

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
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.
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: JACKSON RANCHERIA BAND OF MIWUK INDIANS 401(K) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1999
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 68-0283427
2c Plan Sponsor's telephone number: 209-223-1677
2d Business code (see instructions): 713200

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	941
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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)	690
	6a(2)	692
	6b	
	6c	246
	6d	938
	6e	
	6f	938
	6g(1)	931
6g(2)	932	
6h	76	
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 2S 2T 3D

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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan JACKSON RANCHERIA BAND OF MIWUK INDIANS 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JACKSON RANCHERIA BAND OF MIWUK INDIANS	D Employer Identification Number (EIN) 68-0283427	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PRUNEYARD FINANCIAL GROUP, INC.

1999 S BASCOM AVE, SUITE 990
CAMPBELL, CA 95008

77-0445521

(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?
26 27	BROKER	90139	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PLAN DESIGN CONSULTANTS, INC.

3451 VIA MONTEBELLO
SUITE 192-108
CARLSBAD, CA 92009

94-2936206

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	TPA	6862	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	57314	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-1592130

(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?
15 24	TRUSTEE	969	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

KESTRA INVESTMENT SERVICES,

5707 SOUTHWEST PARKWAY
BUILDING 2 SUITE 400
AUSTIN, TX 78735

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

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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
PLAN DESIGN CONSULTANTS, INC.	13	57314
(d) Enter name and EIN (address) of source of indirect compensation NATIONWIDE 31-1592130	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan JACKSON RANCHERIA BAND OF MIWUK INDIANS 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JACKSON RANCHERIA BAND OF MIWUK INDIANS	D Employer Identification Number (EIN) 68-0283427

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	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	3141 2880
(2) Participant contributions	1b(2)	7400 6684
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	2232529 2316782
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	36173350 38322012
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	38416420	40648358
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	38416420	40648358

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	978825	
(B) Participants.....	2a(1)(B)	2169104	
(C) Others (including rollovers).....	2a(1)(C)	59521	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3207450
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	161424	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		161424
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	796360	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		796360
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3004950
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7170184

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4840276	
(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)		4840276
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	6862	
(3) Recordkeeping fees	2i(3)	969	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	90139	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		97970
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4938246

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2231938
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: HAYNIE & COMPANYY

(2) EIN: 87-0325228

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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.)		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.)		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	
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?		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?		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		
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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan JACKSON RANCHERIA BAND OF MIWUK INDIANS 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JACKSON RANCHERIA BAND OF MIWUK INDIANS	D Employer Identification Number (EIN) 68-0283427	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
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): <u>31-1592130</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703182A.

**Jackson Rancheria Band of Miwuk Indians
401(k) Plan**

**Financial Statements
and Independent Auditors' Report**

Years Ended 2024 and 2023




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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
the Jackson Rancheria Band of Miwuk Indians 401(k) Plan

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

We have performed audits of the accompanying financial statements of the Jackson Rancheria Band of Miwuk Indians 401(k) 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Jackson Rancheria Band of Miwuk Indians 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2024 and 2023 and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Jackson Rancheria Band of Miwuk Indians 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Jackson Rancheria Band of Miwuk Indians 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Jackson Rancheria Band of Miwuk Indians 401(k) 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 Jackson Rancheria Band of Miwuk Indians 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Haynie & Company
Salt Lake City, Utah
September 24, 2025

Jackson Rancheria Band of Miwuk Indians 401(k)
Statements of Net Assets Available for Benefits
As of December 31, 2024 and 2023

	2024	2023
Assets		
Investments		
Mutual Funds, at Fair Value	\$ 38,322,012	\$ 36,173,350
Total Investments	38,322,012	36,173,350
Receivables:		
Employer	2,880	3,141
Employee	6,684	7,400
Notes Receivable from Participants	2,316,782	2,232,529
Total Receivables	2,326,346	2,243,070
Total Assets	40,648,358	38,416,420
Liabilities	-	-
Net Assets Available for Benefits	\$ 40,648,358	\$ 38,416,420

See accompanying notes to the financial statements.

Jackson Rancheria Band of Miwuk Indians 401(k)
Statement of Changes in Net Assets Available for Benefits
For the year ended December 31, 2024

Additions to Net Assets Attributable to:

Investment income:

Dividends	\$ 796,360
Net realized and unrealized appreciation in investments	3,004,950
	3,801,310

Participant loan interest	161,424
----------------------------------	---------

Contributions:

Employer	978,825
Rollovers	59,521
Employees	2,169,104
	2,169,104

Total Contributions	3,207,450
---------------------	-----------

Total Additions	7,170,184
------------------------	-----------

Deductions from Net Assets Attributed to:

Benefits Paid to Participants	4,840,276
Administration Fees	97,970
	4,938,246

Net increase	2,231,938
---------------------	-----------

Net Assets Available for Benefits:

Beginning of Year	38,416,420
End of Year	\$ 40,648,358

See accompanying notes to the financial statements.

Jackson Rancheria Band of Miwuk Indians 401(k)

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

1. Description of Plan

The following description of Jackson Rancheria Band of Miwuk Indians 401(k) Plan ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of the Jackson Rancheria Band of Miwuk Indians ("the Plan Sponsor") who have six months of consecutive service and are age eighteen or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Administrative Committee is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

Custodian and Administration of the Plan

The record-keeper of the Plan is Plan Design Consultants, Inc. The administrator of the Plan is the Plan Sponsor. Nationwide Trust Company, FSB (the "Custodian") holds the assets of the Plan and acts as the Custodian and Trustee.

Contributions

Under the provisions of the Plan, participants may enter into a written salary deferral agreement with the Plan Sponsor in an amount not to exceed 100% of pre-tax annual compensation, up to the maximum allowable amount as determined by the Internal Revenue Service. The Plan provides that eligible participants will automatically defer 3% of eligible compensation unless the participant makes a contrary election. Participant contributions may not exceed the limits established by Internal Revenue Service guidelines which was \$23,000 in 2024 and \$22,500 in 2023. Participants who are at least age 50 or will attain age 50 before the end of the calendar year, are eligible to defer additional catch-up amounts ("catch-up contribution"). The maximum catch-up contribution that an eligible participant can make was \$7,500 in 2024 and \$7,500 in 2023. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

The Plan Sponsor matches 100% of the first 3% of eligible compensation that a participant contributes to the Plan. The Plan also allows employer nonelective contributions at the Plan Sponsor's discretion. There were no employer nonelective contributions in 2024 and 2023. Participants direct the investment of their contributions and employer matching contributions into various mutual fund investment options offered by the Plan.

Participant Accounts

An account is maintained for each Participant. The participant's account is credited with the participant's contribution, the Plan Sponsor's matching contributions, and the participant's Plan earnings and losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Jackson Rancheria Band of Miwuk Indians 401(k)
Notes to Financial Statements (continued)
Years Ended December 31, 2024 and 2023

1. Description of Plan (continued)

Vesting

Participants are immediately 100% vested in their accounts attributable to the elective deferrals including catch up contributions and rollover contributions plus actual earnings thereon. Vesting in the Plan Sponsor's match contribution of the participant's account is based on years of continuous service. A participant is 100% vested after five years of service, 20% each year. Vesting in the Plan Sponsor's employer contributions (non-elective) is based on a 3-year cliff. A participant is 100% vested at normal or early retirement age or in the event of disability or death. Additionally, in the event of a plan termination, a participant will be 100% vested.

Forfeitures

If a participant terminates employment before being fully vested, then the non-vested portion of the terminated participant's account balance remains in the Plan and is called a forfeiture. As of December 31, 2024 and 2023, forfeited non-vested accounts totaled \$51,127 and \$171,173, respectively. The forfeiture balance used by the fund during 2024 totaled \$171,870.

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the vested balance in the participant's account and bear interest at rates determined by reviewing similar types of loans by other lenders. Loan terms range from 1 to 5 years or up to 15 years for the purchase of a primary residence. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Upon termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments for required minimum distributions only. Participants may make hardship withdrawals, as defined by the Plan document. Distribution of vested account balances of \$5,000 or less will be made in a lump sum.

Administration Expenses

Certain expenses of operating the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and distributions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments. During 2024, the Plan paid expenses of \$97,970 which include \$6,862 paid to the third-party Plan administrator, \$90,139 to the Plan financial advisor, and \$969 to plan Trustee.

Jackson Rancheria Band of Miwuk Indians 401(k)
Notes to Financial Statements (continued)
Years Ended December 31, 2024 and 2023

2. Significant Accounting Policies

Basis of Presentation & Use of Estimates

The accompanying financial statements of the Plan are prepared using the accrual basis of accounting and present the net assets available for plan benefits and the changes in those net assets in accordance with accounting principles generally accepted in the United States of America. The preparation of financial statements in conformity of GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value and consist of mutual funds. See note 4 for additional information. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Dividends are recorded on the ex-dividend date.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 or 2023. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

3. Information Prepared and Certified By Custodian

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Custodian:

- a. Total investments as shown in the accompanying Statements of Net Assets Available for Plan Benefits of \$38,322,012 and \$36,173,350 as of December 31, 2024 and 2023, respectively.
- b. Total investment gain as shown in the accompanying Statement of Changes in Net Assets Available for Plan Benefits of \$3,801,310 for the year ended December 31, 2024.

Notes receivable of \$2,316,782 and \$2,232,529 as of December 31, 2024 and 2023, respectively, and related interest income of \$161,424 for the year ended December 31, 2024, were not certified by the custodian.

Jackson Rancheria Band of Miwuk Indians 401(k)
Notes to Financial Statements (continued)
Years Ended December 31, 2024 and 2023

3. Information Prepared and Certified By Custodian (continued)

Investment information is also included in the schedule H Line 4i Schedule of Assets (Held at end of year) – December 31, 2024.

The Plan Sponsor has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Accordingly, the Plan Sponsor instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified as complete and accurate by Nationwide Trust Company, FSB, the custodian, except for comparing such information certified by the custodian with information included in the Plan's financial statements and supplemental schedule H, line 4i – schedule of assets held at end of year.

4. Fair Value Measurements

As noted in Note 2 above, the Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Plan Benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The framework for measuring fair value establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Inputs other than quoted prices that are observable for the asset or liability
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Jackson Rancheria Band of Miwuk Indians 401(k)
Notes to Financial Statements (continued)
Years Ended December 31, 2024 and 2023

4. Fair Value Measurements (continued)

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

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

The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds: Valued at daily closing price as reported by the fund. Mutual funds held by the Plan are open end mutual funds that are registered with the Securities and Exchange Commission. The mutual funds held by the Plan are deemed to be actively traded.

The following sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2024 and 2023.

	Level 1	
	2024	2023
Mutual Funds	\$ 38,322,012	\$ 36,173,350

5. Party in Interest Transactions

All Plan investments are managed by the Custodian and, therefore, qualify as party-in-interest transactions.

6. Tax Status

The Plan is based on a volume submitter plan of Plan Design Consultants, Inc. ("PDC"). PDC has received a letter of determination dated March 31, 2014 with the Internal Revenue Service's approval that the profit sharing plan with CODA is in accordance with the applicable sections of the Internal Revenue Code. Although the Plan has been amended and restated since receiving the letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Internal Revenue Code. Therefore, it is believed that the Plan is qualified and the related trust is tax-exempt.

Jackson Rancheria Band of Miwuk Indians 401(k)
Notes to Financial Statements (continued)
Years Ended December 31, 2024 and 2023

6. Tax Status (continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS.

Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure to the financial statements. With few exceptions, the Plan is no longer subject to tax examinations by the U.S. federal, state, or local tax authorities for years before 2021.

7. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions. The plan administrator will then facilitate distributions of account balances in single lump sum payments in accordance with plan provisions.

8. Risks and Uncertainties

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

9. Subsequent Events

The Plan evaluated all events or transactions that occurred after December 31, 2024 through September 24, 2025, the date these financial statements were available to be issued. During this period, the Plan Sponsor was not aware of any material recognizable subsequent events that require disclosure.

Supplemental Information

Jackson Rancheria Band of Miwuk Indians 401(k)

Plan #001, EIN 68-0283427

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

December 31, 2024

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral	(d) Cost	(e) Current Value
Mutual Funds				
	American Century Investments	Amcent Onechoice2045 Inv	**	\$ 2,282,344
	Fidelity Advisors	Fidelity Advisor New Insights Funds - Class A	**	1,960,818
	American Century Investments	Amcent Onechoice2050 Inv	**	1,709,378
*	Nationwide Financial Services, Inc.	Nationwide Government Money Market Fund	**	1,680,934
	American Century Investments	Amcent Onechoice2025 Inv	**	1,528,558
	American Century Investments	Amcent Onechoice2035 Inv	**	1,488,117
	American Century Investments	Amcent Onechoice2055 Inv	**	1,433,974
	JP Morgan	Jpm Eq Inc A	**	1,234,933
*	Nationwide Financial Services, Inc.	Nw S P 500 Indx Svc	**	1,140,934
	American Century Investments	Amcent Onechoice2060 Inv	**	1,135,176
	Macquarie	Macquerie Science and Tech Fnd - Class Y	**	1,093,621
	American Century Investments	Amcent Onecheinrtmt Inv	**	1,020,874
	Pacific Investment Management Company	Pimco Inc Inst	**	971,833
	American Century Investments	Amcent Onechoice2040 Inv	**	964,803
	Goldman Sachs	Gdmnscs Focs intl EQ A	**	934,242
	Principal	Prncpl Sptmpfrdcpscinc A	**	919,877
	Blackrock	Blkrk Hlth Scnc Oppr Inv A	**	882,275
*	Nationwide Financial Services, Inc.	Nw Inv Dest Mod Svc	**	834,465
	Invesco Ltd.	Invsco Intl Smmd Co A	**	782,900
	Vanguard	Vngrd Comdty Strat Adml	**	782,258
	Invesco Ltd.	Invsco Realest A	**	727,657
	Lord Abbett	Lrdabt Shrt Dur Inc A	**	724,040
	American Century Investments	Amcent Onechoice2030 Inv	**	692,063
	BNY Mellon	Bnymel Natrl Rsrc A	**	688,944
*	Nationwide Financial Services, Inc.	Nw Inv Dest Mod Cnsrv Svc	**	664,772
	Eaton Vance	Ev Atlnta Cap Smid Cap A	**	643,197
	Fidelity Advisors	Fidadv Gr Oppr A	**	517,299
	Vingroup	Vic Divrs Stk A	**	516,378
	JP Morgan	Jpm Smcap Eq A	**	511,573
	Invesco Ltd.	Invsco Enrgy Inv	**	483,580
	Federated Hermes	Fed Hrms Mdcpxndx Inst Svc	**	443,670
	Columbia	Col Lgcap Val A	**	417,858
	Heartland	Heartland Val Pls Inv	**	367,901
	American Century Investments	Amcent Sm Co A	**	329,302
	River Road Asset	Amg Rvr Rd Mdcap Val N	**	311,138
	MFS Investment	Mfs Intl New Disc A	**	304,643
	Oakmark	Okmrk Glbl Inv	**	299,322
*	Nationwide Financial Services, Inc.	Nw Inv Dest Aggr Svc	**	294,224
	American Funds	Amfids Gr Fd Am R3	**	278,003
	JP Morgan	Jpm Strat Inc Oppr A	**	274,798
	Alliance Bernstein	Ab Intl Val K	**	266,533
	VanEck	Vaneck Intl Inv Gold A	**	231,951
	Goldman Sachs	Gdmnscs Shrt Dur Govt A	**	223,911
	Oakmark	Okmrk Eq Inc Inv	**	207,572
	Morgan Stanley	Msif Inst Gr I	**	202,195
	Lord Abbett	Lrdabt Bd Dbnt A	**	199,970
	American Century Investments	Amcent Onechoice2065 Inv	**	195,068
	Fidelity Advisors	Fidadv Divd Stk A	**	179,978
	Weitz	Pub-Weitz Val	**	163,198
*	Nationwide Financial Services, Inc.	Nw Inv Dest Mod Aggr Svc	**	126,185
	Invesco Ltd.	Invsco Smcap Val A	**	\$ 119,870

Jackson Rancheria Band of Miwuk Indians 401(k)

Plan #001, EIN 68-0283427

Schedule of Assets Held at End of Year (continued)

Form 5500, Schedule H, Line 4i

December 31, 2024

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral	(d) Cost	(e) Current Value
Mutual Funds				
	Macquarie	Macquarie Small Cap Value Fund - Class A	**	\$ 113,880
	Goldman Sachs	Gdmnscs Govt Inc A	**	109,450
	Alliance Bernstein	Ab Disc Val A	**	107,961
	MFS Investment	MFS Rsrch Bd A	**	106,084
*	Nationwide Financial Services, Inc.	Nw Inv Dest Cnsv Svc	**	93,238
	Templeton	FnkIntmp Gbl Bd A	**	89,256
*	Nationwide Financial Services, Inc.	Pub-NW Bd Indx A	**	66,973
	Macquarie	Macquarie Value Fund - Class A	**	65,223
	Deutsche Bank	Dtsch Realest SEC A	**	63,491
	Fidelity	Fid Ttl Mkt Indx	**	57,159
	Fidelity	Fidadv Divd Gr A	**	56,837
	Pacific Investment Management Company	Pimco Ttl Rtn Inst	**	56,016
	Invesco Ltd.	Invscs Cmstk Sel A	**	55,756
	Calvert	Clvrt Eq I	**	52,236
	PGIM	Prudntl Jnism Hlth Scnc A	**	47,025
	Hotchkis & Wiley	Hw Mdcap Val A	**	45,022
*	Nationwide Financial Services, Inc.	Pub-NW Smcap Indx A	**	42,546
	American Funds	Amfms Gr FD Am R6	**	41,019
	Vanguard	Vngrd Hlth Care Inv	**	40,518
*	Nationwide Financial Services, Inc.	Pub-NW Intl Indx A	**	40,435
	Rydex Funds	Pub-Rdgwr Aggr Grth Stk I	**	35,273
	T. Rowe Price	Trowepr Hlth Scnc	**	34,793
	Blackrock	Blkrk Isrssll Mdcapindx K	**	31,469
	William Blair Funds	Wlmlbr Smcap Gr N	**	30,087
	North Square	Nrthsqr Oakridge Smcapgr A	**	25,910
	American Funds	Amfms Intmd Bd FD Am R3	**	25,362
	Federated Hermes	Fed Hrms Kaufman Smcap A	**	24,775
	Alger	Alger Smcap Focs I	**	23,687
	Rydex Funds	Pub-Rdgwrth Smcap Val EQ Cls I	**	23,300
	Macquarie	Macquarie Mid Cap Growth Fund - Class R6	**	22,463
	Macquarie	Macquarie Mid Cap Growth Fund - Class A	**	22,229
	Invesco Ltd.	Invscs Goldspecmnlrs A	**	20,272
	Patient Opportunity Trust	Patient Opportunity Trust - Class I	**	19,712
	Guggenheim	Gughm Flotng Rt Strat A	**	18,882
	Franklin	Fnkln Gold Prec Mtls Adv	**	16,138
	Blackrock	Blkrk Is S P 500 Indx Inst	**	15,855
	Dreytech	Drey Tech Gr A	**	15,626
	Rydex Funds	Rydex Nasdaq 100 H	**	12,875
	Vanguard	Vngrd Ttl Stmkt Indx FD As	**	12,629
	Davis	Davis Oppr A	**	12,284
	Baron Bartners	Baron Ioppr	**	10,906
	Goldman Sachs	Goldmnscs Comdty Strat Inst	**	10,273
	MFS Investment	Pub-MFS Gr A	**	9,878
	Vanguard	Vngrd Cnsmr Stpls Adml	**	9,219
	VanEck	VanEck Gbl Rsrc A	**	9,139
	Invesco Ltd.	Invscs Stlpthmlpalph A	**	8,130
	UBS	UBS Us Smcap Gr A	**	6,644
	Franklin	Fnkln Smmcap Gr A	**	6,444
	Vanguard	Vngrd Gr Indx Adml	**	6,186
	Putnam Investments	Ptnm Focs Eq Y	**	\$ 5,881

Jackson Rancheria Band of Miwuk Indians 401(k)

Plan #001, EIN 68-0283427

Schedule of Assets Held at End of Year (continued)

Form 5500, Schedule H, Line 4i

December 31, 2024

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral	(d) Cost	(e) Current Value
Mutual Funds				
	Vanguard	Vngrd Lgcap Indx Adml	**	\$ 5,682
	Nuveen	Nuvm Gbl Infr R6	**	5,346
	Morgan Stanley	Msif Incptn I	**	5,032
	Wells Fargo	WF Prec Mtls A	**	3,942
	Vanguard	Vngrd Smcap Val Indx Adml	**	3,879
	Vanguard	Vngrd Us Gr Adml	**	3,878
	Vanguard	Vngrd Mid-Cap IDX FD As	**	3,785
	Vanguard	Vngrd Sm Cap Indx FD As	**	3,776
	Blackrock	Blkrk Enrgy Oppr Inv A	**	3,479
	Fidelity Advisors	Fidadv Intl Cap App A	**	2,629
	Invesco Ltd.	Invsco Gbl Hlth Care A	**	2,475
	Vanguard	Vngrd Intl Gr Adml	**	1,937
	Vanguard	Vngrd Mtrls Indx Adml	**	1,329
	Vanguard	Vngrd Euro Stk indx Adml	**	1,232
	Vanguard	Vngrd Hlth Care Asml	**	1,139
	Vanguard	Vngrd Emrg Mkt Stkindxadm	**	970
	Wells Fargo	WF Util Telecom A	**	954
	Rydex Funds	Rydexsgi Prec Mtls ADV	**	847
	Wells Fargo	WF Emrg Mkt EQ Inc A	**	342
	Fidelity Advisors	Fidadv Enrgy A	**	312
	Rydex Funds	Rydexsgi Enrgy H	**	305
	Vanguard	Vngrd Enrgy Indx Adml	**	267
	Invesco Ltd.	Invsco ST Bd A	**	266
	Invesco Ltd.	Invsco Devl Mkt A	**	251
	Baron Bartners	Baron Realest Inst	**	217
	Janus Henderson Investors	Jnshndrsn Gbltech Innov N	**	213
	Baron Bartners	Baron Ptnrs	**	182
	Fidelity Advisors	Fidadv Enrgy I	**	182
	Franklin	Fnkintmp Devl Mkt TR A	**	178
	Macquarie	Macquarie Natural Resources Fund - CI Y	**	166
	Rydex Funds	Rydexsgi Enrgy Svc H	**	164
	Blackrock	Blkrk Natrk Rsrc TR Inv A	**	164
	Vingroup	Vic Gbl Natrl Vic Rsrc Y	**	128
	Baron Bartners	Baron Dist Inst	**	120
	Janus Henderson Investors	Jnshndrsn Gbl Lf Scnc I	**	88
	BNY Mellon	Bnymel Smmcap Gr I	**	73
	Wells Fargo	WF Fndmtl Smcap Gr A	**	71
*	Nationwide Financial Services, Inc.	Nw Nyse Arctch100indx A	**	62
	Rydex Funds	Rydex Elctrncs H	**	62
*	Nationwide Financial Services, Inc.	Nw Nyse Arctch100indx R6	**	58
	Invesco Ltd.	Invsco Tech Inv	**	56
	PGIM	Pgim Jnism Hlth Scnc A	**	47
	Lord Abbett	Lrdabt Devl Gr R4	**	42
	Rydex Funds	Rydex Lsure H	**	42
	Goldman Sachs	Gdmnscs Hi Yld A	**	41
	Rydex Funds	Rydexsgi Trnsprt H	**	38
	Calvert	Pub-Clvrt Gbl Altrnatvenergy A	**	\$ 11

Jackson Rancheria Band of Miwuk Indians 401(k)

Plan #001, EIN 68-0283427

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

December 31, 2024

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral	(d) Cost	(e) Current Value
Mutual Funds				
	American Century Investments	Amcent Onechoice2045 Inv	**	\$ 2,282,344
	Fidelity Advisors	Fidelity Advisor New Insights Funds - Class A	**	1,960,818
	American Century Investments	Amcent Onechoice2050 Inv	**	1,709,378
*	Nationwide Financial Services, Inc.	Nationwide Government Money Market Fund	**	1,680,934
	American Century Investments	Amcent Onechoice2025 Inv	**	1,528,558
	American Century Investments	Amcent Onechoice2035 Inv	**	1,488,117
	American Century Investments	Amcent Onechoice2055 Inv	**	1,433,974
	JP Morgan	Jpm Eq Inc A	**	1,234,933
*	Nationwide Financial Services, Inc.	Nw S P 500 Indx Svc	**	1,140,934
	American Century Investments	Amcent Onechoice2060 Inv	**	1,135,176
	Macquarie	Macquerie Science and Tech Fnd - Class Y	**	1,093,621
	American Century Investments	Amcent Onecheintrmt Inv	**	1,020,874
	Pacific Investment Management Company	Pimco Inc Inst	**	971,833
	American Century Investments	Amcent Onechoice2040 Inv	**	964,803
	Goldman Sachs	Gdmnscs Focs intl EQ A	**	934,242
	Principal	Prncpl Sptmpfrdcpscinc A	**	919,877
	Blackrock	Blkrk Hlth Scnc Oppr Inv A	**	882,275
*	Nationwide Financial Services, Inc.	Nw Inv Dest Mod Svc	**	834,465
	Invesco Ltd.	Invsco Intl Smmd Co A	**	782,900
	Vanguard	Vngrd Comdty Strat Adml	**	782,258
	Invesco Ltd.	Invsco Realest A	**	727,657
	Lord Abbett	Lrdabt Shrt Dur Inc A	**	724,040
	American Century Investments	Amcent Onechoice2030 Inv	**	692,063
	BNY Mellon	Bnymel Natrl Rsrc A	**	688,944
*	Nationwide Financial Services, Inc.	Nw Inv Dest Mod Cnsrv Svc	**	664,772
	Eaton Vance	Ev Atlnta Cap Smid Cap A	**	643,197
	Fidelity Advisors	Fidadv Gr Oppr A	**	517,299
	Vingroup	Vic Divrs Stk A	**	516,378
	JP Morgan	Jpm Smcap Eq A	**	511,573
	Invesco Ltd.	Invsco Enrgy Inv	**	483,580
	Federated Hermes	Fed Hrms Mdcpxndx Inst Svc	**	443,670
	Columbia	Col Lgcap Val A	**	417,858
	Heartland	Heartland Val Pls Inv	**	367,901
	American Century Investments	Amcent Sm Co A	**	329,302
	River Road Asset	Amg Rvr Rd Mdcap Val N	**	311,138
	MFS Investment	Mfs Intl New Disc A	**	304,643
	Oakmark	Okmrk Gbl Inv	**	299,322
*	Nationwide Financial Services, Inc.	Nw Inv Dest Aggr Svc	**	294,224
	American Funds	Amfds Gr Fd Am R3	**	278,003
	JP Morgan	Jpm Strat Inc Oppr A	**	274,798
	Alliance Bernstein	Ab Intl Val K	**	266,533
	VanEck	Vaneck Intl Inv Gold A	**	231,951
	Goldman Sachs	Gdmnscs Shrt Dur Govt A	**	223,911
	Oakmark	Okmrk Eq Inc Inv	**	207,572
	Morgan Stanley	Msif Inst Gr I	**	202,195
	Lord Abbett	Lrdabt Bd Dbnt A	**	199,970
	American Century Investments	Amcent Onechoice2065 Inv	**	195,068
	Fidelity Advisors	Fidadv Divd Stk A	**	179,978
	Weitz	Pub-Weitz Val	**	163,198
*	Nationwide Financial Services, Inc.	Nw Inv Dest Mod Aggr Svc	**	126,185
	Invesco Ltd.	Invsco Smcap Val A	**	\$ 119,870

Jackson Rancheria Band of Miwuk Indians 401(k)

Plan #001, EIN 68-0283427

Schedule of Assets Held at End of Year (continued)

Form 5500, Schedule H, Line 4i

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral	(d) Cost	(e) Current Value
Mutual Funds				
	Macquarie	Macquarie Small Cap Value Fund - Class A	**	\$ 113,880
	Goldman Sachs	Gdmnscs Govt Inc A	**	109,450
	Alliance Bernstein	Ab Disc Val A	**	107,961
	MFS Investment	MFS Rsrch Bd A	**	106,084
*	Nationwide Financial Services, Inc.	Nw Inv Dest Cnsv Svc	**	93,238
	Templeton	FnkIntmp Gbl Bd A	**	89,256
*	Nationwide Financial Services, Inc.	Pub-NW Bd Indx A	**	66,973
	Macquarie	Macquarie Value Fund - Class A	**	65,223
	Deutsche Bank	Dtsch Realest SEC A	**	63,491
	Fidelity	Fid Ttl Mkt Indx	**	57,159
	Fidelity	Fidadv Divd Gr A	**	56,837
	Pacific Investment Management Company	Pimco Ttl Rtn Inst	**	56,016
	Invesco Ltd.	Invsco Cmstk Sel A	**	55,756
	Calvert	Clvrt Eq I	**	52,236
	PGIM	Prudntl Jnism Hlth Scnc A	**	47,025
	Hotchkis & Wiley	Hw Mdcap Val A	**	45,022
*	Nationwide Financial Services, Inc.	Pub-NW Smcap Indx A	**	42,546
	American Funds	Amfms Gr FD Am R6	**	41,019
	Vanguard	Vngrd Hlth Care Inv	**	40,518
*	Nationwide Financial Services, Inc.	Pub-NW Intl Indx A	**	40,435
	Rydex Funds	Pub-Rdgwr Aggr Grth Stk I	**	35,273
	T. Rowe Price	Trowepr Hlth Scnc	**	34,793
	Blackrock	Blkrk Isrssll Mdcapindx K	**	31,469
	William Blair Funds	Wlmlbr Smcap Gr N	**	30,087
	North Square	Nrthsqr Oakridge Smcapgr A	**	25,910
	American Funds	Amfms Intmd Bd FD Am R3	**	25,362
	Federated Hermes	Fed Hrms Kaufman Smcap A	**	24,775
	Alger	Alger Smcap Focs I	**	23,687
	Rydex Funds	Pub-Rdgwrth Smcap Val EQ Cls I	**	23,300
	Macquarie	Macquarie Mid Cap Growth Fund - Class R6	**	22,463
	Macquarie	Macquarie Mid Cap Growth Fund - Class A	**	22,229
	Invesco Ltd.	Invsco Goldspecmnrsls A	**	20,272
	Patient Opportunity Trust	Patient Opportunity Trust - Class I	**	19,712
	Guggenheim	Gughm Flotng Rt Strat A	**	18,882
	Franklin	Fnkln Gold Prec Mtls Adv	**	16,138
	Blackrock	Blkrk Is S P 500 Indx Inst	**	15,855
	Dreytech	Drey Tech Gr A	**	15,626
	Rydex Funds	Rydex Nasdaq 100 H	**	12,875
	Vanguard	Vngrd Ttl Stmkt Indx FD As	**	12,629
	Davis	Davis Oppr A	**	12,284
	Baron Bartners	Baron Ioppr	**	10,906
	Goldman Sachs	Goldmnscls Comdty Strat Inst	**	10,273
	MFS Investment	Pub-MFS Gr A	**	9,878
	Vanguard	Vngrd Cnsmr Stpls Adml	**	9,219
	VanEck	VanEck Gbl Rsrc A	**	9,139
	Invesco Ltd.	Invsco Stlpthmlpalph A	**	8,130
	UBS	UBS Us Smcap Gr A	**	6,644
	Franklin	Fnkln Smmcap Gr A	**	6,444
	Vanguard	Vngrd Gr Indx Adml	**	6,186
	Putnam Investments	Ptnm Focs Eq Y	**	\$ 5,881

Jackson Rancheria Band of Miwuk Indians 401(k)

Plan #001, EIN 68-0283427

Schedule of Assets Held at End of Year (continued)

Form 5500, Schedule H, Line 4i

December 31, 2024

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral	(d) Cost	(e) Current Value
Mutual Funds				
	Vanguard	Vngrd Lgcap Indx Adml	**	\$ 5,682
	Nuveen	Nuvm Gbl Infr R6	**	5,346
	Morgan Stanley	Msif Incptn I	**	5,032
	Wells Fargo	WF Prec Mtls A	**	3,942
	Vanguard	Vngrd Smcap Val Indx Adml	**	3,879
	Vanguard	Vngrd Us Gr Adml	**	3,878
	Vanguard	Vngrd Mid-Cap IDX FD As	**	3,785
	Vanguard	Vngrd Sm Cap Indx FD As	**	3,776
	Blackrock	Blkrk Enrgy Oppr Inv A	**	3,479
	Fidelity Advisors	Fidadv Intl Cap App A	**	2,629
	Invesco Ltd.	Invsco Gbl Hlth Care A	**	2,475
	Vanguard	Vngrd Intl Gr Adml	**	1,937
	Vanguard	Vngrd Mtrls Indx Adml	**	1,329
	Vanguard	Vngrd Euro Stk indx Adml	**	1,232
	Vanguard	Vngrd Hlth Care Asml	**	1,139
	Vanguard	Vngrd Emrg Mkt Stkindxadm	**	970
	Wells Fargo	WF Util Telecom A	**	954
	Rydex Funds	Rydexsgi Prec Mtls ADV	**	847
	Wells Fargo	WF Emrg Mkt EQ Inc A	**	342
	Fidelity Advisors	Fidadv Enrgy A	**	312
	Rydex Funds	Rydexsgi Enrgy H	**	305
	Vanguard	Vngrd Enrgy Indx Adml	**	267
	Invesco Ltd.	Invsco ST Bd A	**	266
	Invesco Ltd.	Invsco Devl Mkt A	**	251
	Baron Bartners	Baron Realest Inst	**	217
	Janus Henderson Investors	Jnshndrsn Gbltech Innov N	**	213
	Baron Bartners	Baron Ptnrs	**	182
	Fidelity Advisors	Fidadv Enrgy I	**	182
	Franklin	Fnkintmp Devl Mkt TR A	**	178
	Macquarie	Macquarie Natural Resources Fund - CI Y	**	166
	Rydex Funds	Rydexsgi Enrgy Svc H	**	164
	Blackrock	Blkrk Natrk Rsrc TR Inv A	**	164
	Vingroup	Vic Gbl Natrl Vic Rsrc Y	**	128
	Baron Bartners	Baron Dist Inst	**	120
	Janus Henderson Investors	Jnshndrsn Gbl Lf Scnc I	**	88
	BNY Mellon	Bnymel Smmdcap Gr I	**	73
	Wells Fargo	WF Fndmtl Smcap Gr A	**	71
*	Nationwide Financial Services, Inc.	Nw Nyse Arctch100indx A	**	62
	Rydex Funds	Rydex Elctrncs H	**	62
*	Nationwide Financial Services, Inc.	Nw Nyse Arctch100indx R6	**	58
	Invesco Ltd.	Invsco Tech Inv	**	56
	PGIM	Pgim Jnism Hlth Scnc A	**	47
	Lord Abbett	Lrdabt Devl Gr R4	**	42
	Rydex Funds	Rydex Lsure H	**	42
	Goldman Sachs	Gdmnscs Hi Yld A	**	41
	Rydex Funds	Rydexsgi Trnsprt H	**	38
	Calvert	Pub-Clvrt Gbl Altrnatvenergy A	**	\$ 11

Jackson Rancheria Band of Miwuk Indians 401(k)

Plan #001, EIN 68-0283427

Schedule of Assets Held at End of Year (continued)

Form 5500, Schedule H, Line 4i

December 31, 2024

	Total Mutual Funds	<u>\$ 38,322,012</u>
* Nationwide Financial Services, Inc.	-0-	2,316,782
Participant loans, with maturities up to 5 years (longer for purchase of personal residence); interest set by the Plan Administrator range from 4.25% to 9.5%; secured by the participant's vested account balance.		
Total		<u>\$ 40,638,794</u>
* Investments are managed by a party-in-interest as defined by ERISA		
** Cost omitted for participant directed investments		

The assets herein (excluding participant loans) are certified as complete and accurate by Nationwide Retirement Solutions, the custodian and trustee.