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
EL SAN JUAN RESORT & CASINO 1081.01 RETIREMENT PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2017

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)
FHR ESJ OPERATIONS LLC

6063 ISLA VERDE AVENUE
CAROLINA, PR 00979

2b Employer Identification Number (EIN)
84-3890280

2c Plan Sponsor's telephone number
787-791-1000

2d Business code (see instructions)
721110

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	ANGIE NIEVES
	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 ☐ Same as Plan Sponsor

FHR ESJ OPERATIONS LLC

6063 ISLA VERDE AVENUE
CAROLINA, PR 00979

3b Administrator's EIN: 84-3890280

3c Administrator's telephone number: 787-791-1000

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	638
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)**	623
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	658
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	52
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	710
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	710
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)**	111
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)**	125
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
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 2G 2J 3C

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) [ ] **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
EL SAN JUAN RESORT & CASINO 1081.01 RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FHR ESJ OPERATIONS LLC

D Employer Identification Number (EIN)
84-3890280

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
EMPOWER ANNUITY 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
84-0467907	68322	374847P1	21	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	85715
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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. Specify nature of costs ▶	6d	

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	57322
c	Additions: (1) Contributions deposited during the year	7c(1)	24962		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1207		
	(4) Transferred from separate account	7c(4)	7362		
	(5) Other (specify below)	7c(5)	2231		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	35762
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	93084
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	5532		
	(2) Administration charge made by carrier	7e(2)	396		
	(3) Transferred to separate account	7e(3)	1441		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	7369
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	85715

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)**	
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)**	
(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)**	
(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
EL SAN JUAN RESORT & CASINO 1081.01 RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FHR ESJ OPERATIONS LLC

D Employer Identification Number (EIN)
84-3890280

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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 ANNUITY INSURANCE COMPANY

8515 EASR 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	23425	Yes [X] No [ ]	Yes [X] No [ ]		Yes [X] No [ ]

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

ORIENTAL BANK & TRUST

P O BOX 191429
SAN JUAN, PR 00919

(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 25	INVESTMENT ADVISOR	5963	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

EMPOWER ADVISORY GROUP LLC

8515 EAST OCHARD 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	547	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

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

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(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
EL SAN JUAN RESORT & CASINO 1081.01 RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FHR ESJ OPERATIONS LLC

D Employer Identification Number (EIN)
84-3890280

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: PUTNAM RETIREMENT ADVANTAGE 2025 V

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS

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)
26-1384344-263	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE TRUST M

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS

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)
26-0788428-268	C	143690

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE 2050 V

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENT

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)
26-0787670-258	C	39646

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE 2045 V

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENT

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)
26-1208510-259	C	227944

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE 2055 V

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENT

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)
27-3616920-275	C	111992

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE 2035V

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENT

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)
26-0787945-261	C	460792

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE 2040 V

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENT

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)
26-1384398-260	C	158233

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE 2030 V

b Name of sponsor of entity listed in (a): PUTMAN INVESTMENT

c EIN-PN 26-0788040-262	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 197504

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
EL SAN JUAN RESORT & CASINO 1081.01 RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FHR ESJ OPERATIONS LLC

D Employer Identification Number (EIN)
84-3890280

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)	44528	82283
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1518987	2020625
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	57322	85715
(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	1620837	2188623
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	20173	27549
1k Total liabilities (add all amounts in lines 1g through1j)	1k	20173	27549
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1600664	2161074

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)	140560	
(B) Participants	2a(1)(B)	336947	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		477507
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)	0	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	68991	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		68991
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		171565
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		718063
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	59381	
(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)		59381
f Corrective distributions (see instructions)	2f		27549
g Certain deemed distributions of participant loans (see instructions)	2g		41084
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	29639	
(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)		29639
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		157653
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		560410
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] 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: DRIVEN PSC **(2)** EIN: 66-0961896

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		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 _____.

EL SAN JUAN RESORT & CASINO 1081.01
RETIREMENT PLAN AND TRUST

INDEPENDENT AUDITORS' REPORT
AND
AUDITED FINANCIAL STATEMENTS

December 31, 2025 and 2024

AND
SUPPLEMENTAL SCHEDULE

as of December 31, 2025

EL SAN JUAN RESORT AND CASINO 1081.01 RETIREMENT PLAN AND TRUST
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DECEMBER 31, 2025 AND 2024

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees and Participants of
El San Juan Resort and Casino 1081.01 Retirement Plan and Trust:

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

We have performed an audit of the financial statements of El San Juan Resort and Casino 1081.01 Retirement Plan and Trust (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 2025 and 2024 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 audit 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.

Management has obtained a certification 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 5 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

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

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

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San Juan Puerto Rico
00936-3343
T: (+1) 787 725 1500
www.drivenadvisors.com

Basis for Opinion on the Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of the El San Juan Resort and Casino 1081.01 Retirement Plan and Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with auditing standards generally accepted in the United States of America, we:

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

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

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

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

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agrees to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

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

Driven, PSC

Driven, P.S.C.

License No. 329 Expires December 1, 2027

Guaynabo, Puerto Rico

October 15, 2026





DPSC329-2803

EL SAN JUAN RESORT & CASINO 1081.01
RETIREMENT PLAN AND TRUST

EL SAN JUAN RESORT AND CASINO 1081.01 RETIREMENT PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
INVESTMENTS, AT FAIR VALUE	$ 2,020,625	$ 1,518,987
FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT, AT CONTRACT VALUE	85,715	57,322
Total Investments	2,106,340	1,576,309
RECEIVABLES -		
Notes receivable from participants	123,367	44,528
Total assets	$ 2,229,707	$ 1,620,837
LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS		
LIABILITIES -		
Refund of excess contributions	$ 27,549	$ 20,173
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,202,158	$ 1,600,664

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

EL SAN JUAN RESORT AND CASINO 1081.01 RETIREMENT PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2025

		2025
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME:		
Net appreciation in fair vale of investments	$	171,565
Interest and dividends		62,486
Total net investment income		234,051
Interest income on notes receivable from participants		6,505
CONTRIBUTIONS:		
Participants' contributions		336,947
Employer contributions		140,560
Total contributions		477,507
Total additions		718,063
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits payments		59,381
Refund of excess contributions		27,549
Administrative charges		29,639
Total deductions		116,569
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS		601,494
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year		1,600,664
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$	2,202,158

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

1. REPORTING ENTITY AND DESCRIPTION OF THE PLAN

The following brief description of the El San Juan Resort and Casino 1081.01 Retirement Plan and Trust (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Plan Description – The Plan is a Profit-Sharing Plan with Qualified Cash or Deferred Contribution Agreement established by ESJ Holdings, LLC (the "Sponsor") prior to January 1, 2020. Effective January 1, 2020, the new Plan Sponsor is FHR ESJ Operations LLC. The Plan is subject to the Employee Retirement Income Security Act of 1974 ("ERISA"). Employees of ESJ Resort LLC and ESJ Casino LLC, who have completed three months of service as determined in accordance with the Plan's service rules, are 21 years of age or older, and are residents or citizens of Puerto Rico, are eligible to participate in the Plan. Employees are eligible to become a participant of the Plan on the first day of the month following the date on which he or she becomes qualified to participate.

Contributions to the Plan – Participants may contribute a pre-tax annual contribution up to the maximum amount in accordance with the provisions of the Puerto Rico Income Tax Code ($15,000 for the years ended December 31, 2025 and 2024). After-Tax contributions may not exceed 10% of the aggregate compensation paid to the participant. The employer will make a matching contribution equal to a discretionary percentage, to be determined by the Employer, of the Participant's salary reductions. Employees whose employment is governed by a collective bargaining agreement will not be eligible for the Employer Match Contribution. Catch-up contributions allow participants that have reached the age of fifty (50) by the end of the Plan's year to make an additional pre-tax contribution up to a maximum of $1,500 for the years ended December 31, 2025 and 2024. Compensation for this purpose means total salary and wages, overtime, commissions paid during the Plan year but exclude bonuses and extraordinary remuneration as reimbursements, expense allowance, fringe benefits and moving expenses. Participants may also contribute amounts representing distributions from other qualified plans.

Participant's Individual Account – Each participant's individual account is credited with the participant's contribution and allocations of (a) the Sponsors' contribution, (b) Plan earnings, and (c) at the discretion of the Plan Sponsors, forfeitures of terminated participants' non-vested accounts. The benefits to which the employee has rights are limited to the amount of his/her individual account.

Forfeited Accounts – The portion of a participant's account not vested at the date of his/her termination of employment is forfeited immediately. Forfeitures under the Plan will be allocated to eligible participants to reduce employer contribution or applied to reduce the Plan administrative expenses. For the years ended December 31, 2025 and 2024, there were no forfeited balances.

Vested Benefits – Participants are immediately vested in their contributions and sponsors' contributions plus actual earnings thereon.

Plan Expenses and Administration – The Plan Sponsor is responsible for the general administration of the Plan and for carrying out the provisions thereof. Plan expenses such as legal, auditing and advisory fees are paid by the Plan Sponsor. Certain transaction charges are deducted from the Participant's accounts.

Investments Options – Upon enrollment in the Plan, a participant may direct contributions into various investment options offered by the Plan. Contributions to a participant account that has not chosen an investment option are invested in a default portfolio of funds. Participants may change their contributions at any time thereafter. The Plan also allows participants to change their investments options daily.

Payment of Benefits – Immediate distributions may be made at participants' election upon termination of employment in a lump sum payment, roll over to another qualified retirement plan, roll over to an IRA and delay receipt of benefits subject to limitations. The normal retirement age is the date a participant attains their sixty-fifth (65^{th}) birthday. Early retirement is permitted at the participant's election if the participant has reached the age of fifty-five (55) years. A participant may withdraw amounts at any time from their salary after-tax contributions account, subject to uniform and nondiscriminatory standards established by the Plan Administrator. In the case of a participant termination because of death, the entire vested amount is paid to the person or persons legally entitled thereto.

Hardship Withdrawals – Under the provisions of the Plan, participants are permitted to make hardship withdrawals out from the participant's pre-tax, catch-up, match and roll over contributions. Such withdrawal is only permitted if the participant certify and agree the following conditions: a) distribution is not in excess of the amount of the participant's immediate and heavy financial need, b) the participant have obtained all distributions, other than hardship distributions, and all nontaxable loans currently available under all plans maintained by its employers and c) the participants salary deferrals will be suspended for at least twelve (12) months after your receipt of the hardship distribution.

Notes Receivable from Participants – Loan transactions are treated as transfers between the various funds and the loan fund. Under the terms of the Plan, participants may borrow from their accounts from $1,000 up to $50,000 or 50% of their vested account balance, whichever is lower. The loans are secured by the balance in the participant's accounts. A fixed interest rate based on the rate as of the first day of the month that the loan is originated is charged until the loan is repaid. Loan payments, which include principal and interest, are made through equal payroll deductions over the loan period. The notes receivable from participant

are measured at their unpaid principal balance plus any accrued but unpaid interest. A participant is required to pay a two (2) percent origination and processing fee on a loan application to cover the cost of processing the loan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the significant accounting policies used by the Plan follows:

Basics of Presentation – The financial statements of the Plan have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

Use of Estimates in the Preparation of Financial Statements – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of changes in net assets available for benefits during the reporting periods. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract 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. Refer to Note 3 to the Financial Statements for additional disclosure related to fair value measurements.

The Plan investment return includes interest income, gains and losses on sales of investments and unrealized appreciation or depreciation of investments. The financial statements reflect the net appreciation or depreciation in the fair value of the Plan's investments. This net appreciation or depreciation consists of realized gains and losses calculated as the difference between proceeds from a sales transaction and cost, and unrealized gains and losses calculated as the change in the fair value between beginning of the year (or purchase date if later) and the end of the year. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions to the Plan – Employees' contributions and Plan Sponsors' contributions, if any, are recorded in the plan year period in which the Plan Sponsors make payroll deductions from the Plan participants' earnings.

Payment of Benefits – Benefits are recorded upon distributions. There were no benefits payable that were requested but have not yet been paid at December 31, 2025 and 2024.

3. FAIR VALUE MEASUREMENTS

The ASC 820, Fair Value Measurement and Disclosures establishes a framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under this guidance are described below:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active market 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.
Level 3	Inputs to this valuation methodology are based on unobservable data and are significant to the fair value measurements.

An asset's 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2025 and 2024:

Mutual Funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and are classified as Level 1.

Common/Collective Trust - Valued at the net asset value (NAV) per unit as reported by the trustee, as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investment held by each trust, less its liabilities. These investments are not classified in the fair value hierarchy.

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

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

	2025		
	Level 1	**Level 2**	**Total**
Investments -			
Mutual funds	$ 680,821	$ -	$ 680,821
Investments measured at NAV practical expedient (a)			1,339,804
Total investments			$ 2,020,625

(a) Common Collective Trust- This category is composed of 7 funds. Fair Value is based on calculated net asset value of shares held by the plan as reported by the administrator of the funds. All of the funds are direct filing entities whose investments strategies have been omitted from disclosure. The fair value amounts presented in this table is intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

	2024		
	Level 1	**Level 2**	**Total**
Investments -			
Mutual funds	$ 448,978	$ -	$ 448,978
Investments measured at NAV practical expedient (a)			1,070,009
Total investments			$ 1,518,987

(a) Common Collective Trust- This category is composed of 8 funds. Fair Value is based on calculated net asset value of shares held by the plan as reported by the administrator of the funds. All of the funds are direct filing entities whose investments strategies have been omitted from disclosure. The fair value amounts presented in this table is intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits

4. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan's investment in fully benefit responsive group annuity contract, reported at contract value with Empower Annuity Insurance Company of America ("Empower"), and managed by Empower Capital Management, LLC, totaling $85,715 and $57,322, as of December 31, 2025 and 2024, respectively.

The group annuity contract invests contributions in a Key Guaranteed Portfolio Fund (KGPF). This KGPF is a general account product where principal and interest for participant-initiated benefit payments are fully guaranteed by the entire general account assets of Empower.

This KGPF is a fully benefit-responsive investment contract for participant-initiated transactions for which values are reported at contract value. Contract value is determined as (a) plus (b) minus (c) where:

(a) Represents the cost of all contributions made under the contract;
(b) Includes interests credited to the fund;
(c) Represents transfer-out from participants' account balance.

The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions, and it is reset quarterly. The average yield earned by the plan for the benefit responsive fund can be derived by averaging the quarterly gross interest rates for the fund over the year. The quarterly credit rate applies to all money deposited in the group contract holder's KGPF account regardless of when was deposited. The average interest rate for the year ended December 31, 2025 and 2024 was 1.70% and 1.60%, respectively.

In order to provide participants' investments with liquidity for participant-initiated transfers, there cannot be any actively competing investment options in the Plan. Competing investment options refer to: (1) other guaranteed products, (2) stable value funds, (3) short-term bond funds (3 years or less of maturity) and (4) money market funds. If a competing fund is offered without Empower's approval, all participants' transfers shall be suspended until the competing fund is removed.

Upon termination of the group annuity contract, the plan sponsor may choose the following options associated with KGPF depending on the contract provisions:

(a) Receive the payout of the fund in a lump sum with a market value adjustment;
(b) Receive the payout of the fund in a lump sum at book value, if this option is selected, Empower may defer the payment to a date no longer than 12 months in the future;
(c) Mutually agree in writing to any other payout option allowable under the applicable law.

5. INFORMATION CERTIFIED BY THE CUSTODIAN

The Plan Administrator has elected the method of compliance as permitted by 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. Accordingly, Empower Trust Company, LLC, the custodian of the Plan, has certified as to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024, and the supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025; the investment fair value measurement; and the related investment activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2025.

6. TAX STATUS

The Plan was qualified by the Puerto Rico Treasury Department ("PRTD") to operate under the provisions of former section 1165(e) of the Puerto Rico Income Tax Code, now section 1081.01 of the code. Such qualification provides the tax-deferral and deduction features at the participants' and Plan Sponsors' level and ratifies such treatment since the Plan's inception. The Plan has been amended since receiving the letter of determination. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Income Tax Code and has no income subject to unrelated business income tax. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2025 and 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

In Puerto Rico, the tax laws permit examination of the Plan tax returns for up to four years after the initial return is filed. The tax years of the Plan that remain open for examination are from 2022 to 2025.

7. PLAN TERMINATION

Although it has not expressed any intention to do so, the Plan Sponsors have the right under the Plan to reduce, suspend or discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan terminates, the interest of each participating employee in the Plan shall be fully vested and such termination

shall not reduce the interest of any participating employee, or their beneficiaries accrued under the Plan up to the date of such termination.

8. RISK AND UNCERTAINTIES

The Plan's investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments and level of uncertainty related to changes in the values of investments, it is possible that changes in market values in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits. Individual participants' accounts bear the risk of loss resulting from fluctuations in fund values.

9. PARTIES-IN-INTEREST TRANSACTIONS

Parties-in-interest include the Plan Sponsor, the Plan Administrator, the Plan's trustee, its recordkeeper, and other service providers to the Plan, as well as participants.

Certain administrative expenses of the Plan were paid by the Plan Sponsor for the years ended December 31, 2025 and 2024, and the Plan Sponsor does not expect reimbursement. Certain employees of the Plan Sponsor perform administrative functions for the Plan without compensation from the Plan.

Plan investments include a fully benefit responsive investment contract with Empower. Therefore, transactions involving this contract qualify as party-in-interest transactions. Notes receivable from participants also qualify as party-in-interest transactions. These transactions are exempt from the prohibited transaction rules of ERISA.

10. NON-DISCRIMINATION TESTS

For the year ended December 31, 2025 and 2024, the Plan failed the non-discrimination test. In order to correct the excess contributions corresponding to the years ended December 31, 2025 and 2024, the Plan sponsor decide to reimburse, and disclose as a liability, the excess contributions amounting to $27,549 and $20,173, respectively, to certain highly compensated participants.

11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Participant loans that are not repaid within the time period specified in the related promissory note are considered deemed distributions. For Form 5500 purposes, deemed distributions are excluded from participant loans and reported as an expense. Under U.S. GAAP, however, these loans remain recorded as notes receivable from participants until a distributable event occurs, regardless of whether the participant is active or terminated.

The Plan's Form 5500 for the year ended December 31, 2024, did not exclude deemed distribution of participant loans amounting to $4,320, which were outstanding at that date. As a result, the 2024 amount per Form 5500 presented below differ from those disclosed in the Plan's 2024 notes to financial statements. These deemed distributions were reported in Plan's 2025 Form 5500.

	2025	2024	
Net Assets Available for benefits per financial statements	$ 2,202,158	$ 1,600,664	
Deemed distributions of notes receivables from participant under the plan	(41,084)	(4,320)	*
Net Assets available for benefits per Form 5500	$ 2,161,074	$ 1,596,344	

* Not included in Form 5500 of 2024.

	2025	2024	
Notes receivable from participant per the financial statements	$ 123,367	$ 44,528	
Deemed distributions of notes receivables from participant under the plan	(41,084)	(4,320)	*
Participant loans for benefit per Form 5500	$ 82,283	$ 40,208	

* Not included in Form 5500 of 2024.

The following is a reconciliation of the statement of changes in net assets available for benefits between the financial statement and Form 5500:

	2025
Net Increase in net assets for benefit per the financial statement	$ 601,494
Less: deemed distributions of participant loans - current year	(36,764)
Less: deemed distributions of participant loans - Prior year's	(4,320)
Net Income per Form 5500	$ 560,410

12. SUBSEQUENT EVENTS

The Plan Administrator evaluated subsequent events through October 15, 2026, the date on which the financial statements were available to be issued. There were no material subsequent events that would require further disclosures in the Plan's financial statements.

SUPPLEMENTAL SCHEDULE

(See Independent Auditors' Report)

EL SAN JUAN RESORT AND CASINO 1081.01 RETIREMENT PLAN AND TRUST
EIN: 84-3890280 PLAN NO. 001
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	ALLSPRING SPECIAL MID CAP VALUE A	Mutual Fund - 471 Shares	**	$ 20,606
	AMERICAN BEACON SMALL CP VAL A	Mutual Fund - 402 Shares	**	8,420
	AMERICAN FUNDS NEW WORLD FUND - R3	Mutual Fund - 383 Shares	**	35,010
	ARTISAN INTERNATIONAL INV	Mutual Fund - 821 Shares	**	24,519
	BLACKROCK HIGH YIELD INV A	Mutual Fund - 460 Shares	**	3,323
	CLEARBRIDGE MID CAP CLASS A	Mutual Fund - 416 Shares	**	13,497
	COLUMBIA QUALITY INCOME A	Mutual Fund - 351 Shares	**	6,446
	JANUS HENDERSON VENTURE S	Mutual Fund - 273 Shares	**	21,367
	JHANCOCK BOND R2	Mutual Fund - 1,760 Shares	**	24,131
	JPMORGAN US EQUITY A	Mutual Fund - 4,050 Shares	**	108,330
	JPMORGAN VALUE ADVANTAGE A	Mutual Fund - 1,842 Shares	**	66,595
	NOMURA MID CAP GROWTH Y	Mutual Fund - 1,701 Shares	**	42,460
	NOMURA SMALL CAP CORE A	Mutual Fund - 118 Shares	**	3,465
	PIMCO INCOME A	Mutual Fund - 2,732 Shares	**	30,023
	PUTNAM DYNAMIC ASSET ALLOCATION BAL A	Mutual Fund - 2,287 Shares	**	38,659
	PUTNAM DYNAMIC ASSET ALLOCATION CON A	Mutual Fund - 118 Shares	**	1,318
	PUTNAM DYNAMIC ASSET ALLOCATION GROWTH A	Mutual Fund - 661 Shares	**	14,237
	T. ROWE PRICE GROWTH STOCK ADV	Mutual Fund - 2,083 Shares	**	212,824
	THIRD AVENUE REAL ESTATE VALUE INVESTOR	Mutual Fund - 227 Shares	**	5,591
	Total value of interest in investments companies, at fair value			680,821
*	KEY GUARANTEED PORTFOLIO FUND	Fully benefit-responsive cotract with an effective interest rate of 1.70%	**	85,715
	PUTNAM RETIREMENT ADVANTAGE 2030 V	Collective Trust Funds - 8,175 Shares	**	197,505
	PUTNAM RETIREMENT ADVANTAGE 2035 V	Collective Trust Funds - 16,404 Shares	**	460,793
	PUTNAM RETIREMENT ADVANTAGE 2040 V	Collective Trust Funds - 5,183 Shares	**	158,233
	PUTNAM RETIREMENT ADVANTAGE 2045 V	Collective Trust Funds - 7,040 Shares	**	227,944
	PUTNAM RETIREMENT ADVANTAGE 2050 V	Collective Trust Funds - 1,160 Shares	**	39,646
	PUTNAM RETIREMENT ADVANTAGE 2055 V	Collective Trust Funds - 2,458 Shares	**	111,992
	PUTNAM RETIREMENT ADVANTAGE TRST MAT V	Collective Trust Funds - 7,213 Shares	**	143,691
	Total collective trust funds			1,339,804
*	Notes Receivable from participants	Participant loans with maturities ranging from 2026 to 2030 and interest rates ranging from 4.25% to 9.5%		82,283
	Total investments			$ 2,188,623

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

** Cost is not required for participant-directed investments and therefore, is not included.

Note: The above data was prepared from information certified as complete and accurate by Empower Trust Company, LLC, the Plan's Custodian, except for notes receivable from participants. During the year ended December 31, 2025, the Plan had as defined by ERISA; (a) no obligations in default, and (b) no leases in default.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EL SAN JUAN RESORT & CASINO 1081.01 RETIREMENT PLAN AND TRUST

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1PAEAX			12,592.06	14,236.84
1PTRVMT			129,929.54	143,690.83
1PTRV30			146,001.09	197,504.64
1PTRV35			319,204.49	460,792.75
1PTRV40			120,890.80	158,233.65
1PTRV45			162,917.78	227,944.15
1PTRV50			30,823.90	39,646.26
1PTRV55			76,402.84	111,992.14
1105AFW			31,329.39	35,009.62
1ARTIX			24,927.50	24,519.41
1TVRVX			5,469.53	5,590.83
1ABSAX			8,827.11	8,419.84
1DCCAX			3,377.30	3,464.86
1JVTSX			21,087.84	21,366.71
1SBMAX			14,105.61	13,497.32
1WMGYX			49,087.48	42,459.54
1WFPAX			21,549.76	20,606.72
1JUEAX			95,425.10	108,330.16
1JVAAX			69,426.22	66,595.43
1TRSAX			181,137.27	212,824.47
1PABAX			35,716.91	38,658.63
1PACAX			1,266.28	1,317.91
1BHYAX			3,284.79	3,322.80
1AUGAX1			6,364.31	6,446.01
1JHRBX			23,824.02	24,130.62
1PONAX			29,483.61	30,022.98
1PRKGPF		1.700	82,920.07	85,715.32
			1,707,372.60	**2,106,340.44**
PARTICIPANT LOANS	VARIOUS	4.250-9.500	82,260.44	82,282.86

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 47-7396802