

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2022</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

**A** This return/report is for:     a multiemployer plan     a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)  
 a single-employer plan     a DFE (specify) \_\_\_\_

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

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

**D** Check box if filing under:     Form 5558     automatic extension     the DFVC program  
 special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information**—enter all requested information

<p><b>1a</b> Name of plan  <u>SANFORD BISMARCK EMPLOYEES' RETIREMENT PLAN (QR)</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>003</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)  Mailing address (include room, apt., suite no. and street, or P.O. Box)  City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  <u>SANFORD BISMARCK</u>   <u>300 NORTH SEVENTH STREET BOX 5525</u>  <u>BISMARCK, ND 58506-5525</u></p>	<p><b>1c</b> Effective date of plan  <u>01/01/1949</u></p> <p><b>2b</b> Employer Identification Number (EIN)  <u>45-0226700</u></p> <p><b>2c</b> Plan Sponsor's telephone number  <u>701-323-6391</u></p> <p><b>2d</b> Business code (see instructions)  <u>622000</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/02/2023	ROBB SCHLIMGEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)  
v. 220413

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 869
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year .....  <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....  <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b> 200 <b>6a(2)</b> 0 <b>6b</b> 0 <b>6c</b> 0 <b>6d</b> 0 <b>6e</b> 0 <b>6f</b> 0  <b>6g</b>  <b>6h</b> 0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1D  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
<b>9a</b> 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	<b>9b</b> 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
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>0 A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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

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

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

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**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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.

<b>A</b> Name of plan <u>SANFORD BISMARCK EMPLOYEES' RETIREMENT PLAN (QR)</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SANFORD BISMARCK</u>	<b>D</b> Employer Identification Number (EIN) <u>45-0226700</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
<b>2</b> Assets:			
<b>a</b> Market value.....	<b>2a</b>	<u>135204993</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>130753067</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>472</u>	<u>68115636</u>	<u>68115636</u>
<b>b</b> For terminated vested participants.....	<u>199</u>	<u>16147973</u>	<u>16147973</u>
<b>c</b> For active participants.....	<u>200</u>	<u>23382130</u>	<u>23406881</u>
<b>d</b> Total .....	<u>871</u>	<u>107645739</u>	<u>107670490</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>		
<b>b</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.....	<b>4b</b>		
<b>5</b> Effective interest rate.....	<b>5</b>	<u>5.41 %</u>	
<b>6</b> Target normal cost .....			
<b>a</b> Present value of current plan year accruals.....	<b>6a</b>	<u>994075</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>60000</u>	
<b>c</b> Total (line 6a + line 6b) .....	<b>6c</b>	<u>1054075</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.

<b>SIGN HERE</b>		
	Signature of actuary	<u>06/28/2023</u> Date
	<u>TRISTAN CHRIST</u> Type or print name of actuary	<u>23-07343</u> Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u> Firm name	<u>952-842-7000</u> Telephone number (including area code)
	<u>8400 NORMANDALE LAKE BOULEVARD SUITE 1700 MINNEAPOLIS, MN 55437-3837</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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	7351147
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	7351147
<b>10</b>	Interest on line 9 using prior year's actual return of <u>9.13</u> % .....	0	671160
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year).....		2819356
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.60</u> %.....		157884
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		2977240
	<b>d</b> Portion of (c) to be added to prefunding balance.....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections.....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	8022307

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	113.98 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	121.43 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	107.38 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0	

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. ....	<b>19c</b>	0

**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

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

**21** Discount rate:

**a** Segment rates:

1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22** 63

**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** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? 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** 0

**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 6c)..... **31a** 1054075

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 1054075

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment .....	0	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**

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	0	0

**36** Additional cash requirement (line 34 minus line 35)..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

**38** Present value of excess contributions for current year (see instructions)

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0

**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 the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<b>A</b> Name of plan <u>SANFORD BISMARCK EMPLOYEES' RETIREMENT PLAN (QR)</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SANFORD BISMARCK</u>	<b>D</b> Employer Identification Number (EIN) <u>45-0226700</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

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

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

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

SEI

63-1184869

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	399790	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)

WILLIS TOWERS WATSON US LLC

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	NONE	99031	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)

PRINCIPAL CUSTODY SOLUTIONS

42-1466678

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 25 50	NONE	51449	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"/>

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2022</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2022 or fiscal plan year beginning <b>01/01/2022</b> and ending <b>12/31/2022</b>	
<b>A</b> Name of plan <b>SANFORD BISMARCK EMPLOYEES' RETIREMENT PLAN (QR)</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SANFORD BISMARCK</b>	<b>D</b> Employer Identification Number (EIN) <b>45-0226700</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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
<b>a</b> Total noninterest-bearing cash.....	<b>1a</b> 6	0
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions.....	<b>1b(1)</b> 2100000	0
<b>(2)</b> Participant contributions.....	<b>1b(2)</b>	
<b>(3)</b> Other.....	<b>1b(3)</b> 0	0
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b> 557772	0
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred.....	<b>1c(3)(A)</b>	
<b>(B)</b> All other.....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred.....	<b>1c(4)(A)</b>	
<b>(B)</b> Common.....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests.....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property).....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants).....	<b>1c(7)</b>	
<b>(8)</b> Participant loans.....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts.....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities.....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b> 132577689	0
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	

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	135235467	0
<b>Liabilities</b>			
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
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	135235467	0

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(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)		0
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3745	
(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)		
(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)	3455750	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	7402410	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	7402410	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		-25312757
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		-21853262
<b>Expenses</b>			
<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	6790121	
(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)		6790121
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses: (1) Professional fees .....	2i(1)	99031	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees .....	2i(3)	399790	
(4) Other .....	2i(4)	626689	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1125510
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		7915631
<b>Net Income and Reconciliation</b>			
<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-29768893
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		
(2) From this plan.....	2l(2)		105466574

**Part III Accountant's Opinion**

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

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

- (1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

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

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

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

(1) Name: EIDE BAILLY, LLP.

(2) EIN: 45-0250958

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

	Yes	No	Amount
4a		X	

		Yes	No	Amount
<b>b</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.).....	<b>4b</b>		X	
<b>c</b> 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.) .....	<b>4c</b>		X	
<b>d</b> 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.).....	<b>4d</b>		X	
<b>e</b> Was this plan covered by a fidelity bond?.....	<b>4e</b>	X		10000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>4f</b>		X	
<b>g</b> 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?.....	<b>4g</b>		X	
<b>h</b> 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?.....	<b>4h</b>		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	<b>4i</b>	X		
<b>j</b> 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.).....	<b>4j</b>	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	<b>4k</b>	X		
<b>l</b> Has the plan failed to provide any benefit when due under the plan?.....	<b>4l</b>		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	<b>4m</b>			
<b>n</b> 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.....	<b>4n</b>			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?.....  Yes  No  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SANFORD HEALTH EMPLOYEES' PENSION PLAN	31-1527032	001

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 475932.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<b>A</b> Name of plan <u>SANFORD BISMARCK EMPLOYEES' RETIREMENT PLAN (QR)</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SANFORD BISMARCK</u>	<b>D</b> Employer Identification Number (EIN) <u>45-0226700</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1	0
---	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 94-1347393

**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	0
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	<b>6a</b>	
<b>6 b</b> Enter the amount contributed by the employer to the plan for this plan year.....	<b>6b</b>	
<b>6 c</b> 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).....	<b>6c</b>	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? .....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
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**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

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

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....  Yes  No

**11 a** Does the ESOP hold any preferred stock?.....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market?.....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year.....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation \_\_\_\_\_



Financial Statements  
December 31, 2022 and 2021

# Sanford Bismarck Employees' Retirement Plan

Sanford Bismarck Employees' Retirement Plan

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December 31, 2022 and 2021

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## Independent Auditor's Report

To the Sanford Pension Committee  
Sanford Bismarck Employees' Retirement Plan  
Sioux Falls, South Dakota

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

We have performed audits of the financial statements of Sanford Bismarck Employees' Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

### Opinion

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

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

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

### **Basis for Opinion**

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

### **Responsibilities of Management for the Financial Statements**

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

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

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

#### **Other Matter – Supplemental Schedule Required by ERISA**

The supplemental schedule H, line 4j – schedule of reportable transactions as of or for the year ended December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

*Eide Bailly LLP*

Minneapolis, Minnesota  
September 29, 2023

Sanford Bismarck Employees' Retirement Plan  
 Statements of Net Assets Available for Benefits  
 December 31, 2022 and 2021

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	2022	2021
Assets		
Investments, at fair value		
Mutual funds	\$ -	\$ 132,577,689
Money market mutual fund	-	557,772
	-	133,135,461
Cash	-	6
Receivable		
Employer contributions	-	2,100,000
Net Assets Available for Benefits	\$ -	\$ 135,235,467

Sanford Bismarck Employees' Retirement Plan  
 Statements of Changes in Net Assets Available for Benefits  
 Years Ended December 31, 2022 and 2021

	2022	2021
Investment Income (Loss)		
Interest and dividends	\$ 3,459,495	\$ 4,221,847
Net appreciation (depreciation) in fair value of investments	(25,712,547)	7,050,331
	(22,253,052)	11,272,178
Employer contributions	-	3,000,000
Deductions		
Benefits paid to participants	6,790,121	6,544,741
Administrative expenses	725,720	54,176
Total deductions	7,515,841	6,598,917
Net Increase (Decrease)	(29,768,893)	7,673,261
Transfer to Sanford Health Employees' Pension Plan (Note 4)	(105,466,574)	-
Net Assets Available for Benefits		
Beginning of year	135,235,467	127,562,206
End of year	\$ -	\$ 135,235,467

Sanford Bismarck Employees' Retirement Plan  
 Statements of Accumulated Plan Benefits  
 December 31, 2022 and 2021

---

	2022	2021
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits		
Participants currently receiving payments	\$ -	\$ 69,057,006
Active employees	-	26,178,141
Participants with deferred benefits	-	17,339,944
	-	112,575,091
Nonvested benefits	-	-
Total Actuarial Present Value of Accumulated Plan Benefits	\$ -	\$ 112,575,091

Sanford Bismarck Employees' Retirement Plan  
 Statements of Changes in Accumulated Plan Benefits  
 Years Ended December 31, 2022 and 2021

	2022	2021
Actuarial Present Value of Accumulated Plan Benefits, Beginning of Year	\$ 112,575,091	\$ 99,824,635
Increase During the Year Attributable to		
Benefits accumulated	1,153,374	1,012,696
Actuarial losses	4,442,844	1,048,723
Increase for interest due to decrease in the discount period	5,518,741	5,856,758
Change in actuarial assumptions	(2,753,607)	11,377,020
Benefits paid	(6,790,121)	(6,544,741)
Plan Merger - Transfer of obligation to Sanford Health	(114,146,322)	-
Net increase (decrease)	(112,575,091)	12,750,456
Actuarial Present Value of Accumulated Plan Benefits, End of Year	\$ -	\$ 112,575,091

## **Note 1 - Description of Plan**

The following brief description of the Sanford Bismarck Employees' Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### **General**

The Plan is a noncontributory defined benefit plan covering eligible employees of the Quain & Ramstad Clinic P.C. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (the ERISA) and is insured by the Pension Benefit Guaranty Corporation (PBGC).

Effective January 1, 1994, Quain & Ramstad Clinic, P.C. was merged into Medcenter One, Inc. As of that date, Medcenter One, Inc. became the sponsor of the Plan. Effective July 3, 2012, the Plan sponsor merged with Sanford Health (the System) and became Sanford Bismarck.

The Plan is administered by the Sanford Pension Committee (the Committee). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

As described in Note 4, effective December 31, 2022, the Sanford Bismarck Employees' Retirement Plan was merged into the Sanford Health Employees' Pension Plan.

### **Eligibility**

Prior to June 30, 2004, employees who were age 21 and had completed one year of service of 1,000 hours or more were eligible to participate in the Plan. In January 2004, the Board of Directors amended the Plan so that employees hired on or after July 1, 2004, would not be eligible to participate in the Plan and benefits accrued by current participants after July 1, 2004, would be subject to an offset for benefits under a new money purchase plan. Effective January 1, 2010, the Plan was amended and restated to allow clinic lab employees hired after July 1, 2004, to participate in the Plan once they meet the age and service requirements. Effective January 1, 2016, the Plan was frozen to new participants.

### **Pension Benefits**

Employees with three or more years of continuous service, or four years or more of vesting service, are entitled to annual pension benefits beginning at age 65 equal to 56% of their final three-year average salary, minus 18.75% of the lesser of covered compensation or the participant's average salary for the last three years of employment. The net benefit is reduced proportionately for less than 30 years of credited service. For all employees earning greater than \$150,000 prior to January 1, 1994, the benefit cannot be less than the December 31, 1993, accrued benefit (calculated using the old salary limits) times the ratio (not less than one) of the final three-year average salary at termination to final three-year average salary at December 31, 1993, plus the benefit determined under the current formula, limiting all salaries to \$150,000 and using credited service after December 31, 1994 (with total service limited to 30 years).

The Plan permits early retirement with reduced benefits for participants at the age of 55. If employees terminate before rendering four years of service or three years of continuous service, they forfeit the right to receive the portion of their accumulated Plan benefits attributable to the employer's contributions. Unless otherwise elected, benefits are payable in the form of a single life annuity for single retirees and a joint and survivor annuity for married retirees.

### **Death and Disability Benefits**

If the participant's death occurs after the first day of the month following his or her attainment of age 55, the qualified preretirement survivor annuity shall be the same as the annuity that would have been payable to the participant's spouse if the participant had retired with an immediate qualified joint and survivor annuity on the day before the date of death. If the participant's death occurs on or before the first day of the month following the month in which he/she would have attained age 55 (referred to as "the earliest retirement date"), the qualified preretirement survivor annuity shall be the same as the annuity that would have been payable to the participant's spouse under the following circumstances: (1) the participant's termination of employment occurred on the date of death, or on his or her actual date of termination of employment, if earlier; (2) the participant survived to the earliest retirement date; (3) the participant commenced receiving a pension in the form of a qualified joint and survivor annuity on the earliest retirement date; or (4) the participant died on the day after the earliest retirement date. A participant who becomes totally and permanently disabled is eligible for benefits provided the participant is at least age 40 with five years of credited service. A participant will be considered totally and permanently disabled only if they are eligible to receive disability benefits from Social Security.

### **Vesting**

The percentage of the benefit a participant is eligible to receive before retirement is based on years of credited service. Participants with four years or more of credited service are 100% vested. Participants with less than four years of credited service are 0% vested.

## **Note 2 - Significant Accounting Policies and Use of Estimates**

### **Basis of Accounting**

The financial statements of the Plan are prepared using the accrual basis of accounting.

### **Use of Estimates**

The preparation of financial statements in conformity with the 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, liabilities, and changes therein, disclosures of contingent assets and liabilities, and the actuarial present value of the accumulated Plan benefits at the date of the financial statements. Actual results may 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 5 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 (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as those held during the year.

The classification of investment earnings (losses) reported in the statement of changes in net assets available for benefits may differ from the classification of earnings (losses) on Form 5500 due to different reporting requirements on Form 5500.

### 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 accumulated based on employees' annual compensation during their years of credited service. The accumulated Plan benefits for active employees are based on compensation earned prior to the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, disability, death, 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 and is that amount which results from applying actuarial assumptions to adjust the 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 following is a summary of the more significant actuarial assumptions underlying the actuarial computations for the year ended December 31, 2021:

Life expectancy of participants	PRI-2012 mortality tables with the MP-2021 projection scales
Retirement age	Age 55 to 65 with a weighted average retirement age of 63.
Discount and investment return	6.00%

Expense of administration	\$50,000; assumed to equal the prior year's actual administrative expenses, rounded to the next \$10,000, and is added to the normal cost for the calculation of minimum required contribution.
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The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Effective December 31, 2022, the Sanford Bismarck Employees' Retirement Plan merged into the Sanford Health Employees' Pension Plan. The total value of transferred accumulated benefit obligations from the Plan to the Sanford Health Employees' Pension Plan was \$114,146,322.

### **Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

### **Expenses**

The Plan's expenses are paid by either the Plan or the System, as provided by the Plan document. Expenses that are paid directly by the System are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

### **Subsequent Events**

The Plan sponsor has evaluated subsequent events through September 29, 2023, the date which the financial statements were available to be issued.

### **Note 3 - Funding Policy**

The System's funding policy is to make annual contributions to the Plan in amounts that are estimated amounts necessary to fund the benefits provided, as determined by the Plan actuary, so that all employees' benefits will be fully provided by the time they retire. During 2022, the System did not make any contributions to the Plan. In 2021, the System contributed \$3,000,000 to the Plan. The System's contributions for the years ended December 31, 2022 and 2021, met the minimum funding requirements established by ERISA.

### **Note 4 - Plan Transfer**

Effective December 31, 2022, the Plan was merged into the Sanford Health Employees' Pension Plan and \$105,466,574 was transferred from the Plan. The merger will not affect the participant's pension benefits because the benefit provisions of the merged plan will be incorporated into the Plan. Total value of transferred accumulated benefit obligations to the Sanford Health Employees' Pension Plan totaled \$114,146,322.

**Note 5 - Fair Value Measurements**

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

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

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

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

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

The following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2022 and 2021.

Mutual funds (including money market mutual funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, trustee, and other third parties.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is 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.

## Sanford Bismarck Employees' Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 :

	2021			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 132,577,689	\$ -	\$ -	\$ 132,577,689
Money market mutual fund	557,772	-	-	557,772
Total assets at fair value	\$ 133,135,461	\$ -	\$ -	\$ 133,135,461

### Note 6 - Certified Information

Certain information related to investments disclosed in the accompanying financial statements and ERISA required supplemental schedules, including investments held at December 31, 2022 and 2021, and net appreciation (depreciation) in fair value of investments, interest and dividends for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Principal Bank, N.A., the trustee of the Plan.

### Note 7 - Tax Status

The Internal Revenue Service (IRS) has determined and informed the System by a letter dated April 10, 2018, that the Plan was designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). Subsequent to the issuance of the determination letter, the Plan was amended. However, the System and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### Note 8 - Related Party and Party-in-Interest Transactions

A certain Plan investment is managed by Principal Bank, N.A., the trustee, as defined by the Plan. As noted in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various providers. These transactions are exempt party-in-interest transactions under ERISA.

**Note 9 - Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or global conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the 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.

**Note 10 - Freezing of Plan Participation**

The Board of Trustees of the Plan approved a motion to freeze participation in the Plan as of July 1, 2004. Based on this motion, the Plan will no longer allow new employees to participate in the Plan and benefits accrued by current participants after July 1, 2004, will be subject to an offset for benefits under the Sanford Bismarck Money Purchase Plan. The Board of Trustees has not made a resolution to terminate the Plan. Effective January 1, 2010, the Plan was amended and restated to allow clinic lab employees hired after July 1, 2004, to participate in the Plan once they meet the age and service requirements. The Sanford Pension Committee approved a motion to close the Plan to new participants beginning January 1, 2016.



Supplementary Information  
December 31, 2022

# Sanford Bismarck Employees' Retirement Plan

Sanford Bismarck Employees' Retirement Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2022

Plan: 003

EIN: 45-0226700

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Identity of Party Involved	Description of Asset	Number of Transactions	Purchase Price	Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Data	Net Gain or (Loss)
Principal Bank	Mutual Funds	1	\$ -	\$ 29,721,833	\$ -	\$ -	\$ 34,029,668	\$ 29,721,833	\$ (4,307,835)
Principal Bank	Mutual Funds	2	-	33,478,684	-	-	39,605,604	33,478,684	(6,126,920)
Principal Bank	Mutual Funds	1	23,700,978	-	-	-	23,700,978	23,700,978	-
Principal Bank	Mutual Funds	1	10,100,000	-	-	-	10,100,000	10,100,000	-
Principal Bank	Mutual Funds	1	8,096,243	-	-	-	8,096,243	8,096,243	-
Principal Bank	Mutual Funds	1	8,096,243	-	-	-	8,096,243	8,096,243	-
Principal Bank	Mutual Funds	1	11,750,901	-	-	-	11,750,901	11,750,901	-
Principal Bank	Mutual Funds	1	9,075,000	-	-	-	9,075,000	9,075,000	-

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2022

Attained Age	Attained Years of Credited Service <sup>1</sup>										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	4	0	0	0	0	0	0	0	4
30-34	0	0	8	5	0	0	0	0	0	0	13
35-39	0	0	4	7	7	0	0	0	0	0	18
40-44	0	0	3	2	6	5	0	0	0	0	16
45-49	0	0	1	4	3	8	1	0	0	0	17
50-54	0	0	4	2	4	13	10	8	0	0	41
55-59	0	0	1	1	9	6	7	6	4	0	34
60-64	0	0	1	0	7	11	10	10	10	7	56
65-69	0	0	0	0	0	1	0	0	0	0	1
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	26	21	36	44	28	24	14	7	200

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.  
 Plan Name: Sanford Bismarck Employees' Retirement Plan (QR)  
 EIN / PN: 45-0226700 / 003  
 Plan Sponsor: Sanford Bismarck  
 Valuation Date: January 1, 2022

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Economic Assumptions

#### Interest rate basis:

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

Interest rates:	Reflecting Stabilization	Not Reflecting Stabilization
-----------------	--------------------------	------------------------------

#### Annual rates of increase:

- Compensation 3.00%
- Future Social Security wage bases 3.00%
- Statutory limits on compensation N/A
- Expected return on money purchase accounts 7.00%

**Plan-related expenses** \$60,000; the annual plan-related expense is assumed to equal the prior year's actual plan-related expenses rounded up to the next \$10,000 and is added to the normal cost for the calculation of minimum required contribution.

**Annuity conversion rate for money purchase accounts** Money purchase accounts were valued using the substitution of annuity form under IRS Proposed Regulation 1.430(d) (f)(4).

Plan Name: Sanford Bismarck Employees' Retirement Plan (QR)  
EIN / PN: 45-0226700 / 003  
Plan Sponsor: Sanford Bismarck  
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# SCHEDULE SB ATTACHMENTS

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As permitted by law, rates reflecting stabilization are used to determine the funding target, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates and may be inconsistent with other economic assumptions used in the valuation.

## 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-2014 “Employees” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under IRC §1.430(h)(3)-1 using scale MP-2020) and annuitants (based on RP-2014 “Healthy Annuitants” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under IRC §1.430(h)(3)-1 using Scale MP-2020).
- **Disabled** No disability decrements are assumed for the valuation and thus no disabled mortality assumptions are used.

Money purchase accounts were valued using the substitution of annuity form under IRS Regulation §1.430(d)-1(f)(4), without application of generational mortality. Annuities were calculated from the money purchase accounts using the required methodology in IRS Regulation §1.430(d)-1(f)(5).

Plan Name: Sanford Bismarck Employees' Retirement Plan (QR)  
EIN / PN: 45-0226700 / 003  
Plan Sponsor: Sanford Bismarck  
Valuation Date: January 1, 2022

# SCHEDULE SB ATTACHMENTS

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## Termination

Rates varying by age and gender

Age	Male	Female
25	14.80%	31.80%
30	8.70%	21.20%
35	4.90%	13.00%
40	2.30%	8.00%
45	1.10%	3.60%
50	0.60%	0.90%
55	0.20%	0.20%

---

## Disability

No disability decrements are assumed for the valuation.

## Retirement

Rates varying by age, average age 63. Representative rates shown below.

Age	Retirement Rate
55	5%
56 - 59	2%
60 - 61	5%
62	15%
63 - 64	10%
65	100%

---

## Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 65
- Deferred vested benefit Normal retirement date
- Retirement benefit Upon termination of employment

## Form of payment

Single participants are assumed to elect a single life annuity. 40% of married participants are assumed to elect a single life annuity, 40% are assumed to elect a 100% joint and survivor annuity, and 20% are assumed to elect a 10-year certain and life annuity.

## Percent married

75% of eligible participants are assumed to be married.

Plan Name: Sanford Bismarck Employees' Retirement Plan (QR)  
EIN / PN: 45-0226700 / 003  
Plan Sponsor: Sanford Bismarck  
Valuation Date: January 1, 2022

# SCHEDULE SB ATTACHMENTS

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<b>Spouse age</b>	Wives assumed to be 4 years younger than the husband.
<b>Covered pay</b>	Annual gross pay during prior calendar year increased by one year's assumed annual rate of salary increase.
<b>Timing of benefit payments</b>	Annuity payments are payable monthly at the beginning of the month.
<b>Decrement timing</b>	The assumptions used are collectively called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met, or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

## Methods

<b>Valuation date</b>	First day of plan year
<b>Funding target</b>	Present value of accrued benefits as required by regulations under IRC §430. Under this method, the accrued benefit is calculated based upon service and compensation as of the valuation date. The gross benefit is then offset by the value of the MPP offset, which is the current balance rolled with expected returns to decrement date. The funding target is the present value of this accrued benefit.
<b>Target normal cost</b>	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430. Benefits expected to accrue during the plan year include increases in the benefit due to service and compensation earned during the plan year, for both the gross benefit and the MPP offset.

Plan Name: Sanford Bismarck Employees' Retirement Plan (QR)  
EIN / PN: 45-0226700 / 003  
Plan Sponsor: Sanford Bismarck  
Valuation Date: January 1, 2022

# SCHEDULE SB ATTACHMENTS

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## **Actuarial value of assets for determining minimum required contributions**

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, 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.

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, if the third segment rate drops below Sanford Health's 6% return expectation, the method would have a significant bias to produce an actuarial value of assets below the market value of assets.

## **Benefits not valued**

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Sanford Health and, based on that review, is not aware of any significant benefits required to be valued that were not.

## **Sources of Data and Other Information**

Employee data and other participant information as of January 1, 2022 were provided by Sanford Health through the eepoint© administration system. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

## **Assumptions Rationale - Significant Economic Assumptions**

### **Interest rate**

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Plan Name: Sanford Bismarck Employees' Retirement Plan (QR)  
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Plan Sponsor: Sanford Bismarck  
Valuation Date: January 1, 2022

# SCHEDULE SB ATTACHMENTS

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## **Expected return on money purchase accounts**

We understand that the expected return on money purchase accounts assumption reflects the plan sponsor's estimate of future experience for asset returns, reflecting current asset allocation and any expected changes during the current year, current market conditions, and expectations for future market conditions. The analysis was informed by analysis of historical data and recent trends in real returns on applicable classes of assets.

WTW's determination that this assumption does not significantly conflict with what would be reasonable is informed by WTW's Expected Return Estimator model.

## **Assumptions Rationale - Significant Demographic Assumptions**

### **Mortality**

Assumptions used for funding purposes are as prescribed by IRC §430(h).

### **Termination**

Termination rates are based on plan sponsor expectations of the future, with periodic monitoring of observed gains and losses caused by withdrawal patterns different than assumed.

For the reasons outlined immediately above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

### **Retirement**

Retirement rates are based on plan sponsor expectations for the future and an experience review conducted in 2014, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

For the reasons outlined immediately above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

### **Benefit commencement date for deferred benefits**

Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement for those not commencing in their year of termination.

For the reasons outlined immediately above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Plan Name: Sanford Bismarck Employees' Retirement Plan (QR)  
EIN / PN: 45-0226700 / 003  
Plan Sponsor: Sanford Bismarck  
Valuation Date: January 1, 2022

# SCHEDULE SB ATTACHMENTS

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## Form of payment

The percentage of retiring participants assumed to take joint and survivor annuities, and the assumed survivor percentages, are based on an experience review conducted in 2014.

For the reasons outlined immediately above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

## Marital Assumptions:

- Percent married

The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.

For the reasons outlined immediately above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

- Spouse age

The assumed age difference for spouses is based on general population statistics on the age difference for married individuals of retirement age.

For the reasons outlined immediately above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

## Source of Prescribed Methods

### Funding methods

The methods used for funding purposes as described within this attachment, including the method of determining plan assets, are “prescribed methods set by law,” as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430 or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Plan Name: Sanford Bismarck Employees' Retirement Plan (QR)  
EIN / PN: 45-0226700 / 003  
Plan Sponsor: Sanford Bismarck  
Valuation Date: January 1, 2022

# SCHEDULE SB ATTACHMENTS

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## Changes in Assumptions and Methods

### Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430, and the interest rate corridors of ARPA were applied.
- The mortality table used to calculate the funding target and target normal cost was updated to use the MP-2020 projection scale as specified in the regulations under §1.430(h)(3)-1.
- The mortality table used for lump sum conversion of the Money Purchase Plan offset was updated to include one additional year of mortality improvements per IRC §417(e).
- The expected return on money purchase accounts was changed from 6.00% to 7.00%

Plan Name: Sanford Bismarck Employees' Retirement Plan (QR)  
EIN / PN: 45-0226700 / 003  
Plan Sponsor: Sanford Bismarck  
Valuation Date: January 1, 2022

Sanford Bismarck Employees' Retirement Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2022

Plan: 003

EIN: 45-0226700

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Identity of Party Involved	Description of Asset	Number of Transactions	Purchase Price	Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Data	Net Gain or (Loss)
Principal Bank	Mutual Funds	1	\$ -	\$ 29,721,833	\$ -	\$ -	\$ 34,029,668	\$ 29,721,833	\$ (4,307,835)
Principal Bank	Mutual Funds	2	-	33,478,684	-	-	39,605,604	33,478,684	(6,126,920)
Principal Bank	Mutual Funds	1	23,700,978	-	-	-	23,700,978	23,700,978	-
Principal Bank	Mutual Funds	1	10,100,000	-	-	-	10,100,000	10,100,000	-
Principal Bank	Mutual Funds	1	8,096,243	-	-	-	8,096,243	8,096,243	-
Principal Bank	Mutual Funds	1	8,096,243	-	-	-	8,096,243	8,096,243	-
Principal Bank	Mutual Funds	1	11,750,901	-	-	-	11,750,901	11,750,901	-
Principal Bank	Mutual Funds	1	9,075,000	-	-	-	9,075,000	9,075,000	-

**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

**2022**

**This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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.

<b>A</b> Name of plan SANFORD BISMARCK EMPLOYEES' RETIREMENT PLAN (QR)	<b>B</b> Three-digit plan number (PN) ▶	003
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SANFORD BISMARCK	<b>D</b> Employer Identification Number (EIN) 45-0226700	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	135,204,993	
<b>b</b> Actuarial value .....	<b>2b</b>	130,753,067	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	472	68,115,636	68,115,636
<b>b</b> For terminated vested participants .....	199	16,147,973	16,147,973
<b>c</b> For active participants .....	200	23,382,130	23,406,881
<b>d</b> Total .....	871	107,645,739	107,670,490
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</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 .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.41%	
<b>6</b> Target normal cost .....			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	994,075	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	60,000	
<b>c</b> Total (line 6a + line 6b) .....	<b>6c</b>	1,054,075	

**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.

<b>SIGN HERE</b>	Tristan Christ	<u>6/28/2023</u>
	Signature of actuary	Date
	Tristan Christ	2307343
	Type or print name of actuary	Most recent enrollment number
	Willis Towers Watson US LLC	952-842-7000
	Firm name	Telephone number (including area code)
	8400 Normandale Lake Boulevard Suite 1700 Minneapolis MN 55437-3837	
	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, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2022  
v. 220413**

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	7,351,147
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8).....	0	7,351,147
<b>10</b>	Interest on line 9 using prior year's actual return of <u>9.13</u> %.....	0	671,160
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year).....		2,819,356
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.60</u> %.....		157,884
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		2,977,240
	<b>d</b> Portion of (c) to be added to prefunding balance.....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections.....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	8,022,307

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	113.98 %
<b>15</b>	Adjusted funding target attainment percentage.....	<b>15</b>	121.43 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	107.38 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
			<b>Totals ▶</b>	<b>18(b)</b>	0	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b> 0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....	<b>19b</b> 0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b> 0
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year?.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c</b> 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

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

21 Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

**b** Applicable month (enter code) ..... **21b** 4

22 Weighted average retirement age ..... **22** 63

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 Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? 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 .....	<b>28</b>	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

31 Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	1,054,075
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	1,054,075

32 Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment.....	0	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**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement .....	0	0
36 Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	0
38 Present value of excess contributions for current year (see instructions)		
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
40 Unpaid minimum required contributions for all years .....	<b>40</b>	0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	Sanford Bismarck
<b>EIN/PN</b>	45-0226700 / 003
<b>Plan Name</b>	Sanford Bismarck Employees' Retirement Plan (QR)
<b>Valuation Date</b>	January 1, 2022
<b>Enrolled Actuary</b>	Tristan Christ
<b>Enrollment Number</b>	23-07343

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

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## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2022

See Part V, Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	$q_x^r$	$l_x$	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.05	1,000	1.000000	0.050000	2.750000
56	0.02	950	0.950000	0.019000	1.064000
57	0.02	931	0.931000	0.018620	1.061340
58	0.02	912	0.912380	0.018248	1.058361
59	0.02	894	0.894132	0.017883	1.055076
60	0.05	876	0.876250	0.043813	2.628749
61	0.05	832	0.832437	0.041622	2.538934
62	0.15	791	0.790815	0.118622	7.354583
63	0.10	672	0.672193	0.067219	4.234816
64	0.10	605	0.604974	0.060497	3.871832
65	1.00	544	0.544476	0.544476	35.390966
Average Age at Retirement					63.008658
Rounded for Schedule SB line 22					63

Plan Name: Sanford Bismarck Employees' Retirement Plan (QR)  
 EIN / PN: 45-0226700 / 003  
 Plan Sponsor: Sanford Bismarck  
 Valuation Date: January 1, 2022

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Economic Assumptions

#### Interest rate basis:

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

Interest rates:	Reflecting Stabilization	Not Reflecting Stabilization
-----------------	--------------------------	------------------------------

#### Annual rates of increase:

- Compensation 3.00%
- Future Social Security wage bases 3.00%
- Statutory limits on compensation N/A
- Expected return on money purchase accounts 7.00%

**Plan-related expenses** \$60,000; the annual plan-related expense is assumed to equal the prior year's actual plan-related expenses rounded up to the next \$10,000 and is added to the normal cost for the calculation of minimum required contribution.

**Annuity conversion rate for money purchase accounts** Money purchase accounts were valued using the substitution of annuity form under IRS Proposed Regulation 1.430(d) (f)(4).

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As permitted by law, rates reflecting stabilization are used to determine the funding target, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates and may be inconsistent with other economic assumptions used in the valuation.

### 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-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under IRC §1.430(h)(3)-1 using scale MP-2020) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under IRC §1.430(h)(3)-1 using Scale MP-2020).
- **Disabled** No disability decrements are assumed for the valuation and thus no disabled mortality assumptions are used.

Money purchase accounts were valued using the substitution of annuity form under IRS Regulation §1.430(d)-1(f)(4), without application of generational mortality. Annuities were calculated from the money purchase accounts using the required methodology in IRS Regulation §1.430(d)-1(f)(5).

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## Termination

Rates varying by age and gender

Age	Male	Female
25	14.80%	31.80%
30	8.70%	21.20%
35	4.90%	13.00%
40	2.30%	8.00%
45	1.10%	3.60%
50	0.60%	0.90%
55	0.20%	0.20%

## Disability

No disability decrements are assumed for the valuation.

## Retirement

Rates varying by age, average age 63. Representative rates shown below.

Age	Retirement Rate
55	5%
56 - 59	2%
60 - 61	5%
62	15%
63 - 64	10%
65	100%

## Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 65
- Deferred vested benefit Normal retirement date
- Retirement benefit Upon termination of employment

## Form of payment

Single participants are assumed to elect a single life annuity. 40% of married participants are assumed to elect a single life annuity, 40% are assumed to elect a 100% joint and survivor annuity, and 20% are assumed to elect a 10-year certain and life annuity.

## Percent married

75% of eligible participants are assumed to be married.

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<b>Spouse age</b>	Wives assumed to be 4 years younger than the husband.
<b>Covered pay</b>	Annual gross pay during prior calendar year increased by one year's assumed annual rate of salary increase.
<b>Timing of benefit payments</b>	Annuity payments are payable monthly at the beginning of the month.
<b>Decrement timing</b>	The assumptions used are collectively called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met, or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

### Methods

<b>Valuation date</b>	First day of plan year
<b>Funding target</b>	Present value of accrued benefits as required by regulations under IRC §430. Under this method, the accrued benefit is calculated based upon service and compensation as of the valuation date. The gross benefit is then offset by the value of the MPP offset, which is the current balance rolled with expected returns to decrement date. The funding target is the present value of this accrued benefit.
<b>Target normal cost</b>	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430. Benefits expected to accrue during the plan year include increases in the benefit due to service and compensation earned during the plan year, for both the gross benefit and the MPP offset.

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**Actuarial value of assets for determining minimum required contributions**

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, 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.

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, if the third segment rate drops below Sanford Health's 6% return expectation, the method would have a significant bias to produce an actuarial value of assets below the market value of assets.

**Benefits not valued**

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Sanford Health and, based on that review, is not aware of any significant benefits required to be valued that were not.

## Sources of Data and Other Information

Employee data and other participant information as of January 1, 2022 were provided by Sanford Health through the eepoint© administration system. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

## Assumptions Rationale - Significant Economic Assumptions

**Interest rate**

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

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**Expected return on money purchase accounts**

We understand that the expected return on money purchase accounts assumption reflects the plan sponsor's estimate of future experience for asset returns, reflecting current asset allocation and any expected changes during the current year, current market conditions, and expectations for future market conditions. The analysis was informed by analysis of historical data and recent trends in real returns on applicable classes of assets.

WTW's determination that this assumption does not significantly conflict with what would be reasonable is informed by WTW's Expected Return Estimator model.

### Assumptions Rationale - Significant Demographic Assumptions

**Mortality**

Assumptions used for funding purposes are as prescribed by IRC §430(h).

**Termination**

Termination rates are based on plan sponsor expectations of the future, with periodic monitoring of observed gains and losses caused by withdrawal patterns different than assumed.

For the reasons outlined immediately above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

**Retirement**

Retirement rates are based on plan sponsor expectations for the future and an experience review conducted in 2014, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

For the reasons outlined immediately above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

**Benefit commencement date for deferred benefits**

Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement for those not commencing in their year of termination.

For the reasons outlined immediately above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

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### Form of payment

The percentage of retiring participants assumed to take joint and survivor annuities, and the assumed survivor percentages, are based on an experience review conducted in 2014.

For the reasons outlined immediately above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

### Marital Assumptions:

- Percent married

The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.

For the reasons outlined immediately above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

- Spouse age

The assumed age difference for spouses is based on general population statistics on the age difference for married individuals of retirement age.

For the reasons outlined immediately above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

### Source of Prescribed Methods

#### Funding methods

The methods used for funding purposes as described within this attachment, including the method of determining plan assets, are "prescribed methods set by law," as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430 or were selected by the plan sponsor from a range of methods permitted by IRC §430.

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## Changes in Assumptions and Methods

### Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430, and the interest rate corridors of ARPA were applied.
- The mortality table used to calculate the funding target and target normal cost was updated to use the MP-2020 projection scale as specified in the regulations under §1.430(h)(3)-1.
- The mortality table used for lump sum conversion of the Money Purchase Plan offset was updated to include one additional year of mortality improvements per IRC §417(e).
- The expected return on money purchase accounts was changed from 6.00% to 7.00%

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### **Schedule SB, Line 24 Change in Actuarial Assumptions**

The expected return on money purchase accounts was changed from 6.00% to 7.00%. This change was made based on updated participant asset allocation information and alignment with future expectations of return for that aggregate allocation.

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The effective date of the plan is January 1, 1949; amended and restated effective January 1, 2017; last amended June 14, 2017, effective July 1, 2017.

**Covered employees** All qualified employees of the Quain and Ramstad Clinic on or before June 30, 2004, are eligible for participation. Employees hired July 1, 2004, or later are not eligible to participate in the plan except lab employees who continue to enter once they reach age 21 and complete 1,000 hours of service in a 12-consecutive month period (or complete six months of continuous service if scheduled to work at least half time).

An eligible employee will become a participant in the plan on January 1 or July 1 after they satisfy eligibility criteria.

Notwithstanding the preceding, no individual may become a participant in the plan after January 1, 2016.

### Definitions

**Vesting service** Each Plan Year with at least 1,000 Hours of Service or employment throughout the entire Plan Year.

**Credited service** After January 1, 1976, each Plan Year with at least 1,000 Hours of Service. Prior to January 1, 1976, completed years and months of employment.

**Pensionable pay** Credited Earnings: Credited earnings for the plan year including regular salary, commissions, tips, overtime and premium pay, bonuses, and salary reduction contributions pursuant to Sanford Health's Tax-Sheltered Annuity Plan and/or Flexible Benefits Plan. Earnings in excess of \$220,000 are disregarded.

**Average earnings**

- Final Three-Year Average Salary: Average monthly earnings for the three consecutive years which produce the highest average during the most recent 15 completed years.
- Final Average Salary: Average monthly earnings for the last three consecutive years of service (limited each year to the Social Security Wage Base).

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<b>Covered Compensation</b>	Average of the Social Security Wage Base for the 35-year period ending with the calendar year in which the employee reaches Social Security Retirement Age.
<b>Money Purchase Offset</b>	The monthly amount that would be provided if the Participant's Employer Account Balance in the Q&R Clinic Money Purchase Pension Plan was converted to an actuarially equivalent life annuity. Effective July 1, 2004, Sanford Health contributes 4% of each participant's Certified Earnings to the Q&R Money Purchase Plan (MPP) each year. The conversion to accrued benefit offset will occur at 8.5% and UP-84 mortality post retirement (no preretirement) or the current 417(e)(3) basis, whichever yields a smaller offset.
<b>Normal retirement date (NRD)</b>	The last day of the month on or after the employee's 65 <sup>th</sup> birthday.
<b>Monthly pension benefit</b>	<p>56% of Final Three-Year Average Salary minus 18.75% of the lesser of Covered Compensation and the Final Average Salary, all reduced proportionately for Credited Service under 30 years. Subtract from this the MPP Offset.</p> <p>Effective January 1, 2010, the gross benefit before MPP offset will never be less than the preceding January 1.</p> <p>The accrued benefit will not be less than the benefit determined under the provisions of the plan in effect on December 31, 1988, for super highly compensated employees and December 31, 1993, for other employees. Additionally, the accrued benefit will not be less than the accrued benefit as of June 30, 2004.</p>

### Eligibility for Benefits

<b>Normal retirement</b>	Age 65
<b>Early retirement</b>	Age 55 with 4 years of Vesting Service or 3 years of continuous service
<b>Postponed retirement</b>	Retirement after the Normal Retirement Date
<b>Deferred vested termination</b>	100% vested after 4 years of Vesting Service or 3 years of continuous service

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**Disability** Termination of employment due to disability after age 40 and 5 years of Credited Service

**Preretirement death benefit** Vested participants who die prior to the commencement of retirement payments and have an eligible surviving spouse

### Benefits Paid Upon the Following Events

**Normal retirement** The accrued benefit determined as of the Normal Retirement Date.

**Early retirement** The accrued benefit as of the early retirement date reduced by 6-2/3% per year for the first five years and 3-1/3% per year for the next five years prior to the Normal Retirement Date.

**Postponed retirement** The accrued benefit determined as of the later of the Normal Retirement Date or retirement.

**Deferred vested termination** The accrued benefit payable at age 65, or a reduced benefit after age 55 by 6-2/3% per year for the first five years and 3-1/3% per year for the next five years that benefits commence prior to age 65.

**Disablement** The accrued benefit payable at age 65, assuming level earnings to age 65 and continued Credited Service accruals (assuming the participant worked at least 1,000 hours in the 12 months preceding disability).

**Preretirement death** Annuity that would have been payable to the Participant's spouse if the Participant had retired the day before the date of death with a 50% Joint and Survivor benefit payable immediately (if the Participant dies after age 55) or the first day of the month following the month in which the Participant would have turned 55.

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## Other Plan Provisions

### Forms of payment

The normal form of benefit is a monthly pension benefit payable for the lifetime of the participant with payments terminating upon the death of the participant.

If an employee is married at the time benefits become payable, they shall instead receive an actuarially reduced 50% joint and survivor annuity.

Optional benefit forms are available and equal to the actuarial equivalent of the normal benefit form and may be in an amount more than or less than that provided by the normal benefit form depending on the option selected. Such distribution may be in one or more of the following forms:

- Life Annuity with 5 Years Guaranteed - monthly annuity payable for the lifetime of the participant with payments guaranteed for a minimum of five years.
- Life Annuity with 10 Years Guaranteed - monthly annuity payable for the lifetime of the participant with payments guaranteed for a minimum of ten years.
- Life Annuity with 15 Years Guaranteed - monthly annuity payable for the lifetime of the participant with payments guaranteed for a minimum of fifteen years.
- 100% Joint and Survivor Annuity - monthly annuity payable during the joint lifetime of the participant and the joint annuitant; the original amount of monthly benefit will continue to the joint annuitant upon the death of the participant.
- 75% Joint and Survivor Annuity - monthly annuity payable during the joint lifetime of the participant and the joint annuitant; reduces to 75% of the original amount upon the death of the participant.
- 66-2/3% Joint and Survivor Annuity - monthly annuity payable during the joint lifetime of the participant and the joint annuitant; reduces to 66-2/3% of the original amount upon the death of the participant.
- 50% Joint and Survivor Annuity - monthly annuity payable during the joint lifetime of the participant and the joint annuitant; reduces to 50% of the original amount upon the death of the participant.
- Lump Sum - single lump sum cash payment of total vested accrued benefit; only available if the present value is \$50,000 or less. Eligibility is limited to 60 days from receipt of paperwork for participants.

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**Plan participants' contributions** None

**Actuarial equivalence:** Sample factors used to convert from Single Life Annuity to optional form:

• Joint and Survivor Annuity	<b>Participant Age - Spouse Age</b>	<b>50%</b>	<b>66.67%</b>	<b>75%</b>	<b>100%</b>
	-10	0.944	0.926	0.918	0.893
	-5	0.926	0.903	0.893	0.862
	0	0.907	0.880	0.867	0.830
	5	0.888	0.857	0.841	0.799
	10	0.872	0.836	0.820	0.772
• Certain & Life	<b>Participant Age</b>	<b>5 Years Guaranteed</b>	<b>10 Years Guaranteed</b>	<b>15 Years Guaranteed</b>	
	55	0.991	0.967	0.936	
	60	0.984	0.946	0.898	
	65	0.973	0.911	0.842	
• Small Lump Sum (less than \$50,000)	Actuarial equivalence using IRC Section 417(e)(3) mortality and the segment rates for the prior November (as published in December by the IRS).				

## Future Plan Changes

None

## Changes in Benefits Valued Since Prior Year

None

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## Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2022

Attained Age	Attained Years of Credited Service <sup>1</sup>										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	4	0	0	0	0	0	0	0	0	4
30-34	0	0	8	5	0	0	0	0	0	0	0	13
35-39	0	0	4	7	7	0	0	0	0	0	0	18
40-44	0	0	3	2	6	5	0	0	0	0	0	16
45-49	0	0	1	4	3	8	1	0	0	0	0	17
50-54	0	0	4	2	4	13	10	8	0	0	0	41
55-59	0	0	1	1	9	6	7	6	4	0	0	34
60-64	0	0	1	0	7	11	10	10	10	7	0	56
65-69	0	0	0	0	0	1	0	0	0	0	1	1
70 & over	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	26	21	36	44	28	24	14	7	7	200

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.  
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## Schedule SB – Statement by Enrolled Actuary

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<b>EIN/PN</b>	45-0226700 / 003
<b>Plan Name</b>	Sanford Bismarck Employees' Retirement Plan (QR)
<b>Valuation Date</b>	January 1, 2022
<b>Enrolled Actuary</b>	Tristan Christ
<b>Enrollment Number</b>	23-07343

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.

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## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2022

See Part V, Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	$q_x^r$	$l_x$	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.05	1,000	1.000000	0.050000	2.750000
56	0.02	950	0.950000	0.019000	1.064000
57	0.02	931	0.931000	0.018620	1.061340
58	0.02	912	0.912380	0.018248	1.058361
59	0.02	894	0.894132	0.017883	1.055076
60	0.05	876	0.876250	0.043813	2.628749
61	0.05	832	0.832437	0.041622	2.538934
62	0.15	791	0.790815	0.118622	7.354583
63	0.10	672	0.672193	0.067219	4.234816
64	0.10	605	0.604974	0.060497	3.871832
65	1.00	544	0.544476	0.544476	35.390966
Average Age at Retirement					63.008658
Rounded for Schedule SB line 22					63

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The effective date of the plan is January 1, 1949; amended and restated effective January 1, 2017; last amended June 14, 2017, effective July 1, 2017.

**Covered employees** All qualified employees of the Quain and Ramstad Clinic on or before June 30, 2004, are eligible for participation. Employees hired July 1, 2004, or later are not eligible to participate in the plan except lab employees who continue to enter once they reach age 21 and complete 1,000 hours of service in a 12-consecutive month period (or complete six months of continuous service if scheduled to work at least half time).

An eligible employee will become a participant in the plan on January 1 or July 1 after they satisfy eligibility criteria.

Notwithstanding the preceding, no individual may become a participant in the plan after January 1, 2016.

### Definitions

**Vesting service** Each Plan Year with at least 1,000 Hours of Service or employment throughout the entire Plan Year.

**Credited service** After January 1, 1976, each Plan Year with at least 1,000 Hours of Service. Prior to January 1, 1976, completed years and months of employment.

**Pensionable pay** Credited Earnings: Credited earnings for the plan year including regular salary, commissions, tips, overtime and premium pay, bonuses, and salary reduction contributions pursuant to Sanford Health's Tax-Sheltered Annuity Plan and/or Flexible Benefits Plan. Earnings in excess of \$220,000 are disregarded.

**Average earnings**

- Final Three-Year Average Salary: Average monthly earnings for the three consecutive years which produce the highest average during the most recent 15 completed years.
- Final Average Salary: Average monthly earnings for the last three consecutive years of service (limited each year to the Social Security Wage Base).

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<b>Covered Compensation</b>	Average of the Social Security Wage Base for the 35-year period ending with the calendar year in which the employee reaches Social Security Retirement Age.
<b>Money Purchase Offset</b>	The monthly amount that would be provided if the Participant's Employer Account Balance in the Q&R Clinic Money Purchase Pension Plan was converted to an actuarially equivalent life annuity. Effective July 1, 2004, Sanford Health contributes 4% of each participant's Certified Earnings to the Q&R Money Purchase Plan (MPP) each year. The conversion to accrued benefit offset will occur at 8.5% and UP-84 mortality post retirement (no preretirement) or the current 417(e)(3) basis, whichever yields a smaller offset.
<b>Normal retirement date (NRD)</b>	The last day of the month on or after the employee's 65 <sup>th</sup> birthday.
<b>Monthly pension benefit</b>	<p>56% of Final Three-Year Average Salary minus 18.75% of the lesser of Covered Compensation and the Final Average Salary, all reduced proportionately for Credited Service under 30 years. Subtract from this the MPP Offset.</p> <p>Effective January 1, 2010, the gross benefit before MPP offset will never be less than the preceding January 1.</p> <p>The accrued benefit will not be less than the benefit determined under the provisions of the plan in effect on December 31, 1988, for super highly compensated employees and December 31, 1993, for other employees. Additionally, the accrued benefit will not be less than the accrued benefit as of June 30, 2004.</p>

## Eligibility for Benefits

<b>Normal retirement</b>	Age 65
<b>Early retirement</b>	Age 55 with 4 years of Vesting Service or 3 years of continuous service
<b>Postponed retirement</b>	Retirement after the Normal Retirement Date
<b>Deferred vested termination</b>	100% vested after 4 years of Vesting Service or 3 years of continuous service

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**Disability** Termination of employment due to disability after age 40 and 5 years of Credited Service

**Preretirement death benefit** Vested participants who die prior to the commencement of retirement payments and have an eligible surviving spouse

## Benefits Paid Upon the Following Events

**Normal retirement** The accrued benefit determined as of the Normal Retirement Date.

**Early retirement** The accrued benefit as of the early retirement date reduced by 6-2/3% per year for the first five years and 3-1/3% per year for the next five years prior to the Normal Retirement Date.

**Postponed retirement** The accrued benefit determined as of the later of the Normal Retirement Date or retirement.

**Deferred vested termination** The accrued benefit payable at age 65, or a reduced benefit after age 55 by 6-2/3% per year for the first five years and 3-1/3% per year for the next five years that benefits commence prior to age 65.

**Disablement** The accrued benefit payable at age 65, assuming level earnings to age 65 and continued Credited Service accruals (assuming the participant worked at least 1,000 hours in the 12 months preceding disability).

**Preretirement death** Annuity that would have been payable to the Participant's spouse if the Participant had retired the day before the date of death with a 50% Joint and Survivor benefit payable immediately (if the Participant dies after age 55) or the first day of the month following the month in which the Participant would have turned 55.

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## Other Plan Provisions

### Forms of payment

The normal form of benefit is a monthly pension benefit payable for the lifetime of the participant with payments terminating upon the death of the participant.

If an employee is married at the time benefits become payable, they shall instead receive an actuarially reduced 50% joint and survivor annuity.

Optional benefit forms are available and equal to the actuarial equivalent of the normal benefit form and may be in an amount more than or less than that provided by the normal benefit form depending on the option selected. Such distribution may be in one or more of the following forms:

- Life Annuity with 5 Years Guaranteed - monthly annuity payable for the lifetime of the participant with payments guaranteed for a minimum of five years.
- Life Annuity with 10 Years Guaranteed - monthly annuity payable for the lifetime of the participant with payments guaranteed for a minimum of ten years.
- Life Annuity with 15 Years Guaranteed - monthly annuity payable for the lifetime of the participant with payments guaranteed for a minimum of fifteen years.
- 100% Joint and Survivor Annuity - monthly annuity payable during the joint lifetime of the participant and the joint annuitant; the original amount of monthly benefit will continue to the joint annuitant upon the death of the participant.
- 75% Joint and Survivor Annuity - monthly annuity payable during the joint lifetime of the participant and the joint annuitant; reduces to 75% of the original amount upon the death of the participant.
- 66-2/3% Joint and Survivor Annuity - monthly annuity payable during the joint lifetime of the participant and the joint annuitant; reduces to 66-2/3% of the original amount upon the death of the participant.
- 50% Joint and Survivor Annuity - monthly annuity payable during the joint lifetime of the participant and the joint annuitant; reduces to 50% of the original amount upon the death of the participant.
- Lump Sum - single lump sum cash payment of total vested accrued benefit; only available if the present value is \$50,000 or less. Eligibility is limited to 60 days from receipt of paperwork for participants.

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**Plan participants' contributions** None

**Actuarial equivalence:** Sample factors used to convert from Single Life Annuity to optional form:

• Joint and Survivor Annuity	<b>Participant Age – Spouse Age</b>	<b>50%</b>	<b>66.67%</b>	<b>75%</b>	<b>100%</b>
	-10	0.944	0.926	0.918	0.893
	-5	0.926	0.903	0.893	0.862
	0	0.907	0.880	0.867	0.830
	5	0.888	0.857	0.841	0.799
	10	0.872	0.836	0.820	0.772
• Certain & Life	<b>Participant Age</b>	<b>5 Years Guaranteed</b>	<b>10 Years Guaranteed</b>	<b>15 Years Guaranteed</b>	
	55	0.991	0.967	0.936	
	60	0.984	0.946	0.898	
	65	0.973	0.911	0.842	
• Small Lump Sum (less than \$50,000)	Actuarial equivalence using IRC Section 417(e)(3) mortality and the segment rates for the prior November (as published in December by the IRS).				

## Future Plan Changes

None

## Changes in Benefits Valued Since Prior Year

None

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## **Schedule SB, Line 24 Change in Actuarial Assumptions**

The expected return on money purchase accounts was changed from 6.00% to 7.00%. This change was made based on updated participant asset allocation information and alignment with future expectations of return for that aggregate allocation.

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