similar assets or liabilities in inactive markets; ▪ inputs other than quoted prices that are observable for the asset or liability; ▪ inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

NOTE D – FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

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

Fixed Annuities:

MassMutual SAGIC (managed by Great West Investments) is a market value separate account investment option with a general investment account guarantee that provides a stated rate of return and insulates plan participant activity from daily fluctuations in the market. Under the terms of the SAGIC group annuity contract, participants may direct plan-permitted withdrawal and/or transfer transactions of all or a portion of their balance in the SAGIC investment option at Contract Value. Contract Value represents contributions plus credited interest less participant withdrawals and fees. Contract Value is also often referred to as 'Book Value'.

The fair value presented below represents the liquidation value of the contract, equal to the market value of the assets in the separate account. Great West considers the SAGIC to be fully benefit responsive not withstanding the liquidation value events under the contract that limit the ability of the plan to transact at Contract Value.

Mass Mutual SAGIC Fixed Interest Fund at:	December 31, 2025	December 31, 2024
Fair Value	$ 1,222,418	$ 1,325,978
Contract Value	$ 1,336,410	$ 1,482,231

Common/Collective funds:

Valued at the net asset value (NAV) of units of a common/collective trust. The NAV is based on the contract value of the underlying investment contracts held by the fund less its liabilities. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the common/collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust to ensure that securities liquidations will be carried out in an orderly business manner.

Mutual funds:

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

NOTE D – FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	Assets at Fair Value as of December 31, 2025		
	Level 1	Level 2	Total
Fixed Annuities			
MassMutual SAGIC Fixed Interest Fund	$ -	$ 1,222,418	$ 1,222,418
Mutual funds	348,720	-	348,720
Total assets in the fair value hierarchy	348,720	1,222,418	1,571,138
Investments measured at NAV	-	-	8,658,364
Total assets at fair value	$ 348,720	$ 1,222,418	$10,229,502

	Assets at Fair Value as of December 31, 2024		
	Level 1	Level 2	Total
Fixed Annuities			
MassMutual SAGIC Fixed Interest Fund	$ -	$ 1,325,978	$ 1,325,978
Mutual funds	8,889,299	-	8,889,299
Total assets at fair value	$ 8,889,299	$ 1,325,978	$10,215,277

NOTE E – GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY

The trustee of the Bois Forte Enterprises 401(k) Retirement Plan is a group annuity contract with MassMutual SAGIC (managed by Great West Investments). MassMutual SAGIC maintains contributions in a market value separate account investment option with a general investment account guarantee. For group annuity contracts that are fully benefit-responsive, contract value is the relevant measurement attributed for that portion of the net assets available for benefits attributable to the guaranteed investment account. Contract value represents contributions made under that 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.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on an agreed-upon formula with the issuer, but it may not be less than 3 percent. Interest rates are declared in advance and guaranteed for a year. The guaranteed investment percentages were 3.10 percent and 4.10 percent for the years ended December 31, 2025 and 2024, respectively.

The Plan's ability to receive amounts due in accordance with the group annuity contract is dependent on the third-party issuer's ability to meet their financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

NOTE E – GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY (CONTINUED)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) termination of the Plan, (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (e.g. divestitures or spin-offs of a subsidiary, etc.) which cause significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA or (5) premature termination of the contracts. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following: (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation or (4) a material amendment to the agreement without the consent of the issuer.

NOTE F – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested interest in their accounts. Any unallocated assets of the Plan would be allocated to participant accounts and distributed in such a manner as the Company may determine.

NOTE G – TAX STATUS

The Plan adopted a defined contribution volume submitter plan and trust sponsored by Empower Retirement LLC. The plan has received an opinion letter dated March 31, 2014, from the Internal Revenue Service (IRS) as to the plan's qualified status. The plan opinion letter has been relied upon by this Plan. The Plan has been amended since the date of the opinion letter; however, the Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore believes that the Plan is qualified, and the related trust is tax-exempt as the financial statement date.

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

NOTE H – ADMINISTRATIVE EXPENSES

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable and processing of benefits paid to participants and other administrative expenses are charged directly to the participants account and are included as administrative expenses. Investment related expenses are included in net appreciation (depreciation) in fair value of investments. Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee receives compensation from the Plan.

NOTE I – RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Investments are recorded by Empower who is the recordkeeper for the Plan and, therefore, these transactions qualify as party-in-interest transactions. The plan utilizes insurance products and contacts with Massachusetts Mutual Life Insurance Company (Mass Mutual) and Great-West Life & Annity Insurance Company (Great West), the Plan's custodians, financial advising services from UBS Financial Services, Inc (UBS), and DWC-the 401(k) Experts, the Plan's third party administrator.

Fees paid by the Plan are included in administrative expenses in the statement of changes in net assets available for benefits. The Plan made direct payments totaling $57,009 and $55,853 to Empower, Great West, and UBS for the years ended December 31, 2025 and 2024, respectively.

NOTE J – 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 statement of net assets available for benefits.

NOTE K – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025, to Form 5500:

		2025
Net assets available for benefits per the financial statements	$	10,551,072
Add: Accrued corrective distributions (payable to participants)		12,346
Net assets (Schedule H, Line 1l) per the Form 5500	$	10,563,418

NOTE K – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of the change in net assets available for benefits per the financial statements at December 31, 2025, to Form 5500:

	2025
Net decrease in net assets per the financial statements	$ (87,450)
Add: Accrued corrective distributions at end of year	12,346
Net loss (Schedule H, Line 2k) per the Form 5500	$ (75,104)

During the plan year, the Plan experienced excess participant contributions that required corrective distributions to be returned to participants. In accordance with U.S. GAAP, these excess contributions are recorded as a reduction to contribution revenue and as an obligation (excess contributions payable) on the financial statements because the mistake occurred during the plan year. However, in accordance with the instructions to Form 5500, these amounts are not recorded as a liability or a distribution expense on Schedule H until the plan year in which they are physically paid. Accordingly, these amounts are included in total participant contributions and total net assets on the Form 5500 for the current plan year.

NOTE L – SUBSEQUENT EVENTS

Subsequent events were evaluated through October 15, 2026, which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

BOIS FORTE ENTERPRISES
401(K) RETIREMENT PLAN
EIN 41-1482604 PN002

SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2025

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

	(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
		General Account			
*		Empower Retirement	SAGIC Diversified Bond II	**	$ 1,336,410
		Mutual Funds			
*		American Funds	American Funds Balanced Fund	**	9,162
*		BlackRock	BlackRock High Yield Bond Fund	**	6,284
*		BlackRock	BlackRock Mid-Cap Growth Equity Fd	**	998
*		Columbia	Columbia Overseas Value Fund	**	12,544
*		Columbia	Columbia Small Cap Growth Fund	**	975
*		Dreyfus	Dreyfus Government Secs Cash Mgmt Instl	**	82
*		The Hartford	Hartford Balanced Income Y	**	199
*		The Hartford	Hartford Schroders Intl Stock Fd	**	19,035
*		Invesco	Invesco International Bond Fund	**	9,476
*		JP Morgan	JPMorgan Large Cap Value Fund	**	33,973
*		Loomis	Loomis Sayles Global Allocation N	**	350
*		Morgan Stanley	Morgan Stanley Instl Intl Adv Fd	**	11,651
*		Nomura	Nomura Emerging Markets R6	**	17,249
*		Nomura	Nomura Small Cap Value Institutional	**	7,408
*		PIMCO	PIMCO Income Instl	**	5,733
*		T. Rowe Price	T. Rowe Price Blue Chip Growth Fund	**	22,673
*		Vanguard	Vanguard 500 Index Fund	**	114,640
*		Vanguard	Vanguard Mid Cap Index Fund	**	37,843
*		Vanguard	Vanguard Small Cap Index Fund	**	5,886
*		Virtus Mutual Funds	Virtus NFJ Mid-Cap Value Fund	**	1,151
*		Voya Funds	Voya Intermediate Bond Fund	**	31,408
		Total Mutual Funds			348,720
		Collective Trust Funds			
*		T Rowe Price	T Rowe Price Retirement Blend Select Trust 2010	**	9,423
*		T Rowe Price	T Rowe Price Retirement Blend Select Trust 2015	**	12,347
*		T Rowe Price	T Rowe Price Retirement Blend Select Trust 2020	**	309,743
*		T Rowe Price	T Rowe Price Retirement Blend Select Trust 2025	**	574,508
*		T Rowe Price	T Rowe Price Retirement Blend Select Trust 2030	**	2,704,370
*		T Rowe Price	T Rowe Price Retirement Blend Select Trust 2035	**	1,292,888
*		T Rowe Price	T Rowe Price Retirement Blend Select Trust 2040	**	971,118
*		T Rowe Price	T Rowe Price Retirement Blend Select Trust 2045	**	1,197,392
*		T Rowe Price	T Rowe Price Retirement Blend Select Trust 2050	**	697,078
*		T Rowe Price	T Rowe Price Retirement Blend Select Trust 2055	**	483,070
*		T Rowe Price	T Rowe Price Retirement Blend Select Trust 2060	**	389,239
*		T Rowe Price	T Rowe Price Retirement Blend Select Trust 2065	**	17,188
		Total Collective Trust Funds			8,658,364
		Participant Loans	5.25%-10.5%		219,924
		Total			$ 10,563,418

*A party-in-interest as defined by ERISA.
**Cost is omitted for participant directed investments.

BOIS FORTE ENTERPRISES
401(K) RETIREMENT PLAN
EIN 41-1482604 PN002

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
December 31, 2025

FORM 5500, Schedule H, Line 4a

	Total that Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	**Contributions Not Corrected**	**Contributions Corrected Outside VFCP**	**Contributions Pending Correction in VFCP**	**Total Fully Corrected Under VFCP and PTE 2002-51**
Participant Contributions Transferred Late to Plan for the year ended 12/31/2024	$ 55,602	$ -	$ -	$ -

BOIS FORTE ENTERPRISES
401(K) RETIREMENT PLAN
EIN 41-1482604 PN002

SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2025

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	General Account			
*	Empower Retirement	SAGIC Diversified Bond II	**	$ 1,336,410
	Mutual Funds			
*	American Funds	American Funds Balanced Fund	**	9,162
*	BlackRock	BlackRock High Yield Bond Fund	**	6,284
*	BlackRock	BlackRock Mid-Cap Growth Equity Fd	**	998
*	Columbia	Columbia Overseas Value Fund	**	12,544
*	Columbia	Columbia Small Cap Growth Fund	**	975
*	Dreyfus	Dreyfus Government Secs Cash Mgmt Instl	**	82
*	The Hartford	Hartford Balanced Income Y	**	199
*	The Hartford	Hartford Schroders Intl Stock Fd	**	19,035
*	Invesco	Invesco International Bond Fund	**	9,476
*	JP Morgan	JPMorgan Large Cap Value Fund	**	33,973
*	Loomis	Loomis Sayles Global Allocation N	**	350
*	Morgan Stanley	Morgan Stanley Instl Intl Adv Fd	**	11,651
*	Nomura	Nomura Emerging Markets R6	**	17,249
*	Nomura	Nomura Small Cap Value Institutional	**	7,408
*	PIMCO	PIMCO Income Instl	**	5,733
*	T. Rowe Price	T. Rowe Price Blue Chip Growth Fund	**	22,673
*	Vanguard	Vanguard 500 Index Fund	**	114,640
*	Vanguard	Vanguard Mid Cap Index Fund	**	37,843
*	Vanguard	Vanguard Small Cap Index Fund	**	5,886
*	Virtus Mutual Funds	Virtus NFJ Mid-Cap Value Fund	**	1,151
*	Voya Funds	Voya Intermediate Bond Fund	**	31,408
	Total Mutual Funds			348,720
	Collective Trust Funds			
*	T Rowe Price	T Rowe Price Retirement Blend Select Trust 2010	**	9,423
*	T Rowe Price	T Rowe Price Retirement Blend Select Trust 2015	**	12,347
*	T Rowe Price	T Rowe Price Retirement Blend Select Trust 2020	**	309,743
*	T Rowe Price	T Rowe Price Retirement Blend Select Trust 2025	**	574,508
*	T Rowe Price	T Rowe Price Retirement Blend Select Trust 2030	**	2,704,370
*	T Rowe Price	T Rowe Price Retirement Blend Select Trust 2035	**	1,292,888
*	T Rowe Price	T Rowe Price Retirement Blend Select Trust 2040	**	971,118
*	T Rowe Price	T Rowe Price Retirement Blend Select Trust 2045	**	1,197,392
*	T Rowe Price	T Rowe Price Retirement Blend Select Trust 2050	**	697,078
*	T Rowe Price	T Rowe Price Retirement Blend Select Trust 2055	**	483,070
*	T Rowe Price	T Rowe Price Retirement Blend Select Trust 2060	**	389,239
*	T Rowe Price	T Rowe Price Retirement Blend Select Trust 2065	**	17,188
	Total Collective Trust Funds			8,658,364
	Participant Loans	5.25%-10.5%		219,924
	Total			$ 10,563,418

*A party-in-interest as defined by ERISA.
**Cost is omitted for participant directed investments.