

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>THE MUSCOGEE (CREEK) NATION CASINO 401 (K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/2001</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/01/2001</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>10/01/2001</u>					
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) <u>MUSCOGEE(CREEK)NATION GAMING OPERATIONS AUTHORITY BOARD</u> <u>P.O. BOX 700833</u> <u>TULSA, OK 74107-0833</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>27-0984046</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>918-299-8518</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>713200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>27-0984046</u>	2c Plan Sponsor's telephone number <u>918-299-8518</u>	2d Business code (see instructions) <u>713200</u>	
2b Employer Identification Number (EIN) <u>27-0984046</u>					
2c Plan Sponsor's telephone number <u>918-299-8518</u>					
2d Business code (see instructions) <u>713200</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2022	DAYNA SOULE
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor MUSCOGEE (CREEK) NATION GAMING OPERATIONS AUTHORITY BOARD P.O. BOX 700833 TULSA, OK 74107-0833	3b Administrator's EIN 27-0984046 3c Administrator's telephone number 918-299-8518
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 2170
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1894 6a(2) 1793 6b 0 6c 517 6d 2310 6e 0 6f 2310 6g 2286 6h 157
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 Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D 2R 2S 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan THE MUSCOGEE (CREEK) NATION CASINO 401 (K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MUSCOGEE(CREEK)NATION GAMING OPERATIONS AUTHORITY BOARD	D Employer Identification Number (EIN) 27-0984046	

Part I	Service Provider Information (see instructions)
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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	
BOKF, NA	PO BOX 880 TULSA, OK 74101

(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)

BOKF, NA

PO BOX 880
TULSA, OK 74101

(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?
19 37 52 59 60 62 63 64 68 71 25	TRUSTEE	165172	Yes ☒ No ☐	Yes ☒ No ☐	1347	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 ☐

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)

(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 ☐

(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
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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
(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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>THE MUSCOGEE (CREEK) NATION CASINO 401 (K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MUSCOGEE(CREEK)NATION GAMING OPERATIONS AUTHORITY BOARD</u>	D Employer Identification Number (EIN) <u>27-0984046</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: MAP POOLED INVESTMENT TRUST

b Name of sponsor of entity listed in (a): BOKF, NA

c EIN-PN <u>73-0780382-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29529445</u>
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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)
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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
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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
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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
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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
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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)

(Complete as many entries as needed to report all participating plans)

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
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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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan THE MUSCOGEE (CREEK) NATION CASINO 401 (K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MUSCOGEE(CREEK)NATION GAMING OPERATIONS AUTHORITY BOARD	D Employer Identification Number (EIN) 27-0984046	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	791	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	88322	84646
(2) Participant contributions.....	1b(2)	114381	119370
(3) Other	1b(3)	45	9057
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2814746	1993685
(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)	55271	898480
(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)	684283	628130
(9) Value of interest in common/collective trusts	1c(9)	24669004	29529445
(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)	5956833	7761625
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	34383676 41024438
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	726 0
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	726 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	34382950 41024438

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	2181163
	(B) Participants	2a(1)(B)	2930540
	(C) Others (including rollovers).....	2a(1)(C)	17340
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	5129043
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	190
	(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)	35234
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	35424
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	3059
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	45843
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	48902
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	24386548
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	22077536
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	2309012
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-96448
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-96448

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		2089938
(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)		12171
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		9528042
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2718378	
(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)		2718378
f Corrective distributions (see instructions).....	2f		15704
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	152472	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		152472
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2886554
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		6641488
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) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: FORVIS, LLP

(2) EIN: 44-0160260

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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?	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?		X	
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.)	X		
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 ☒ 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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan THE MUSCOGEE (CREEK) NATION CASINO 401 (K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 MUSCOGEE(CREEK)NATION GAMING OPERATIONS AUTHORITY BOARD	D Employer Identification Number (EIN) 27-0984046

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 73-6210970		
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.)
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4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
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
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

The Muscogee (Creek) Nation Casino 401(k) Plan

EIN 27-0984046 PN 001

Independent Auditor's Report and Financial Statements

December 31, 2021 and 2020

The Muscogee (Creek) Nation Casino 401(k) Plan

December 31, 2021 and 2020

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Independent Auditor's Report

Board of Directors of Muscogee Nation
Gaming Enterprises, LLC
The Muscogee (Creek) Nation Casino 401(k) Plan
Tulsa, Oklahoma

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We have performed an audit of the financial statements of The Muscogee (Creek) Nation Casino 401(k) Plan (the Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of fiduciary net position as of December 31, 2021 and the related statement of changes in fiduciary net position for the year then ended and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021 stating that the certified investment information, as described in *Note 3* to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the "Auditor's Responsibilities for the Audit of the 2021 Financial Statements" section:

- The amounts and disclosures in the accompanying 2021 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 (GAAP).
- The information in the accompanying 2021 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 to by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the “Auditor’s Responsibilities for the Audit of the 2021 Financial Statements” section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

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

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

Auditor’s Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the “Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements” section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

Required Supplementary Information

Management has omitted management's discussion and analysis that the Governmental Accounting Standards Board (GASB) requires to be presented to supplement the basic financial statements. Such missing information, although not a part of the basic financial statements, is required by GASB, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. Our opinion on the basic financial statements is not affected by the missing information.

2021 Supplemental Schedules Required by ERISA

The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL'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, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental 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 to by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified to by a qualified institution. In our report dated October 14, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and, accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements, other than that derived from the certified information, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

FORVIS,LLP

Tulsa, Oklahoma
September 21, 2022

Federal Employer Identification Number: 44-0160260

The Muscogee (Creek) Nation Casino 401(k) Plan
Statements of Fiduciary Net Position
December 31, 2021 and 2020

Assets

	2021	2020
Investments, at Fair Value	<u>\$ 40,183,235</u>	<u>\$ 33,495,854</u>
Receivables		
Employer contributions	84,646	88,322
Participant contributions	119,370	114,381
Due from broker	8,919	-
Accrued dividends	138	45
Notes receivable from participants	<u>628,130</u>	<u>684,283</u>
Total receivables	<u>841,203</u>	<u>887,031</u>
Noninterest-Bearing Cash	<u>-</u>	<u>791</u>
Total assets	41,024,438	34,383,676

Liabilities

Due to Broker	<u>-</u>	<u>726</u>
Fiduciary Net Position	<u><u>\$ 41,024,438</u></u>	<u><u>\$ 34,382,950</u></u>

The Muscogee (Creek) Nation Casino 401(k) Plan
Statements of Changes in Fiduciary Net Position
Years Ended December 31, 2021 and 2020

	2021	2020
Investment Income		
Net appreciation in fair value of investments	\$ 4,314,673	\$ 5,195,026
Interest and dividends	<u>49,092</u>	<u>62,159</u>
Net investment income	<u>4,363,765</u>	<u>5,257,185</u>
Interest Income on Notes Receivable from Participants	<u>35,234</u>	<u>46,842</u>
Contributions		
Employer	2,181,163	2,190,959
Participants	2,930,540	3,003,897
Rollovers	<u>17,340</u>	<u>97,108</u>
	<u>5,129,043</u>	<u>5,291,964</u>
Total additions	<u>9,528,042</u>	<u>10,595,991</u>
Deductions		
Benefits paid to participants	2,734,082	7,901,795
Administrative expenses	<u>152,472</u>	<u>102,748</u>
Total deductions	<u>2,886,554</u>	<u>8,004,543</u>
Increase in Fiduciary Net Position	6,641,488	2,591,448
Fiduciary Net Position, Beginning of Year	<u>34,382,950</u>	<u>31,791,502</u>
Fiduciary Net Position, End of Year	<u><u>\$ 41,024,438</u></u>	<u><u>\$ 34,382,950</u></u>

The Muscogee (Creek) Nation Casino 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Note 1: Description of the Plan

The following description of The Muscogee (Creek) Nation Casino 401(k) Plan (the Plan) provides only general information. Participants should refer to the entire plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by the Muscogee Nation (the Nation) and managed by the Board of Directors of Muscogee Nation Gaming Enterprises, LLC (the Board). The Board serves as the overall manager of the Nation's casinos, which include River Spirit, One Fire, Muscogee, Bristow, Checotah, Duck Creek, Eufaula, Holdenville, and Okemah casinos (collectively, the Casino). Employees of the Casino are covered by the Plan. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). BOKF, NA, is the trustee of the Plan and also serves as the Plan's contract administrator.

Participants and Contributions

A full-time employee of the Casino may begin participation in the Plan beginning on the first day of the month following the completion of 60 consecutive days of employment. Participants are eligible for the employer discretionary matching contributions after completion of at least 1,000 hours of service in a consecutive period of 12 months. Plan entrance dates for the employer discretionary matching contributions are January 1, April 1, July 1, and October 1.

The Plan permits eligible employees through a salary deferral election to have the Casino make pre-tax contributions of any whole percentage of their eligible compensation from 1% to 80%, as defined by the Plan. The pre-tax contributions and their earnings are taxable at the time of distribution. On the first entrance date following the employee becoming eligible to make salary deferrals, the Plan will automatically enroll participants at a 3% deferral rate unless the participant specifically elects a different percentage prior to the automatic enrollment date. Employee rollover contributions are also permitted. Participants who have attained age 50 before the end of the calendar year are eligible to make catch-up contributions. Catch-up contributions are eligible for the Casino's matching contributions.

The Casino makes discretionary matching contributions to the Plan as determined by the Board. Discretionary contributions for the years ended December 31, 2021 and 2020 equaled 100% of employee contributions up to 5% of employee deferrals. Contributions are subject to certain limitations.

The Plan also provides for discretionary profit-sharing contributions to be made as determined by the Board. For the years ended December 31, 2021 and 2020, there were no discretionary profit-sharing contributions made to the Plan.

The Muscogee (Creek) Nation Casino 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Participant Investment Account Options

Participants have the right to direct the investment of their account balances, including their contributions and the Casino's matching contributions, into any of the various investment options managed by and offered through BOKF, NA.

Participants have access to change their investment options daily over the phone or via an online portal.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Casino's discretionary contributions, and plan earnings and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus earnings thereon. Participants are 100% vested in the discretionary employer matching contributions or profit-sharing contributions and the earnings thereon on a cliff vesting basis after three years of service, as defined.

In the event of death or disability, the participant becomes 100% vested.

Notes Receivable from Participants

The plan document includes provisions authorizing loans from the Plan to active eligible participants. The minimum amount of a loan shall be \$1,000. The maximum amount of a participant's loan is \$7,500 or 50% of the vested account balance. In the event of a principal residence loan, the maximum allowable loan is \$25,000. The number of loans a participant may have outstanding at one time is one. All loans are secured by the balance in the participant's account and are repayable over a period not to exceed five years, unless the loan is for the purchase of the participant's principal residence, in which case the maximum loan term is 15 years. Interest on loans is based on the National Prime Interest Rate plus 2%. Principal and interest are paid ratably through payroll deductions.

In 2020, the Board approved the Plan's adoption of certain provisions of the *Coronavirus Aid, Relief, and Economic Security Act* (CARES Act) for loan relief to delay certain required loan repayments for one year. The one-year suspension of loan repayments applies to qualified participants' loan payments due between March 27, 2020 and December 31, 2020. Following the suspension period, these loans will be re-amortized over the remaining period of the loans plus the suspension period.

The Muscogee (Creek) Nation Casino 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Payment of Benefits

Upon termination of service due to death, disability, retirement, or other reasons, a participant may receive a lump-sum amount equal to the value of the participant's vested interest in their account. In-service distributions are not permitted unless the participant has attained age 59½, certain hardship conditions are met, or rollover contributions are available.

In 2020, the Board approved the Plan's adoption of certain CARES Act provisions for coronavirus-related distributions (CRD). Through December 30, 2020, qualified participants were permitted to take a CRD of up to \$100,000 from the Plan. Participants who took a CRD have the option to have the distribution taxed over a three-year period, with the ability to recontribute up to the full amount of the distribution within three years and not be subject to federal income tax as a result. The Plan also waived minimum distribution requirements for any distribution required to be made in 2020.

Forfeited Accounts

At December 31, 2021 and 2020, forfeited nonvested accounts totaled \$12,902 and \$15,703, respectively. These accounts will be used to reduce future employer contributions or pay plan expenses. During the years ended December 31, 2021 and 2020, forfeitures used to pay plan expenses were \$110,613 and \$49,306, respectively.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP) as applied to governmental units using the economic resources measurement focus and the accrual basis of accounting. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of fiduciary net position and changes in fiduciary net position and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value in accordance with GASB Statement No. 72, *Fair Value Measurement and Application*. Quoted market prices, if available, are used to value investments. Common stocks and exchange-traded funds are valued at the closing price reported on the active market on which the individual securities are traded. Mutual funds are valued at the net asset value (NAV) of shares by the Plan at year-end.

The Muscogee (Creek) Nation Casino 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

The Plan's interest in common/collective trusts is valued based on information reported by the trustee using the audited financial statements of the common/collective trusts at year-end. The NAV is used as a practical expedient to estimate fair value as plan management determined that this investment did not have a readily determinable fair value. The practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. The Plan's investment in the common/collective trusts does not include any unfunded commitments.

The common/collective trust investment strategy for each fund the Plan holds is as follows:

Retirement Conservative Fund – The purpose of this fund is the achievement of long-term capital growth with reduced volatility through the active and passive management of a portfolio that includes a greater weighting of fixed income and lesser weighting of equity investments.

Target Date Funds – The purpose of these funds are the achievement of optimal total return consistent with the risk tolerance of the typical individual reaching normal retirement for the applicable target date year.

Strategic Fixed Income Fund – The purpose of this fund is the achievement of limited volatility through the active and passive management of a portfolio that includes a majority weighting of fixed income investments.

Strategic International Fund – The purpose of this fund is the achievement of long-term capital growth through the active and passive management of a portfolio of international securities. This may include securities in emerging market countries.

Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation 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. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Casino and are excluded from these statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Certain investment-related expenses are included in net appreciation in fair value of investments.

The Muscogee (Creek) Nation Casino 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Note 3: Certification of Plan Trustee

The plan administrator has elected the method of annual reporting compliance 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, BOKF, NA, a qualified institution, has certified the following information included in the accompanying financial statements and ERISA-required supplemental schedules are complete and accurate:

- Investments, due from/to broker, noninterest-bearing cash, accrued dividends, and notes receivable from participants as shown in the accompanying statements of fiduciary net position as of December 31, 2021 and 2020
- Investment income and interest income on notes receivable from participants as shown in the accompanying statements of changes in fiduciary net position for the years ended December 31, 2021 and 2020
- Investment information and notes receivable from participants included in the accompanying schedule of assets (held at end of year) as of December 31, 2021

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information except for comparing such certified investment information to the related investment information included in the accompanying financial statements and ERISA-required supplemental schedules.

Note 4: Investments

At December 31, the Plan held the following investments:

	2021	2020
Common/collective trusts	\$ 29,529,445	\$ 24,669,004
Mutual funds	7,420,923	5,756,400
Money market mutual fund	1,790,938	1,837,939
Self-directed brokerage accounts		
Money market mutual fund	202,747	976,807
Mutual funds	316,156	194,331
Common stocks	898,480	55,271
Exchange-traded funds	24,546	6,102
Total investments, at fair value	<u>\$ 40,183,235</u>	<u>\$ 33,495,854</u>

The objectives of the Plan are to offer participants investment choices from various asset classes in an attempt to provide a sufficient level of overall diversification, determine guidelines to select appropriate investment managers, determine guidelines used to monitor investment managers within the Plan, control and account for all costs of managing investments, and appropriately educate plan participants about various investment choices available to them in the Plan.

The Muscogee (Creek) Nation Casino 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Investment securities are exposed to various risks that can affect the value of the Plan's investments, such as custodial credit risk, foreign currency risk, interest rate risk, credit risk, and concentration of credit risk.

Custodial Credit Risk – Custodial credit risk is the risk that in the event of a failure by the counterparty the Plan will not be able to recover the value of its investments that are in the possession of an outside party. The Plan's policies do not specifically address custodial credit risk.

Foreign Currency Risk – Foreign currency risk is the risk that changes in exchange rates will adversely impact the fair value of an investment denominated in a foreign currency. The Plan does not hold any direct investments of instruments denominated in a foreign currency.

Interest Rate Risk – Interest rate risk arises from the likelihood that interest rates will rise or fall during the holding period of a fixed-rate security and adversely affect the selling price of the security prior to maturity. The price of a debt security typically moves in the opposite direction of the change-in-interest rates. The Plan's policies do not specifically address interest rate risk. As of December 31, 2021 and 2020, the Plan had investments in mutual funds, common/collective trusts, and self-directed brokerage accounts whose underlying assets are not subject to interest rate risk. The money market mutual funds are considered an investment with a maturity of less than one year because the average maturity of the funds is less than one year.

Credit Risk – Credit risk exists when there is a possibility that the issuer or other counterparty to an investment may be unable to fulfill its payments on a security under the original term. The Plan's policies do not specifically address credit risk. As of December 31, 2021 and 2020, the Plan had investments in mutual funds, common/collective trusts, money market mutual funds, and self-directed brokerage accounts that invest in equity securities that are not subject to credit risk disclosures and do not report individual credit ratings.

Concentration of Credit Risk – The Plan's policies do not specifically address concentration of credit risk. The Plan's significant investments are in mutual funds, money market mutual funds, self-directed brokerage accounts, or other pooled investments that are not subject to concentration of credit risk.

Note 5: Related-Party and Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

Certain plan investments are units of collective trusts or shares of money market mutual funds managed by BOKF, NA or one of its wholly owned subsidiaries, Cavanal Hill Investment Management. BOKF, NA is the trustee, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are included in net appreciation in fair value of investments as they are paid through revenue-sharing rather than a direct payment.

The Muscogee (Creek) Nation Casino 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

The Plan paid \$152,472 and \$102,748 for fees related to general administration, record-keeping, and trust administration for services provided by the trustee during the years ended December 31, 2021 and 2020, respectively, which are included in administrative services. These expenses and other expenses relating to the Plan are paid by the Plan or the Casino at the Casino's discretion. The Casino also provides certain administrative services at no cost to the Plan.

Note 6: Disclosures About Fair Value of Plan Assets

Fair value is defined as the price that would be received upon sale of an asset in an orderly transaction between market participants at the measurement date. The Plan utilizes a fair value hierarchy that prioritizes inputs to valuation techniques based on observable and unobservable data and categorizes the inputs into three levels. The levels of the hierarchy are described below:

- Level 1** Unadjusted quoted prices in active markets for identical assets.
- Level 2** Significant observable pricing inputs other than quoted prices included within Level 1 that are either directly or indirectly observable as of the reporting date. Essentially, this represents inputs that are derived principally from or corroborated by observable market data.
- Level 3** May include one or more unobservable inputs that are significant in establishing a fair value estimate. These unobservable inputs are developed based on the best information available and may include the Casino's own internal data.

The Muscogee (Creek) Nation Casino 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying statements of fiduciary net position measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31:

		Fair Value Measurements Using		
		Quoted Prices in Active Markets Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Fair Value			
2021				
Mutual funds	\$ 7,420,923	\$ 7,420,923	\$ -	\$ -
Money market mutual fund	1,790,938	1,790,938	-	-
Self-directed brokerage accounts	<u>1,441,929</u>	<u>1,441,929</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	10,653,790	<u>\$ 10,653,790</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at NAV (A)	<u>29,529,445</u>			
Investments, at fair value	<u>\$ 40,183,235</u>			
2020				
Mutual funds	\$ 5,756,400	\$ 5,756,400	\$ -	\$ -
Money market mutual fund	1,837,939	1,837,939	-	-
Self-directed brokerage accounts	<u>1,232,511</u>	<u>1,232,511</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	8,826,850	<u>\$ 8,826,850</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at NAV (A)	<u>24,669,004</u>			
Investments, at fair value	<u>\$ 33,495,854</u>			

- (A) Certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy, which included common/collective trusts. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the accompanying statements of fiduciary net position.

The Muscogee (Creek) Nation Casino 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of fiduciary net position, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2021. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Quoted market prices, if available, are used to value the investments classified within Level 1 of the valuation hierarchy. Level 1 investments include mutual funds, a money market mutual fund, and self-directed brokerage accounts. If quoted market prices are not available, then fair values are estimated by using pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections, and cash flows. Such investments are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, investments are classified within Level 3 of the hierarchy. The Plan had no Level 2 or Level 3 investments as of December 31, 2021 and 2020.

Note 7: Plan Termination

Although it has not expressed any intent to do so, the Board has the right under the Plan to discontinue the Casino's contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination of the Plan, participants would become 100% vested in their employer contributions.

Note 8: Tax Status

The Plan operates under a nonstandardized adoption agreement in connection with a prototype 401(k) profit-sharing plan and trust sponsored by BOKF, NA. This prototype plan document has been filed with the appropriate agency. The Plan has not obtained or requested a determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Note 9: Risk 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 the participants' account balances and the amounts reported in the accompanying statements of net assets available for benefits.

The Muscogee (Creek) Nation Casino 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

In addition, the outbreak of the SARS-CoV-2 virus and the incidence of COVID-19, which was declared a pandemic by the World Health Organization on March 11, 2020, has led to adverse impacts on the U.S. and global economies. Economic uncertainties have arisen that have resulted in significant volatility in the investment markets and may continue to impact the value of plan assets. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

Note 10: Subsequent Event

Effective July 31, 2022, the Board adopted a resolution to amend the Plan. As part of this amendment, the name of the Plan was changed to Muscogee Nation Gaming Enterprises 401(k) Plan.

Supplemental Schedules

The Muscogee (Creek) Nation Casino 401(k) Plan

EIN 27-0984046 PN 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2021

Identity of Issuer and Description of Investment	Shares/Units	Current Value
Self-Directed Brokerage Accounts		
Various – see detail on next page	228,094	\$ 1,441,929
Money Market Mutual Fund		
* Cavanal Hill – Government Securities Money Market Fund – Sel	1,790,938	1,790,938
Mutual Funds		
American Beacon Small Cap Value Fund	7,209	206,599
BlackRock Equity Dividend Fund	17,108	370,568
Fidelity 500 Index Fund	14,111	2,332,888
JP Morgan Mid Cap Value Fund	6,842	284,482
MFS Mid Cap Growth Fund	24,862	833,869
Mainstay Winslow Large Cap Growth Fund	137,861	1,874,906
T. Rowe Price New Horizons	19,702	1,517,611
Total mutual funds		7,420,923
Common/Collective Trusts		
* BOK Financial Strategic International Fund	22,322	421,573
* BOK Financial Retirement 2020 Fund	79,357	2,322,078
* BOK Financial Retirement Conservative Fund	92,525	2,182,747
* BOK Financial Retirement 2030 Fund	207,128	6,839,994
* BOK Financial Retirement 2040 Fund	195,170	7,110,428
* BOK Financial Retirement 2050 Fund	196,150	7,618,076
* BOK Financial Retirement 2060 Fund	57,629	2,190,698
* BOK Financial Retirement 2070 Fund	9,084	124,476
* BOK Financial Strategic Fixed Income Fund	37,685	719,375
Total common/collective trusts		29,529,445
Notes Receivable from Participants		
* Various plan participants, accruing interest ranging from 5.25% to 7.50% with maturity dates through August 2036		628,130
		\$ 40,811,365

*Party-in-interest

Note: Disclosure of the investments' cost is not required because the investments are participant-directed.

The Muscogee (Creek) Nation Casino 401(k) Plan

EIN 27-0984046 PN 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) Assets Held in Self-Directed Brokerage Accounts – Sub-Schedule December 31, 2021

Identity of Issuer and Description of Investment	Shares/Units	Current Value
Money Market Mutual Fund		
*Caval Hill – Government Securities Money Market Fund – Adm	202,747	\$ 202,747
Mutual Funds		
Vanguard Total International Stock Index Fund – Adm	1,061	36,270
Vanguard HI Yld Div Indx – Adm # 5023	222	7,501
Vanguard Emerging Markets Stock Index Fund – Adm	166	6,800
Vanguard Extended Market Index Fund – Adm	51	7,106
Vanguard Total Stock Market Index Fund – Adm	349	41,083
Vanguard Target Retirement 2050 Fund – Inv	786	36,875
Vanguard Target Retirement 2040 Fund – Inv	3,629	152,536
Vanguard Total Bond Market Index Fund – Adm	500	5,590
Vanguard Short-Term Bond Index Fund – Adm	521	5,533
Vanguard Intermediate-Term Bond Index Fund – Adm	467	5,552
Vanguard Short-Term Inflation-Protected Securities Index Fund – Adm	223	5,733
Vanguard Total International Bond Index Fund – Adm	253	5,577
Total mutual funds		316,156
Common Stocks		
Carnival Corp	140	2,817
Paypal Holdings Inc	2	377
Tilray Inc	100	703
Callon Petroleum Co	3,500	165,375
Enbridge Inc	25	977
Matador Resources Co	2,000	73,840
SM Energy Co	5,000	147,400
Weyerhaeuser Co REIT	25	1,029
Advanced Micro Devices	600	86,340
Apple Inc Com	1,000	177,570
Cadence Design Sys Inc	400	74,540
Nvidia Corp	200	58,822
Palantir Technologies Inc	1,930	35,145
Cameco Corp	80	1,745
Denison Mines Corp	1,265	1,733
Energy Fuels Inc/Canada	244	1,862
AT&T Inc	38	935
Facebook Inc – A	200	67,270
Total common stocks		898,480

The Muscogee (Creek) Nation Casino 401(k) Plan

EIN 27-0984046 PN 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year), continued

Assets Held in Self-Directed Brokerage Accounts – Sub-Schedule

December 31, 2021

Identity of Issuer and Description of Investment	Shares/Units	Current Value
Exchange-Traded Funds		
Global X Uranium	73	\$ 1,666
iShares Msci EAFE Min Vol Factor	92	7,063
iShares Msci USA Min Vol Factor	96	7,766
Vanguard Intl High Div Yld	100	6,717
iShares 20+ Year Treasury Bond	9	<u>1,334</u>
Total exchange-traded funds		<u>24,546</u>
	228,094	<u>\$ 1,441,929</u>

*Party-in-interest

Note: Disclosure of the investments' cost is not required because the investments are participant-directed.

Supplemental Schedules

The Muscogee (Creek) Nation Casino 401(k) Plan

EIN 27-0984046 PN 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2021

Identity of Issuer and Description of Investment	Shares/Units	Current Value
Self-Directed Brokerage Accounts		
Various – see detail on next page	228,094	\$ 1,441,929
Money Market Mutual Fund		
* Cavanal Hill – Government Securities Money Market Fund – Sel	1,790,938	1,790,938
Mutual Funds		
American Beacon Small Cap Value Fund	7,209	206,599
BlackRock Equity Dividend Fund	17,108	370,568
Fidelity 500 Index Fund	14,111	2,332,888
JP Morgan Mid Cap Value Fund	6,842	284,482
MFS Mid Cap Growth Fund	24,862	833,869
Mainstay Winslow Large Cap Growth Fund	137,861	1,874,906
T. Rowe Price New Horizons	19,702	1,517,611
Total mutual funds		7,420,923
Common/Collective Trusts		
* BOK Financial Strategic International Fund	22,322	421,573
* BOK Financial Retirement 2020 Fund	79,357	2,322,078
* BOK Financial Retirement Conservative Fund	92,525	2,182,747
* BOK Financial Retirement 2030 Fund	207,128	6,839,994
* BOK Financial Retirement 2040 Fund	195,170	7,110,428
* BOK Financial Retirement 2050 Fund	196,150	7,618,076
* BOK Financial Retirement 2060 Fund	57,629	2,190,698
* BOK Financial Retirement 2070 Fund	9,084	124,476
* BOK Financial Strategic Fixed Income Fund	37,685	719,375
Total common/collective trusts		29,529,445
Notes Receivable from Participants		
* Various plan participants, accruing interest ranging from 5.25% to 7.50% with maturity dates through August 2036		628,130
		\$ 40,811,365

*Party-in-interest

Note: Disclosure of the investments' cost is not required because the investments are participant-directed.

The Muscogee (Creek) Nation Casino 401(k) Plan

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Schedule H, Line 4i – Schedule of Assets (Held at End of Year) Assets Held in Self-Directed Brokerage Accounts – Sub-Schedule December 31, 2021

Identity of Issuer and Description of Investment	Shares/Units	Current Value
Money Market Mutual Fund		
*Caval Hill – Government Securities Money Market Fund – Adm	202,747	\$ 202,747
Mutual Funds		
Vanguard Total International Stock Index Fund – Adm	1,061	36,270
Vanguard HI Yld Div Indx – Adm # 5023	222	7,501
Vanguard Emerging Markets Stock Index Fund – Adm	166	6,800
Vanguard Extended Market Index Fund – Adm	51	7,106
Vanguard Total Stock Market Index Fund – Adm	349	41,083
Vanguard Target Retirement 2050 Fund – Inv	786	36,875
Vanguard Target Retirement 2040 Fund – Inv	3,629	152,536
Vanguard Total Bond Market Index Fund – Adm	500	5,590
Vanguard Short-Term Bond Index Fund – Adm	521	5,533
Vanguard Intermediate-Term Bond Index Fund – Adm	467	5,552
Vanguard Short-Term Inflation-Protected Securities Index Fund – Adm	223	5,733
Vanguard Total International Bond Index Fund – Adm	253	5,577
Total mutual funds		316,156
Common Stocks		
Carnival Corp	140	2,817
Paypal Holdings Inc	2	377
Tilray Inc	100	703
Callon Petroleum Co	3,500	165,375
Enbridge Inc	25	977
Matador Resources Co	2,000	73,840
SM Energy Co	5,000	147,400
Weyerhaeuser Co REIT	25	1,029
Advanced Micro Devices	600	86,340
Apple Inc Com	1,000	177,570
Cadence Design Sys Inc	400	74,540
Nvidia Corp	200	58,822
Palantir Technologies Inc	1,930	35,145
Cameco Corp	80	1,745
Denison Mines Corp	1,265	1,733
Energy Fuels Inc/Canada	244	1,862
AT&T Inc	38	935
Facebook Inc – A	200	67,270
Total common stocks		898,480

The Muscogee (Creek) Nation Casino 401(k) Plan

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Schedule H, Line 4i – Schedule of Assets (Held at End of Year), continued

Assets Held in Self-Directed Brokerage Accounts – Sub-Schedule

December 31, 2021

Identity of Issuer and Description of Investment	Shares/Units	Current Value
Exchange-Traded Funds		
Global X Uranium	73	\$ 1,666
iShares Msci EAFE Min Vol Factor	92	7,063
iShares Msci USA Min Vol Factor	96	7,766
Vanguard Intl High Div Yld	100	6,717
iShares 20+ Year Treasury Bond	9	<u>1,334</u>
Total exchange-traded funds		<u>24,546</u>
	228,094	<u>\$ 1,441,929</u>

*Party-in-interest

Note: Disclosure of the investments' cost is not required because the investments are participant-directed.