

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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2013</div> <div style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input checked="" type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a Name of plan RETIREMENT PLAN FOR EMPLOYEES OF THE GILA RIVER INDIAN COMMUNITY	1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan 01/01/1981	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) GILA RIVER INDIAN COMMUNITY POST OFFICE BOX 2157 SACATON, AZ 85247-2157	2b Employer Identification Number (EIN) 86-0107023 2c Sponsor's telephone number 520-562-2500 2d Business code (see instructions) 813000	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	ROBERT KELLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	ROBERT KELLER
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	2737
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	1693
b Retired or separated participants receiving benefits		6b	383
c Other retired or separated participants entitled to future benefits		6c	726
d Subtotal. Add lines 6a , 6b , and 6c		6d	2802
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	27
f Total. Add lines 6d and 6e		6f	2829
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	47
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: 1A			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (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 (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)	

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF THE GILA RIVER INDIAN COMMUNITY</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GILA RIVER INDIAN COMMUNITY</u>	D Employer Identification Number (EIN) <u>86-0107023</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month _____ Day _____ Year _____	
2 Assets:	
a Market value	2a <u>194761169</u>
b Actuarial value	2b <u>193817852</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>359</u> <u>70065730</u>
b For terminated vested participants.....	3b <u>740</u> <u>41202396</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>29418593</u>
(2) Vested benefits	3c(2) <u>76093994</u>
(3) Total active.....	3c(3) <u>1638</u> <u>105512587</u>
d Total.....	3d <u>2737</u> <u>216780713</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.43 %</u>
6 Target normal cost	6 <u>11723683</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>10/15/2014</u>
Signature of actuary		Date
<u>BRENT HENNINGSON</u>		<u>14-07349</u>
Type or print name of actuary		Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>		<u>602-279-3600</u>
Firm name		Telephone number (including area code)
<u>2901 N CENTRAL AVE, SUITE 1100</u> <u>PHOENIX, AZ 85012</u>		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>13.18</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		15068647
b Interest on (a) using prior year's effective interest rate of <u>7.14</u> % except as otherwise provided (see instructions)		1075902
c Total available at beginning of current plan year to add to prefunding balance		16144549
d Portion of (c) to be added to prefunding balance		16144549
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	16144549

Part III Funding Percentages		
14 Funding target attainment percentage	14	81.95 %
15 Adjusted funding target attainment percentage	15	81.95 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.26 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/04/2013	1329231		03/19/2014	1306764	
11/13/2013	1346949		03/26/2014	657912	
12/02/2013	1325555		04/04/2014	648526	
12/23/2013	663171		04/24/2014	657358	
01/02/2014	668282		05/09/2014	670312	
02/10/2014	1981335		06/26/2014	650969	
			Totals ►	18(b)	17159941
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	15884120
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	11723683	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	39107410	4362743	
b Waiver amortization installment		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	16086426	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	9984052	9984052
36 Additional cash requirement (line 34 minus line 35).....	36	6102374	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	15884120	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	9781746	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	9781746	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years <input checked="" type="checkbox"/> 15 years		
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input checked="" type="checkbox"/> 2010 <input checked="" type="checkbox"/> 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF THE GILA RIVER INDIAN COMMUNITY</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GILA RIVER INDIAN COMMUNITY</u>	D Employer Identification Number (EIN) <u>86-0107023</u>

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
ROYCE & ASSOCIATES,LLC 745 FIFTH AVENUE
NEW YORK, NY 10151

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
AMERICAN FUNDS POST OFFICE BOX 6007
INDIANAPOLIS, IN 46206

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DIMENSIONAL FUNDS PALISADES WEST
6300 BEE CAVE ROAD, BUILDING ONE
AUSTIN, TX 78746

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DODGE & COX FUNDS C/O BOSTON FINANCIAL DATA SERVICES
POST OFFICE BOX 8422
BOSTON, MA 02266

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

VANGUARD FUNDS

POST OFFICE BOX 1101
VALLEY FORGE, PA 19482

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

PIMCO

840 NEWPORT CENTER DRIVE, SUITE 100
NEWPORT BEACH, CA 92660

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

LEGG MASON INC.

100 INTERNATIONAL DRIVE
BALTIMORE, MD 21202

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

AURORA INVESTMENT MANAGEMENT

300 N LASALLE STREET, 52ND FLOOR
CHICAGO, IL 60654

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

GROSVENOR FUNDS

1776 I STREET, NW
SUITE 890
WASHINGTON DC, DC 20006

(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)

TOWERS WATSON DELAWARE INC.

53-0181291

(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?
11 17 50 70	ACTUARY	326508	Yes <input type="checkbox"/> No <input checked="" 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)

RVK, INC.

93-0910652

(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?
17 27	INVEST. ADVISOR	52733	Yes <input type="checkbox"/> No <input checked="" 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)

PEITZSCH, BONNETT & WOMACK

81-0574082

(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?
29 50	NONE	12223	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input 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)

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(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?
21 50 52 62	TRUSTEE	42311	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

REDW LLC

85-0203431

(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?
10	NONE	25000	Yes <input type="checkbox"/> No <input checked="" 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
(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

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> 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF THE GILA RIVER INDIAN COMMUNITY</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GILA RIVER INDIAN COMMUNITY</u>	D Employer Identification Number (EIN) <u>86-0107023</u>	

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	61022	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	13050808	12495035
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	20060556	3021121
(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)	14734606	16619583
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(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)	147328916	203299216
(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	195235908	235434955

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	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	195235908	235434955
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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)	17159941	
(B) Participants	2a(1)(B)		
(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)		17159941
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	110	
(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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		110
(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)	3922854	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3922854
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	65137096	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	64792284	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		344812
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1528784	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1528784

		(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)		26400998
c Other income	2c		550
d Total income. Add all income amounts in column (b) and enter total	2d		49358049

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8029754	
(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)		8029754
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)	352589	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	40858	
(4) Other	2i(4)	735801	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1129248
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9159002

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		40199047
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) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☐ Yes ☒ No

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

(1) Name: REDW, LLC

(2) EIN: 85-0203421

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)
- 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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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.)			
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?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☒ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF THE GILA RIVER INDIAN COMMUNITY</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GILA RIVER INDIAN COMMUNITY</u>	D Employer Identification Number (EIN) <u>86-0107023</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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>31-0841368</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	<u>13</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<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 contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

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

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

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

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: 48% Investment-Grade Debt: 27% High-Yield Debt: 6% Real Estate: 0% Other: 19%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Retirement Plan for the Employees of the Gila River Indian Community

*Financial Statements, Supplemental Schedules
and
Independent Auditor's Report
December 31, 2013 and 2012*



CPAs | Business & Financial Advisors

Retirement Plan for the Employees of the Gila River Indian Community

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Independent Auditor's Report

Compensation/Pension Committee
Retirement Plan for the Employees of the Gila River Indian Community

Report on the Financial Statements

We have audited the accompanying financial statements of the Retirement Plan for the Employees of the Gila River Indian Community (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility 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; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of December 31, 2013, and changes therein for the year then ended, and its financial status as of December 31, 2012, and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held as of December 31, 2013, and reportable transactions for the year then ended, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

REDW LLC

Albuquerque, New Mexico
October 14, 2014

Financial Statements

**Retirement Plan for the Employees of the
Gila River Indian Community**
Statements of Net Assets Available for Benefits
December 31,

	<u>2013</u>	<u>2012</u>
Assets		
Cash	\$ -	\$ 61,022
Investments, at fair value	<u>222,939,920</u>	<u>182,124,076</u>
Total investments	222,939,920	182,185,098
Receivables		
Employer's contribution	<u>12,495,035</u>	<u>13,050,810</u>
Net assets available for benefits	<u><u>\$ 235,434,955</u></u>	<u><u>\$ 195,235,908</u></u>

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

**Retirement Plan for the Employees of the
Gila River Indian Community**
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31,

	<u>2013</u>	<u>2012</u>
Additions to net assets attributable to		
Investment income		
Net appreciation in fair value of investments	\$ 28,275,178	\$ 17,008,774
Interest and dividends	<u>3,922,930</u>	<u>4,127,027</u>
Total investment income	32,198,108	21,135,801
Contributions		
Employer	<u>17,159,941</u>	26,650,510
Total additions	<u>49,358,049</u>	<u>47,786,311</u>
Deductions from net assets attributable to		
Benefits paid to participants	8,029,754	7,842,394
Administrative expenses	<u>1,129,248</u>	<u>814,406</u>
Total deductions	<u>9,159,002</u>	<u>8,656,800</u>
Net increase	40,199,047	39,129,511
Net assets available for benefits, beginning of year	<u>195,235,908</u>	<u>156,106,397</u>
Net assets available for benefits, end of year	<u>\$ 235,434,955</u>	<u>\$ 195,235,908</u>

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

Retirement Plan for the Employees of the Gila River Indian Community

Notes to Financial Statements

December 31, 2013 and 2012

1) Description of Plan

The following description of the Retirement Plan for the Employees of the Gila River Indian Community (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined benefit pension plan sponsored by the Gila River Indian Community (the “Community”), and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Community is the Plan’s sponsor and serves as Plan administrator.

Effective May 1, 2005, the Plan was amended to provide for the transfer of designated Community employees to the Gila River Health Care Corporation (GRHCC), a wholly owned subordinate economic entity of the Community. The amendment provided that transferred employees receive retirement benefits equal to those they would have accrued under the Plan had they continued to be employed by the Community. Assets already accumulated in the Plan will remain and any future salary increases while employed by GRHCC will be considered in determining average compensation. Should a designated employee return to Community employment as a member of an eligible class of employees, they will remain a Plan participant.

Participant’s Accounts

Employees become eligible to participate in the Plan when they attain age 21 and complete one year of service. Employer contributions are determined by actuarial requirements. There is no provision for employee contributions or rollovers into the Plan.

Automatic Single Sum Cash Payment

If the participant’s vested account balance is \$1,000 or less, a single sum cash payment will be made to the participant as soon as administratively practicable following the termination of employment. If the amount of the participant’s vested account balance to be distributed exceeds \$1,000 but is less than \$5,000, the participant will receive the vested account balance in a single lump sum payment once a written application for the benefit has been made.

Vesting

Generally, participants are 100% vested after five years of service or at the normal retirement age of 65, if earlier. Appointed Community officials who are not highly compensated are 100% vested after three years of service or at the normal retirement age of 65, if earlier.

Retirement Plan for the Employees of the Gila River Indian Community

Notes to Financial Statements

December 31, 2013 and 2012

Pension Benefits

Vested participants are eligible for retirement benefit payments upon reaching normal retirement age of 65. Retirement benefit payments are based on the sum of 3% of the participant's average monthly compensation plus 3.5% of average earnings in excess of covered compensation multiplied by the number of years of service completed after January 1, 1971, with a maximum of 30 years. There is a minimum monthly benefit equal to \$90 multiplied by the years of benefit service not to exceed five years of benefit service for those who become participants on or after January 1, 2003, and \$450 for those eligible prior to January 1, 2003. The Plan also contains provisions for early retirement and late retirement benefits.

Death and Disability Benefits

Death benefits are available for those participants who are 100% vested in their accrued benefit at the time of death or have already commenced benefit payments. For those participants who had not yet commenced benefit payments, death benefit payments are based upon the employee's accrued benefit. There is a minimum monthly benefit equal to \$90 multiplied by the years of benefit service not to exceed five years of benefit service. For those retirees who have commenced benefit payments, the death benefit is determined solely by the optional form elected by the participant.

Disability benefits are available for those participants who have completed 10 years of service at the time the employee is determined to be totally and permanently disabled. Disability benefit payments are based upon the employee's accrued benefit assuming the participant continued employment to normal retirement age, up to a maximum of 30 years. There is also a minimum monthly benefit equal to \$90 multiplied by the years of benefit service not to exceed five years of benefit service.

2) Summary of Accounting Policies

The following are the significant accounting policies followed by the Plan:

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial

Retirement Plan for the Employees of the Gila River Indian Community

Notes to Financial Statements

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present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

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 4 for discussion of fair value measurements.

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

Risk and Uncertainties

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Funding Policy

The Community's funding policy is to make annual contributions to the Plan in amounts that are estimated to remain a constant percentage of employees' compensation each year such that all employees' benefits will be fully provided for by the time they retire.

The Community's contributions for 2013 and 2012 exceeded the minimum funding requirements of ERISA.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Retirement Plan for the Employees of the Gila River Indian Community

Notes to Financial Statements

December 31, 2013 and 2012

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Community, as provided by the Plan document. Expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses reduced investment income presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

Subsequent events were evaluated for recognition or disclosure in these financial statements through October 14, 2014, the date which the financial statements were available to be issued.

Effective January 1, 2014, the Plan was restated to be a governmental tax qualified retirement plan maintained for the benefit of Community employees engaged in the performance of essential governmental functions. As a result of the restatement, the Plan will no longer be subject to the annual Form 5500 filing requirements under ERISA.

Effective January 1, 2015, the Plan was amended to limit participation to employees that are Community members, and non-Community members who have 10 years or more of service with the Community. However, employees that are non-Community members with 10 years or more of service will not accrue additional benefits after December 31, 2014.

3) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on participant's compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included; to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined by an independent actuary from Towers Watson and is the amount that results from applying actuarial assumptions to adjust the

Retirement Plan for the Employees of the Gila River Indian Community

Notes to Financial Statements

December 31, 2013 and 2012

accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The actuarial valuations were made using the Traditional Unit Credit Cost Method.

The significant actuarial assumptions used in the valuations as of December 31, 2012 (since the Plan uses the beginning of the year as its benefit information date) were a) life expectancy of participants (the mortality basis for non-disabled participants were the assumptions under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants. The mortality basis for disabled participants were those described in Revenue Ruling 96-7.), b) retirement age assumptions (retirement at various ages assumed from age 55-75, with an average age of 60.3), and c) an estimated rate of return on investments for 2013 and 2012 of 6.43% and 7.14%, respectively.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The Plan uses the beginning of the year as its benefit information date. The actuarial present value of accumulated plan benefits as of January 1, 2013, is as follows:

Vested accumulated plan benefits	
Participating employees	\$ 64,463,743
Participants with deferred benefits	35,297,031
Participants receiving benefits	<u>63,083,262</u>
Total vested accumulated plan benefits	162,844,036
Nonvested accumulated plan benefits	<u>22,446,310</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 185,290,346</u></u>

Retirement Plan for the Employees of the Gila River Indian Community

Notes to Financial Statements
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The change in actuarial present value of accumulated plan benefits from prior year is as follows:

Actuarial present value of accumulated benefits as of	
January 1, 2012	\$ 168,428,293
Benefits accumulated	8,439,726
Actuarial gains	3,092,498
Decrease in the discount period	12,971,012
Actual benefits paid	(7,842,394)
Assumption changes	201,211
Net increase	<u>16,862,053</u>
Present value of accumulated plan benefits as of January 1, 2013	<u><u>\$ 185,290,346</u></u>

4) Investments and Fair Value Measurements

The following presents investments that represent 5% or more of net assets available for benefits as of December 31, as indicated (*).

	<u>2013</u>		<u>2012</u>
American Europacific Growth R6	* \$ 25,545,750	*	\$ 15,558,576
DFA International Value Portfolio	* 25,169,641	*	14,952,433
PIMCO All Assets Fund Inst	* 21,341,994	*	19,120,798
Dodge & Cox Stock Fund	* 18,334,747	*	13,439,741
American Funds Growth Fund R6	* 17,736,956	*	13,207,908
DFA U.S. Lg Co Inst Index	* 16,029,304	*	10,845,203
PIMCO Fds Total Return Fund	* 15,588,289	*	13,301,807
Dodge & Cox Income Fund	* 15,556,608	*	12,920,284
Western Asset Core Plus Bond CL I	* 14,787,852	*	13,877,410
First American Prime Obligation Fund	3,021,121	*	20,060,556

Retirement Plan for the Employees of the Gila River Indian Community

Notes to Financial Statements

December 31, 2013 and 2012

The Plan's investments (including gains and losses on investments bought, sold, and held during the year) appreciated in value during the years ended December 31, as follows:

	2013	2012
Mutual funds	\$ 26,402,096	\$ 16,240,439
Partnership/joint venture interests	<u>1,873,082</u>	<u>768,335</u>
Net appreciation in fair value of investments	<u>\$ 28,275,178</u>	<u>\$ 17,008,774</u>

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Quoted prices in markets that are not considered to be active or financial instruments without quoted market prices, but for which all significant inputs are observable, either directly or indirectly.
- 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Money market: Primarily invests in direct obligations of the US Treasury, US Government Agencies, repurchase agreements and money markets with maturities of 13 months or less which have observable pricing inputs, including quoted prices for similar assets in active or non-active markets.

Retirement Plan for the Employees of the Gila River Indian Community

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

Partnership/joint venture interest: Shares in partnership/joint venture interest funds are valued using the net asset value provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is recorded at quoted market prices that are not readily active, but the significant outputs are observable.

The valuation methods used by the Plan may produce a fair value calculation 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 following tables sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

2013	Investments at Fair Value			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Equity	\$ 136,024,473	\$ -	\$ -	\$ 136,024,473
Fixed Income	45,932,749	-	-	45,932,749
Balanced	21,341,994	-	-	21,341,994
Money Market	3,021,121	-	-	3,021,121
Partnership/joint venture interest				
Long-Short	-	16,619,583	-	16,619,583
	<u>\$ 206,320,337</u>	<u>\$ 16,619,583</u>	<u>\$ -</u>	<u>\$ 222,939,920</u>

Retirement Plan for the Employees of the Gila River Indian Community

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December 31, 2013 and 2012

2012	Investments at Fair Value			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Equity	\$ 88,108,615	\$ -	\$ -	\$ 88,108,615
Fixed Income	40,099,501	-	-	40,099,501
Balanced	19,120,798	-	-	19,120,798
Money Market	20,060,556	-	-	20,060,556
Partnership/joint venture interest				
Long-Short	-	14,734,606	-	14,734,606
	<u>\$ 167,389,470</u>	<u>\$ 14,734,606</u>	<u>\$ -</u>	<u>\$ 182,124,076</u>

5) Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All nonvested benefits.

The PBGC will guarantee the payment of most vested normal retirement age benefits and early retirement age benefits in which employees were receiving or were entitled to receive as of the date the Plan terminated. Such benefits, however, are guaranteed only to the extent of the actuarial value of the vested benefit as of the date the Plan terminated, payable in the form of a straight life annuity commencing at age 65. For plan terminations occurring during 2013, that ceiling is \$4,789.77 per month for those

**Retirement Plan for the Employees of the
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Notes to Financial Statements
December 31, 2013 and 2012

pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later).

The provisions of the Plan provide that, if the Plan is terminated, Plan participants will receive an amount equal to the sum of accumulated contributions, if any, which are in excess of any retirement income previously paid. Also, Plan participants will be fully vested in their rights under the Plan to the extent then funded, in the order of priority specified in the Plan. Although it has not expressed any intent to do so, the Community has the right under the Plan to terminate the Plan subject to the provisions of ERISA.

6) Tax Status

The Plan obtained its latest determination letter on July 2, 2012, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan administrator believes that the Plan is designed, and is currently being operated in compliance, with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require the Plan to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2010.

7) Transactions with Parties-in-Interest

The Community provides certain accounting, administrative, and investment management services to the Plan for which no fees are charged. Fees paid by the Plan to U.S. Bank, N.A., the custodian of the Plan, for investment management services are netted against net appreciation (depreciation) in fair value of investments.

For the years ended December 31, 2013 and 2012, fees paid by the Plan for administrative expenses, such as third party administrative fees, PBGC premiums, actuary, attorney, and audit fees, were \$1,129,248 and \$814,406, respectively.

**Retirement Plan for the Employees of the
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December 31, 2013 and 2012

8) Concentrations

The following investments represent concentrations of 10% or more of total investments at December 31:

	2013
American Europacific Growth R6	11.46%
DFA International Value Portfolio	11.29%
	2012
First American Prime Obligation Fund	11.01%
PIMCO All Assets Fund Inst	10.50%

Supplemental Schedules

Retirement Plan for the Employees of the Gila River Indian Community

Form 5500

Schedule H, Part IV, Line 4i — Schedule of Assets (Held at End of Year)

EIN: 86-0107023, Plan Number 001

December 31, 2013

(a) Party in interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current Value
Mutual funds:				
	American Europacific Growth R6	Registered Investment Company Fund	\$ 20,109,140	\$ 25,545,750
	DFA International Value Portfolio	Registered Investment Company Fund	18,661,563	25,169,641
	PIMCO All Assets Fund Inst	Registered Investment Company Fund	20,868,096	21,341,994
	Dodge & Cox Stock Fund	Registered Investment Company Fund	7,793,161	18,334,747
	American Funds Growth Fund R6	Registered Investment Company Fund	10,774,468	17,736,956
	DFA U.S. Lg Co Inst Index	Registered Investment Company Fund	10,027,460	16,029,304
	PIMCO Fds Total Return Fund	Registered Investment Company Fund	15,505,183	15,588,289
	Dodge & Cox Income Fund	Registered Investment Company Fund	14,385,837	15,556,608
	Western Asset Core Plus Bond CL I	Registered Investment Company Fund	12,990,372	14,787,852
	DFA U.S. Small Cap Value Portfolio	Registered Investment Company Fund	4,806,074	10,364,539
	DFA Intl. Small Cap Value	Registered Investment Company Fund	7,363,500	9,999,258
	Vanguard Small Cap Growth ETF	Registered Investment Company Fund	3,618,968	9,401,813
	DFA Dimensional US Micro Cap Portfolio	Registered Investment Company Fund	2,380,904	3,442,465
Partnerships/joint venture interest				
	Grosvenor Institutional Partners, LP	Partnership/Joint Venture Interest	6,500,000	8,669,858
	Aurora Offshore Fund II Series LP	Partnership/Joint Venture Interest	7,489,734	7,949,725
Money Market Fund				
	First American Prime Obligation Fund	Money Market Account	3,021,121	3,021,121
		Total	<u>\$ 166,295,581</u>	<u>\$ 222,939,920</u>

Retirement Plan for the Employees of the Gila River Indian Community

Form 5500

Schedule H, Part IV, Line 4j — Schedule of Reportable Transactions

EIN: 86-0107023, Plan Number 001

December 31, 2013

(a) Identity of party involved	(b) Security	Purchases		Sales				
		Number of transactions	(c) Purchase price	Number of transactions	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Gain
Category 1 - Single Transaction exceeds 5% of value	*No Transactions Qualified for this Section*							
Category 2 - Series of Transactions with same broker exceeds 5% of value	*No Transactions Qualified for this Section*							
Category 3 - Series of Transactions with same security exceeds 5% of value								
US Bank	First American Prime Obligation Fund	87	\$ 40,619,276			\$ 40,619,276	\$ 40,619,276	\$ -
US Bank	First American Prime Obligation Fund			103	\$ 57,658,710	\$ 57,658,710	\$ -	\$ -
Category 4 - Series of Transactions With one broker exceeds 5% of value	*No Transactions Qualified for this Section*							

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2013

See Schedule SB, Part V – Statement of Actuarial Assumptions and Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name: Retirement Plan for the Employees of the Gila River Indian Community
EIN / PN: 86-0107023 / 001
Plan Sponsor: Gila River Indian Community
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2013

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		38	32,026	1		0		0		0		0		0		0		0	
25 - 29	0		90	38,246	42	38,160	2		0		0		0		0		0		0	
30 - 34	0		93	40,329	78	46,171	24	52,342	0		0		0		0		0		0	
35 - 39	1		98	45,463	68	45,374	46	51,513	7		1		0		0		0		0	
40 - 44	0		88	48,774	66	54,571	73	52,107	22	49,896	2		0		0		0		0	
45 - 49	3		81	46,760	63	47,742	53	52,455	24	55,435	16		2		0		0		0	
50 - 54	1		56	45,945	88	46,341	43	56,700	33	55,620	11		6		2		0		0	
55 - 59	1		45	43,875	38	50,394	42	49,196	13		8		2		7		1		0	
60 - 64	1		27	45,324	33	48,050	30	55,111	16		6		0		4		1		0	
65 - 69	0		4		11		13		3		0		0		0		0		0	
70 & Over	0		0		4		4		2		0		0		0		0		0	

Plan Name: Retirement Plan for the Employees of the Gila River Indian Community
 EIN / PN: 86-0107023 / 001
 Plan Sponsor: Gila River Indian Community
 Valuation Date: January 1, 2013

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Plan Sponsor	Gila River Indian Community
Plan Name	Retirement Plan for the Employees of the Gila River Indian Community
EIN/PN	86-0107023/001

Economic Assumptions

Interest rate basis:

- | | |
|-----------------------|-----------------|
| ● Applicable month | September |
| ● Interest rate basis | 3-Segment Rates |

Interest rates:

- | | Reflecting
Corridors | Not Reflecting
Corridors |
|---------------------------|-------------------------|-----------------------------|
| ● First segment rate | 4.94% | 1.75% |
| ● Second segment rate | 6.15% | 4.62% |
| ● Third segment rate | 6.76% | 5.72% |
| ● Effective interest rate | 6.43% | 5.16% |

Annual rates of increase

- | | |
|-------------------------------------|-------|
| ● Compensation: | 4.00% |
| ● Future Social Security wage bases | 3.50% |
| ● Statutory limits on compensation | 0.00% |

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Plan Sponsor Gila River Indian Community
Plan Name Retirement Plan for the Employees of the Gila River Indian Community
EIN/PN 86-0107023/001

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

- **Healthy** Separate rates for non-annuitants (based on RP-2000 “Employees” table without collar or amount adjustments, projected to 2028 using Scale AA) and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2020 using Scale AA).
- **Disabled** Alternative disabled life mortality tables as defined under Revenue Ruling 96-7. Fifty percent of all disabled participants are assumed to be eligible for Social Security disability.

Termination Rates varying by service and gender.

Representative Termination Rates [Representative Termination Rates (per 100 employees) not Due to Disability, Retirement or Mortality]

Percentage leaving during the year		
Service	Males	Females
1	22.5	22.5
2	18.0	18.0
3	15.0	15.0
4	15.0	15.0
5	14.0	14.0
6	10.0	10.0
7	10.0	10.0
8	10.0	10.0
9	10.0	10.0
10-30	5.8	5.8
Over 30	0.0	0.0

Termination rates are also 0 when participant is retirement eligible.

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Plan Sponsor Gila River Indian Community
Plan Name Retirement Plan for the Employees of the Gila River Indian Community
EIN/PN 86-0107023/001

Disability The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	Males	Females
55	0.0141	0.0251
56	0.0156	0.0274
57	0.0170	0.0297
58	0.0182	0.0300
59	0.0193	0.0304
60	0.0204	0.0307
61	0.0215	0.0310
62	0.0226	0.0314
63	0.0226	0.0314
64	0.0226	0.0314
65	0.0000	0.0000

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and gender are shown below.

For those who have unreduced retirement benefits:

Percentage retiring during the year		
Age	Males	Females
55-64	15.0	15.0
65	30.0	30.0
66-74	15.0	15.0
75	100.0	100.0

Average retirement age is 60.3.

In addition, anyone over age 65 with 30 years of credited service is assumed to retire immediately.

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Plan Sponsor Gila River Indian Community
Plan Name Retirement Plan for the Employees of the Gila River Indian Community
EIN/PN 86-0107023/001

For those who have reduced retirement benefits:

Percentage retiring during the year		
Age	Males	Females
55	15.0	15.0
56	15.0	15.0
57	15.0	15.0
58	10.0	10.0
59	10.0	10.0
60	10.0	10.0
61	3.0	3.0
62	3.0	3.0
63	3.0	3.0
64	3.0	3.0

Average retirement age is 61.8.

For rates age 65 and over, see above.

Retirement decrements only applied to participants who are eligible for retirement.

Benefit commencement date:

- Preretirement death benefit On the death of the active participant.
- Deferred vested benefit The later of age 65 or termination of employment .
- Disability benefit Upon disablement.
- Retirement benefit Upon termination of employment.

Form of payment Participants are assumed to elect the normal form.

Percent married 80% of males; 70% of females. Used to value pre-retirement surviving spouse benefits.

Spouse age Wife three years younger than husband.

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Plan Sponsor	Gila River Indian Community
Plan Name	Retirement Plan for the Employees of the Gila River Indian Community
EIN/PN	86-0107023/001
Covered pay	Compensation assumed paid in the current year beginning on the valuation date is the pay from the most recent year, rolled forward with salary scale.
Administrative expenses	\$680,000.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.
Missing data assumption	Missing salary information: For 12 Gila River Health Care Corporation Mirror plan transferees, for whom salaries were not available, the salary from the previous year was assumed.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.
Actuarial value of assets	<p>Average of the fair market value of assets on the valuation date, 12 months and 24 months prior to the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2012 plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Plan Sponsor	Gila River Indian Community
Plan Name	Retirement Plan for the Employees of the Gila River Indian Community
EIN/PN	86-0107023/001

Benefits not valued	All benefits described in the Plan Provisions section of this report were valued.
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The plan pays small benefits (with a present value up to \$5,000 in a single lump sum payment). Such lumps sums are not explicitly valued as such; rather such participants benefits are valued using the benefit choice assumptions described above.

Change in assumptions and methods since prior valuation	Other than the prescribed changes in mortality and interest rates, no other changes in assumptions were made as part of this valuation.
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Schedule SB, Part V – Summary of Plan Provisions

Plan Sponsor	Gila River Indian Community
Plan Name	Retirement Plan for Employees of the Gila River Indian Community
EIN/PN	86-0107023/001

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on March 7, 2012 and effective January 1, 2012.

Covered employees	First day of the month following the completion of one year of eligibility service and the attainment of age 21.
--------------------------	--

Participation date	Must be employed in regular employment in a covered group.
---------------------------	--

Definitions

Vesting service	An employee will receive one year of service for each computation period during which he completes 1,000 hours. A computation period is a plan year.
------------------------	--

Pension service	Number of years (and fractional years) equal to the sum of all calendar months from January 1, 1971 to the date of calculation in which the employee receives compensation divided by 12.
------------------------	---

Pensionable pay	Code §3401 compensation that is actually paid during the calendar year.
------------------------	---

Average earnings	Average earnings are equal to the average of the highest five years of earnings during the last ten calendar years not including years in which the participant terminates employment or does not work during both January and December.
-------------------------	--

Normal retirement date (NRD)	First day of the month following the attainment of age 65.
-------------------------------------	--

Monthly pension benefit	3% of average earnings plus .5% of average earnings in excess of covered compensation, all times years of service completed after January 1, 1971 (maximum 30).
--------------------------------	---

There is also a minimum monthly benefit equal to \$450. For those who become participants on or after January 1, 2003, this benefit accrues at \$90 per year for five years. Effective January 1, 2009, no additional minimum benefit is accrued.

Monthly preretirement death benefit	Actuarial equivalent value of termination benefit, or, if married, the value of the Qualified Pre-Retirement Survivor Annuity, if larger.
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Schedule SB, Part V – Summary of Plan Provisions

Plan Sponsor	Gila River Indian Community
Plan Name	Retirement Plan for Employees of the Gila River Indian Community
EIN/PN	86-0107023/001

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Age 55 and ten years of vesting service, or Age 60 and five years of vesting service, if hired prior to January 1, 2002.
Postponed retirement	Retirement after NRD.
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability	Completion of ten years of Credited Service if employee is totally and permanently disabled.
Preretirement death benefit	Upon death after five years of vesting service.

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD.
Early retirement	The Accrued Benefit reduced by 1/15 for each of the first 5 years and by 1/30 for each of the next 5 years by which the starting date of the retirement pension precedes Normal Retirement Age. The reduction in the previous sentence is not applied (i.e., the benefit is unreduced) if the participant is at least age 55 with at least twenty years of vesting service. There is also a minimum monthly benefit equal to \$450. For those who become participants on or after February 1, 2003, this benefit accrues at \$90 per year for five years. For those who become participants on or after May 1, 2005, the minimum benefit accrued after May 1, 2005 is reduced in the same manner as the Accrued Benefit above. Effective January 1, 2009, no additional minimum benefit is accrued.
Postponed retirement	Greater of: 1) Actuarial Equivalent of Accrued Benefit at age 65. 2) Accrued Benefit at date of determination.

Schedule SB, Part V – Summary of Plan Provisions

Plan Sponsor	Gila River Indian Community
Plan Name	Retirement Plan for Employees of the Gila River Indian Community
EIN/PN	86-0107023/001

Vested termination	Accrued normal retirement benefit payable at age 65. There is also a minimum monthly benefit equal to \$450 payable at retirement. For those who become participants on or after February 1, 2003, this benefit accrues at \$90 per year for five years. For those who become participants on or after May 1, 2005, the minimum benefit accrued after May 1, 2005 is reduced in the same manner as the Accrued Benefit above. Effective January 1, 2009, no additional minimum benefit is accrued.
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Disablement	Benefit Before Normal Retirement: The Normal Retirement Benefit with service to age 65, maximum 30 years, is payable immediately.
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Benefit After Normal Retirement: The Accrued Benefit is payable immediately as a 10 Year Certain and Life.

Preretirement death	Monthly preretirement death benefit payable on behalf of an active employee is reduced 1/15 for each of the first 5 years and by 1/30 for each of the next 5 years by which the starting date of the retirement pension precedes Normal Retirement Age. There is also a minimum monthly benefit equal to \$450. For those who become participants on or after February 1, 2003, this benefit accrues at \$90 per year for five years. For those who become participants on or after May 1, 2005, the minimum benefit accrued after May 1, 2005 is reduced in the same manner as the Accrued Benefit above. Effective January 1, 2009, no additional minimum benefit is accrued.
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Other Plan Provisions

Forms of payment	Life Only Annuity Joint and 50% Contingent Joint and 75% Contingent Joint and 100% Survivor 10 Year Certain and Life Lump Sum (if present value is less than \$5,000)
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Pension Increases	None.
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Plan participants' contributions	None.
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Schedule SB, Part V – Summary of Plan Provisions

Plan Sponsor	Gila River Indian Community
Plan Name	Retirement Plan for Employees of the Gila River Indian Community
EIN/PN	86-0107023/001

Maximum on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

2013 Form 5500

Other Attachment

Plan: Retirement Plan for the Employees of the Gila River Indian Community

EIN: 86-0107023

PN: 001

In accordance with Section 906 of the Pension Protection Act of 2006, the above referenced Indian Tribal Government Plan was amended effective January 1, 2014 to accurately reflect its status as a governmental plan under IRC §414(d). The sponsor made annual Form 5500 filings for the Plan, on a voluntary basis, for Plan Years prior to and including 2013. No Form 5500 filing made by the sponsor with regard to the Plan prior to the publication of final guidance under Section 906 of the Pension Protection Act of 2006 shall constitute a waiver of the Plan's governmental status nor shall it constitute a waiver of the sovereign status of the sponsor. Effective as of January 1, 2014, no additional Form 5500 filings will be made. Therefore, the sponsor is filing a final Form 5500 for Plan Year 2013.

Retirement Plan for the Employees of the Gila River Indian Community

Form 5500

Schedule H, Part IV, Line 4i — Schedule of Assets (Held at End of Year)

EIN: 86-0107023, Plan Number 001

December 31, 2013

(a) Party in interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current Value
Mutual funds:				
	American Europacific Growth R6	Registered Investment Company Fund	\$ 20,109,140	\$ 25,545,750
	DFA International Value Portfolio	Registered Investment Company Fund	18,661,563	25,169,641
	PIMCO All Assets Fund Inst	Registered Investment Company Fund	20,868,096	21,341,994
	Dodge & Cox Stock Fund	Registered Investment Company Fund	7,793,161	18,334,747
	American Funds Growth Fund R6	Registered Investment Company Fund	10,774,468	17,736,956
	DFA U.S. Lg Co Inst Index	Registered Investment Company Fund	10,027,460	16,029,304
	PIMCO Fds Total Return Fund	Registered Investment Company Fund	15,505,183	15,588,289
	Dodge & Cox Income Fund	Registered Investment Company Fund	14,385,837	15,556,608
	Western Asset Core Plus Bond CL I	Registered Investment Company Fund	12,990,372	14,787,852
	DFA U.S. Small Cap Value Portfolio	Registered Investment Company Fund	4,806,074	10,364,539
	DFA Intl. Small Cap Value	Registered Investment Company Fund	7,363,500	9,999,258
	Vanguard Small Cap Growth ETF	Registered Investment Company Fund	3,618,968	9,401,813
	DFA Dimensional US Micro Cap Portfolio	Registered Investment Company Fund	2,380,904	3,442,465
Partnerships/joint venture interest				
	Grosvenor Institutional Partners, LP	Partnership/Joint Venture Interest	6,500,000	8,669,858
	Aurora Offshore Fund II Series LP	Partnership/Joint Venture Interest	7,489,734	7,949,725
Money Market Fund				
	First American Prime Obligation Fund	Money Market Account	3,021,121	3,021,121
		Total	<u>\$ 166,295,581</u>	<u>\$ 222,939,920</u>

Retirement Plan for the Employees of the Gila River Indian Community

Form 5500

Schedule H, Part IV, Line 4j — Schedule of Reportable Transactions

EIN: 86-0107023, Plan Number 001

December 31, 2013

(a) Identity of party involved	(b) Security	Purchases		Sales				
		Number of transactions	(c) Purchase price	Number of transactions	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Gain
Category 1 - Single Transaction exceeds 5% of value	*No Transactions Qualified for this Section*							
Category 2 - Series of Transactions with same broker exceeds 5% of value	*No Transactions Qualified for this Section*							
Category 3 - Series of Transactions with same security exceeds 5% of value								
US Bank	First American Prime Obligation Fund	87	\$ 40,619,276			\$ 40,619,276	\$ 40,619,276	\$ -
US Bank	First American Prime Obligation Fund			103	\$ 57,658,710	\$ 57,658,710	\$ -	\$ -
Category 4 - Series of Transactions With one broker exceeds 5% of value	*No Transactions Qualified for this Section*							

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Ret Pln for the Emps of the Gila River Indian Community	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Gila River Indian Community	D Employer Identification Number (EIN) 86-0107023
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I Basic Information			
1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2013</u>		
2	Assets:		
	a Market value	2a	194,761,169
	b Actuarial value	2b	193,817,852
3	Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment.....	3a	70,065,730
	b For terminated vested participants.....	3b	41,202,396
	c For active participants:		
	(1) Non-vested benefits	3c(1)	29,418,593
	(2) Vested benefits	3c(2)	76,093,994
	(3) Total active.....	3c(3)	105,512,587
	d Total.....	3d	216,780,713
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	6.43 %
6	Target normal cost	6	11,723,683

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Brent Henningson BA Signature of actuary	10/15/2014 Date
	Brent Henningson Type or print name of actuary	14-07349 Most recent enrollment number
	Towers Watson Delaware Inc. Firm name	(602) 279-3600 Telephone number (including area code)
	2901 N Central Ave, Suite 1100 Phoenix AZ 85012 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>13.18</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		15,068,647
b Interest on (a) using prior year's effective interest rate of <u>7.14</u> % except as otherwise provided (see instructions)		1,075,902
c Total available at beginning of current plan year to add to prefunding balance		16,144,549
d Portion of (c) to be added to prefunding balance		16,144,549
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	16,144,549

Part III Funding Percentages

14 Funding target attainment percentage	14	81.95 %
15 Adjusted funding target attainment percentage	15	81.95 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.26 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/04/2013	1,329,231		03/19/2014	1,306,764	
11/13/2013	1,346,949		03/26/2014	657,912	
12/02/2013	1,325,555		04/04/2014	648,526	
12/23/2013	663,171		04/24/2014	657,358	
01/02/2014	668,282		05/09/2014	670,312	
02/10/2014	1,981,335		06/26/2014	650,969	
Totals ►			18(b)	17,159,941	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	15,884,120

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21 Discount rate:****a Segment rates:**1st segment:
4.94 %2nd segment:
6.15 %3rd segment:
6.76 %☐ N/A, full yield curve used**b Applicable month (enter code):****21b**

4

22 Weighted average retirement age**22**

60

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.☐

Yes

☒

No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.☐

Yes

☒

No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.☒

Yes

☐

No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)**29****30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)**31a**

11,723,683

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

39,107,410

4,362,743

b Waiver amortization installment

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33**

0

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)**34**

16,086,426

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

9,984,052

9,984,052

36 Additional cash requirement (line 34 minus line 35)**36**

6,102,374

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

15,884,120

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

9,781,746

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

9,781,746

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected☐

2 plus 7 years

☒

15 years

b Eligible plan year(s) for which the election in line 41a was made☐

2008

☐

2009

☒

2010

☒

2011

42 Amount of acceleration adjustment**42**

0

43 Excess installment acceleration amount to be carried over to future plan years**43**

0

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Gila River Indian Community
EIN/PN	86-0107023/001
Plan Name	Retirement Plan for the Employees of the Gila River Indian Community
Valuation Date	January 1, 2013
Enrolled Actuary	Brent Henningson
Enrollment Number	14-07349

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

**Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2013**

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2013	22,254,252	7	22,254,252	3,714,056
2	Shortfall	01/01/2012	(22,175,198)	6	(19,920,718)	(3,763,675)
3	Shortfall	01/01/2011	19,684,103	13	17,941,439	1,906,030
4	Shortfall	01/01/2010	19,280,082	12	17,164,448	1,923,321
5	Shortfall	01/01/2009	3,285,517	3	1,667,989	583,011
Total					39,107,410	4,362,743

Plan Name: Retirement Plan for the Employees of the Gila River Indian Community
 EIN / PN: 86-0107023 / 001
 Plan Sponsor: Gila River Indian Community
 Valuation Date: January 1, 2013