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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [X] special extension (enter description) CONSENT DECREE DATED AUGUST 8, 2024

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
WHITE MOUNTAIN APACHE TRIBE ENTERPRISE 401(K) PLAN

1b Three-digit plan number (PN) ▶ 006

1c Effective date of plan 05/01/2007

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)
WHITE MOUNTAIN APACHE TRIBE

1 EAST OAK STREET
WHITERIVER, AZ 85941

1 EAST OAK STREET
WHITERIVER, AZ 85941

2b Employer Identification Number (EIN) 86-0092030

2c Plan Sponsor's telephone number 928-338-2437

2d Business code (see instructions) 921000

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.	10/30/2025	DERON PEACHES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/30/2025	DERON PEACHES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	490
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	490
a(2) Total number of active participants at the end of the plan year	**6a(2)**	659
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	4
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	663
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	663
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	220
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [ ] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023

A Name of plan
WHITE MOUNTAIN APACHE TRIBE ENTERPRISE 401(K) PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
WHITE MOUNTAIN APACHE TRIBE

D Employer Identification Number (EIN)
86-0092030

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

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

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

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

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

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

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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 37 50 64		37603	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023

A Name of plan
WHITE MOUNTAIN APACHE TRIBE ENTERPRISE 401(K) PLAN

B Three-digit plan number (PN) ▶ 006

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WHITE MOUNTAIN APACHE TRIBE

D Employer Identification Number (EIN)
86-0092030

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD STABLE RETURN PN

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

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)
41-6202499-001	C	687639

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(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 plan sponsor	**c** EIN-PN

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023

A Name of plan
WHITE MOUNTAIN APACHE TRIBE ENTERPRISE 401(K) PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
WHITE MOUNTAIN APACHE TRIBE

D Employer Identification Number (EIN)
86-0092030

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	9596	23622
(3) Other	1b(3)	184761	213906
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)	225505	159787
(9) Value of interest in common/collective trusts	1c(9)	723057	687639
(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)	3257295	3086365
(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	4400214	4171319
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4400214	4171319

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)		
(B) Participants	2a(1)(B)	331854	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		331854
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)	10149	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		10149
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		61182
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		403185
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	590414	
(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)		590414
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	37603	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		37603
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		628017
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-224832
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		4063

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: ALPINE SUMMIT CPAS **(2)** EIN: 84-1839663

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		39963

		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?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ 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)
WHITE MOUNTAIN APACHE TRIBE GOVERNMENTAL 401(K) PLAN	86-0092030	003

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 _____.

WHITE MOUNTAIN APACHE TRIBE
ENTERPRISE 401(K) PLAN

AS OF APRIL 30, 2023 AND 2022
AND FOR THE YEAR ENDED APRIL 30, 2023

FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES

Prepared by

ALPINE SUMMIT CPAs

TAX, ASSURANCE, ACCOUNTING, ADVISORY

TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT 1

BASIC FINANCIAL STATEMENTS

Statements of Fiduciary Net Position 5

Statement of Changes in Fiduciary Net Position 6

Notes to the Financial Statements 7

SUPPLEMETARY INFORMATION

Schedule of Assets (held at end of year) – Form 5500 Schedule H, Line 4i 15

Schedule of Delinquent Participant Contributions – Form 5500, Schedule H, Line 4a 16

INDEPENDENT AUDITORS' REPORT

INDEPENDENT AUDITORS' REPORT

White Mountain Apache Tribe
Plan Administrator
1 East Oak Street
Whiteriver, Arizona 85941

Opinion

We have audited the accompanying financial statements of White Mountain Apache Tribe Enterprise 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of fiduciary net position as of April 30, 2023 and 2022 and the related statements of changes in fiduciary net position for the year ended April 30, 2023, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the fiduciary net position of White Mountain Apache Tribe Enterprise 401(k) Plan as of April 30, 2023 and 2022, and the changes in fiduciary net position for the year ended April 30, 2023, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the White Mountain Apache Tribe Enterprise 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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 White Mountain Apache Tribe Enterprise 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.

Auditor's Responsibilities for the Audit of the Financial Statements

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 White Mountain Apache Tribe Enterprise 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 White Mountain Apache Tribe Enterprise 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Required Supplementary Information

Management has omitted the Management's Discussion & Analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the basic financial statements. Such missing information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board 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 this missing information.

Alpine Summit CPAs

Alpine Summit CPAs
Post Falls, Idaho
October 28, 2025

BASIC FINANCIAL STATEMENTS

White Mountain Apache Tribe Enterprise 401(K) Plan
Statements of Fiduciary Net Position
April 30, 2023 and 2022

	2023	2022
ASSETS		
Investment at fair value		
Common/Collective Trusts	$ 687,639	$ 723,057
Mutual Funds	3,086,365	3,257,295
	3,774,004	3,980,352
Receivables		
Notes receivable from participants, net	159,787	180,505
Contribution receivable	23,622	9,596
Corrective contribution receivable	213,906	184,761
Total Receivables	397,315	374,862
Total Assets	4,171,319	4,355,214
LIABILITIES	-	-
FIDUCIARY NET POSITION	$ 4,171,319	$ 4,355,214

See accompanying notes and independent auditors' report

White Mountain Apache Tribe Enterprise 401(k) Plan
Statement of Changes in Fiduciary Net Position
For the Year Ended April 30, 2023

	2023
ADDITIONS	
Net appreciation in fair value of investments	$ 61,182
Interest income on notes receivable from participants	10,149
Plan member contributions	331,854
Total additions	403,185
DEDUCTIONS	
Benefits paid to participants	545,414
Administrative expenses	37,603
Transfers	4,063
Total deductions	587,080
NET CHANGE	(183,895)
FIDUCIARY NET POSITION, BEGINNING OF YEAR, As originally presented	4,400,214
Restatement	(45,000)
FIDUCIARY NET POSITION, BEGINNING OF YEAR, As restated	4,355,214
FIDUCIARY NET POSITION AT END OF YEAR	$ 4,171,319

See accompanying notes and independent auditors' report

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the White Mountain Apache Tribe Enterprise 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan Document or the Plan Summary for a more complete description of the Plan's provisions.

General

The White Mountain Apache Tribe, a federally recognized Indian tribal government (the "Tribe"), sponsors the Plan and the White Mountain Apache Tribe Governmental 401(k) Plan (the "Government Plan"). The Tribe operates the Plan and the Government Plan in reasonable and good faith compliance with the requirements of Section 906 of the Pension Protection Act ("PPA"), pending the publication of final PPA guidance by the Departments of Labor and Treasury.

The Plan is a defined contribution plan covering the employees of the Tribe who are deemed to be performing commercial functions for the Tribe, as determined by the Tribe on a reasonable and good faith basis in accordance with the limited guidance available regarding the application of PPA Section 906 to tribal governments. Commercial function employers of the Tribe include Hon-dah Resort Casino, the Sunrise Park Resort, and certain commercial enterprises and divisions of the Tribe (collectively "Employer").

For the period covered by these financial statements, the Plan is operated under a shared trust with the Government Plan, as permitted pursuant Internal Revenue Service Notices 2006-89 and 2007-67. These financial statements do not include the assets and activity of the Government Plan, which is exempt from the requirements of ERISA. Within the shared trust, each participant holds a single retirement account. Each of these participant accounts is included in either the Plan or the Government Plan, depending on the participant's employment location at the end of the Plan year or, for terminated participants, the location of their most recent employment within the Tribe. For those participants with multiple employment locations and other unique circumstances, the Tribe allocates the participants' retirement account to a Plan on a reasonable and good faith basis. As participants move from one Plan to another during the plan year, the balance transfers are recognized on the statement of changes in fiduciary net position as "transfers." The Tribe reserves the right to modify the classification of employees as either governmental employees or commercial employees, pending the publication of final PPA guidance or subsequent changes in applicable law.

Effective May 1, 2024, a separate trust fund was created for the Plan, and the Plan assets were spun-off from the shared trust fund in an Internal Revenue Code Section 414(l) transaction.

Contributions

Those that elect to participate must make a 2.5% Employee Basic Contribution. Participants may then make a Voluntary Contribution up to 100% of the participants remaining qualified compensation, as defined in the Plan, up to a maximum amount allowed by the Internal Revenue Code (IRC). The elective deferral contributions that exceed the Employee Basic Contributions can be made on a pre- tax (traditional 401(k)) basis or a traditional after-tax basis. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Employer Contributions to the Plan were discontinued in 2010.

Contributions are subject to regulatory limitations.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Participant Accounts
Separate accounts are maintained for each participant. Each participant's account is credited with the participant's contribution, the participant's portion of earnings (losses), and charged with an allocation of administrative expenses. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers mutual funds and collective investment trusts as investment options for participants. The benefit to which a participant is fully vested.

Eligibility
All full-time employees who have attained age 21 are eligible to participate in the Plan, regardless of whether the employee is seasonal. Temporary or part-time employees must attain age 21 and complete one year of service, measured on an elapsed time basis, to be eligible to participate in the Plan.

Notes Receivable from Participants
Participants may borrow from their fund accounts a minimum of $500 up to a maximum equal to the lesser of $50,000 or 50 percent of their pre-tax Employee Contribution Account and Employer Contribution Account. Any post-tax Employee Contributions are not considered in the determination of the maximum loan amount. The loans are secured by the balance in the participant's account and bear interest at a fixed rate, which are commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest are paid ratably through each payroll period deduction. As of April 30, 2023 and 2022, the rates of interest range from 4.25 percent to 6.5 percent with various maturities through 2027.

Vesting
Participants are immediately vested in their contributions and actual earnings thereon.

Payment of Benefits
Upon termination of employment, participants may elect to keep accounts invested in the Plan for retirement (with certain exceptions), roll accounts into an IRA or other employer tax qualified plan, or receive a lump sum cash distribution (subject to tax and withholding requirements) equal to the value of the participants vested interest in his or her account.

Retirement
Normal retirement age under the Plan is 65 years of age.

NOTE 2 –SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting and Measurement Focus
The financial statements of the Plan have been prepared in accordance with U.S. generally accepted accounting principles (US. GAAP) as applied to governmental units. The Governmental Accounting Standards Board (GASB) is the accepted standards setting body for establishing governmental accounting and financial reporting principles. The Plan utilizes the basis of accounting applicable financial reporting framework used by tribal entities which meet the definition of a government.

The Plan financial statements are reported using the economic resources measurement focus and the accrual basis of accounting.

Estimates
The preparation of financial statements in accordance with U.S. GAAP requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

See accompanying independent auditors' report

NOTE 2 –SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3.

Income Recognition
Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation (depreciation) in fair value of investments consists of both realized gains or losses and unrealized appreciation or depreciation of the investments held during the year. The components of investment earning are not separate out as required by GAAP because the custodian does not provide the separate information. However, management does not believe that this GAAP departure is material to the financial statements.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans that are not expected to be collected are excluded from the loan balance with the allowance for loan losses (certain deemed distributions) or are directly reclassified as distributions based upon applicable regulations regarding loan distributions. The allowance for loan loss is $34,000 at April 30, 2023, and $45,000 at April 30, 2022.

Excess Contributions Payable
Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan procedures require excess contributions to be distributed prior to April 15 subsequent to year-end. There were no material excess contributions payable as of April 30, 2023, or 2022.

Payment of Benefits
Benefits are recorded when approved or deemed a distribution.

Administrative Expenses
The Plan permits the payment of administrative expenses to be made from the Plan's assets and for them to be allocated either proportionately based on the value of the account balances or as an equal dollar amount based on the number of participants in the Plan. Expenses relating to specific participant transactions (i.e., loan setup, distribution request, etc.) are charged directly against the appropriate participant's account.

Subsequent Events
Subsequent events have been evaluated through the date of the auditor’s report. This is the date the financial statements were available to be issued.

NOTE 3 –INVESTMENTS

Custodial Credit Risk

Custodial credit risk is the risk that, in the event of a bank failure, the Plan's deposits may not be returned to it. The Plan does not have a deposit policy for custodial credit risk. As of April 30, 2023 and 2022, the Plan's deposits were exposed to custodial credit risk as follows:

	2023	2022
Deposits with exposure to custodial credit risk		
Amount collateralized with securities held in trust, but not in the Plan's name	3,774,004	3,980,352
Total	$ 3,774,004	$ 3,980,352

Fair Value Measurements

GASB provides the framework for measuring fair value. The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

NOTE 3 –INVESTMENTS (Continued)

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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at April 30, 2023 and 2022:

Collective Trust Funds are valued at the NAV of units of the bank collective trust. NAV is a readily determinable fair value and is the basis for current transactions. Participant transactions (purchases and sales) may occur daily.

Mutual Funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. The mutual funds are classified within Level 1 of the valuation hierarchy.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value:

	Assets at Fair Value as of April 30, 2023			
	Level 1	Level 2	Level 3	Total
Common/Collective Trust	$ 687,639	$ -	$ -	$ 687,639
Mutual Funds	3,086,365	-	-	3,086,365
Total Assets at Fair Value	$ 3,774,004	$ -	$ -	$ 3,774,004

	Assets at Fair Value as of April 30, 2022			
	Level 1	Level 2	Level 3	Total
Common/Collective Trust	$ 723,057	$ -	$ -	$ 723,057
Mutual Funds	3,257,295	-	-	3,257,295
Total Assets at Fair Value	$ 3,980,352	$ -	$ -	$ 3,980,352

See accompanying independent auditors' report

NOTE 4 – INVESTMENT RISKS

Investment securities are exposed to various risks that can affect the value of the Plan's investments such as interest rate risk, custodial credit risk, and concentration of credit risk. The Plan invests in registered investment companies (mutual funds). Mutual fund holdings in equity securities respond to such factors as economic conditions, individual company earnings performance, and market liquidity, while holdings in debt securities are particularly sensitive to credit risk and change in interest rates.

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.

As of April 30, 2023, the Plan had the following investments subject to interest rate risk:

Fund	Effective Duration
Corporate Bond Funds	7.21

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. As of April 30, 2023, the Plan had the following credit quality mix in its fixed income mutual funds:

Rating	Investment Type	Amount
AAA	Corporate Bond Funds	476,751
AA	Corporate Bond Funds	153,732
A	Corporate Bond Funds	100,192
BBB	Corporate Bond Funds	146,076
BB	Corporate Bond Funds	44,914
B	Corporate Bond Funds	24,891
Below B	Corporate Bond Funds	12,794

NOTE 5 – PARTIES-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds and cash and cash equivalents managed by Principal Financial Group, Inc. Principal Financial Group is the plan custodian. Therefore, transactions with Principal Financial Group are considered to be party-interest transactions.

The Plan also has notes receivable from participants, which also qualify as party-in-interest transactions.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to its reasonable and good faith compliance with ERISA. In the event of Plan termination, participants will remain 100% vested in their accounts.

NOTE 7 – RISKS AND UNCERTAINTIES

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

NOTE 8 – TAX STATUS

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated February 24, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed in compliance with the applicable requirements of the IRC. The Plan administrator is conducting an in-depth review of Plan administration in connection with the audit of the Plan's financial statements and, where necessary, undertaking corrections of operational defects in accordance with the Internal Revenue Service's Employee Plans Compliance Resolution System. Therefore, the Plan Sponsor believes that the Plan is qualified and the related trust is tax-exempt.

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of April 30, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions. In general, the Plan's returns are subject to examination by federal tax authorities for a period of three years beginning with the later of the due date of the return or the date they are filed. There are currently no examinations in progress.

NOTE 9 – CORRECTIVE CONTRIBUTIONS

During the process of preparing for and conducting the audit of these financial statements, the Plan Sponsor became aware of two compliance matters affecting the Plan for the period spanning approximately 2018 through 2023:

1) Eligible employees were not enrolled in the Plan in accordance with the provisions of the Plan document; and
2) Participant deferrals were not remitted to the Plan on a timely basis or, in some instances, were not remitted at all.

Both of these correction issues are addressed in the Corrective Contribution Receivables shown in the Statements of Fiduciary Net Position.

The Plan Sponsor performed a detailed analysis of the identified enrollment error and corrected that error in accordance with the correction principles set forth in the EPCRS. The correction of the identified enrollment error was completed in 2024 with the deposit of missed opportunity corrective contributions and missed investment earnings. The Plan Sponsor also has performed preliminary correction calculations regarding the delinquent or missing participant deferrals and has deposited $60,000 into the Plan in accordance with the preliminary estimates to be held in suspense pending final calculations and allocations (as noted on the Schedule of Delinquent Participant Contributions).

As of April 30, 2022, and April 30, 2023, the Plan reflects a receivable for additional amounts due to participants in connection with these corrections. These receivables are reported on the Statement of Fiduciary Net Position as Corrective Contribution Receivable. Further evaluation and formal correction procedures are expected to be completed in accordance with applicable regulatory guidance.

See accompanying independent auditors' report

NOTE 10 – RESTATEMENT

During the 2023 audit, the Plan identified that there were notes receivable from participants that the Plan did not expect payment because the loans previously defaulted and the participants were issued IRS Forms 1099-R for the outstanding balance. The result of the analysis resulted in an adjustment to the net loan balance of $45,000, presented as the allowance for loan loss. The 2022 statement of fiduciary net position has been updated to reflect the correction.

As a result of the restatement, fiduciary net position as of April 30, 2022, has been updated as follows:

	April 30, 2022
Fiduciary net position, as originally presented	$ 4,400,214
Restatement	(45,000)
Fiduciary net position, as restated	$ 4,355,214

Reconciliation of the Financial Statements to Schedule H of Form 5500

The restatement created a difference between the 2022 5500 and the 2022 restated statement of fiduciary net position.

The following is a reconciliation of fiduciary net position per the financial statements to Form 5500 at April 30, 2022:

	2022
Fiduciary net position per the financial statements	$ 4,355,214
2023 Restatement	45,000
Fiduciary net position per the Form 5500	$ 4,400,214

The following is a reconciliation of the change in fiduciary net position per the financial statements to Form 5500 for the year ended April 30, 2023:

	2023
Change in fiduciary net position per the financial statements	$ (183,895)
Deemed loan distributions	(45,000)
Change in fiduciary net position per the Form 5500	$ (228,895)

SUPPLEMENTARY INFORMATION

White Mountain Apache Tribe Enterprise 401(k) Plan
Schedule H, line 4i—Schedule of Assets (Held at End of Year)
As of April 30, 2023

Plan #: 006
Plan Sponsor's EIN: 86-0092030

The following table presents investments as of April 30, 2023:

a.	b. Identity of issue	c. Description of Investment Including Maturity Date, Rate of Market Interest, Par or Maturity Value	d. Cost	e. Current Value
	Galliard Stable Return PN	Common Collective Trust		$ 687,639
	American Funds 2010 Trgt Date Retire R6	Mutual Funds		33,132
	American Funds 2015 Trgt Date Retire R6	Mutual Funds		5,163
	American Funds 2020 Trgt Date Retire R6	Mutual Funds		367,143
	American Funds 2025 Trgt Date Retire R6	Mutual Funds		17,437
	American Funds 2030 Trgt Date Retire R6	Mutual Funds		285,744
	American Funds 2035 Trgt Date Retire R6	Mutual Funds		19,036
	American Funds 2040 Trgt Date Retire R6	Mutual Funds		81,231
	American Funds 2045 Trgt Date Retire R6	Mutual Funds		1,022
	American Funds 2050 Trgt Date Retire R6	Mutual Funds		25,196
	American Funds 2055 Trgt Date Retire R6	Mutual Funds		7,935
	American Funds 2060 Trgt Date Retire R6	Mutual Funds		2,502
	American Funds 2065 Trgt Date Retire R6	Mutual Funds		3,057
	Allspring Growth Balanced A	Mutual Funds		692,703
	American Funds Growth Fund of Amer R6	Mutual Funds		270,776
	Invesco Comstock R5	Mutual Funds		758,378
	MFS Research International R3	Mutual Funds		153,255
	MFS Total Return Bond R3	Mutual Funds		361,527
	Vanguard Extended Market Index Fund Admiral Shares	Mutual Funds		1,128
*	Participant Loans, Net	Loan principal balances		159,787
				$ 3,933,791

Notes:

* Notes receivable from participants represents parties-in-interest - collateralized by vested balances. Interest rates range from 4.25% to 6.50%, payable monthly.
Cost Column is blank as all investments are participant directed.

See accompanying independent auditors' report

White Mountain Apache Tribe Enterprise 401(k) Plan
Schedule of Delinquent Participant Contributions –
Form 5500, Schedule H – Part IV, Line 4a
For the Year Ended April 30, 2023

Plan #: 006
Plan Sponsor's EIN: 86-0092030

Total that Constitutes Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to Plan	Participant Contributions Not Corrected	Participant Contributions Corrected Outside VFCP	Participant Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 39,963	$ 39,963	$ -	$ -	$ -

As the Plan Sponsor is working toward the final to-date corrective contribution amount, they have deposited $60,000 into the Plan in July 2025, which represents the estimate on the remaining amount that will be due.

See accompanying independent auditors' report

White Mountain Apache Tribe Enterprise 401(k) Plan
Schedule H, line 4i—Schedule of Assets (Held at End of Year)
As of April 30, 2023

Plan #: 006
Plan Sponsor's EIN: 86-0092030

The following table presents investments as of April 30, 2023:

a.	b. Identity of issue	c. Description of Investment Including Maturity Date, Rate of Market Interest, Par or Maturity Value	d. Cost	e. Current Value
	Galliard Stable Return PN	Common Collective Trust		$ 687,639
	American Funds 2010 Trgt Date Retire R6	Mutual Funds		33,132
	American Funds 2015 Trgt Date Retire R6	Mutual Funds		5,163
	American Funds 2020 Trgt Date Retire R6	Mutual Funds		367,143
	American Funds 2025 Trgt Date Retire R6	Mutual Funds		17,437
	American Funds 2030 Trgt Date Retire R6	Mutual Funds		285,744
	American Funds 2035 Trgt Date Retire R6	Mutual Funds		19,036
	American Funds 2040 Trgt Date Retire R6	Mutual Funds		81,231
	American Funds 2045 Trgt Date Retire R6	Mutual Funds		1,022
	American Funds 2050 Trgt Date Retire R6	Mutual Funds		25,196
	American Funds 2055 Trgt Date Retire R6	Mutual Funds		7,935
	American Funds 2060 Trgt Date Retire R6	Mutual Funds		2,502
	American Funds 2065 Trgt Date Retire R6	Mutual Funds		3,057
	Allspring Growth Balanced A	Mutual Funds		692,703
	American Funds Growth Fund of Amer R6	Mutual Funds		270,776
	Invesco Comstock R5	Mutual Funds		758,378
	MFS Research International R3	Mutual Funds		153,255
	MFS Total Return Bond R3	Mutual Funds		361,527
	Vanguard Extended Market Index Fund Admiral Shares	Mutual Funds		1,128
*	Participant Loans, Net	Loan principal balances		159,787
				$ 3,933,791

Notes:

* Notes receivable from participants represents parties-in-interest - collateralized by vested balances. Interest rates range from 4.25% to 6.50%, payable monthly.
Cost Column is blank as all investments are participant directed.

See accompanying independent auditors' report