

<p style="text-align: center;">Form 5500</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>Annual Return/Report of Employee Benefit Plan</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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide 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>1a Name of plan <u>CUAD HEALTH BENEFITS PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CUAD HEALTH BENEFITS TRUST</u></p> <p><u>2005 N KAVANEY DRIVE SUITE 201</u> <u>BISMARCK, ND 58501</u></p>	<p>1c Effective date of plan <u>01/01/2018</u></p> <p>2b Employer Identification Number (EIN) <u>82-3520467</u></p> <p>2c Plan Sponsor's telephone number <u>701-258-5760</u></p> <p>2d Business code (see instructions) <u>524290</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.

SIGN HERE	Filed with authorized/valid electronic signature.	01/13/2026	GEORGE MACDONALD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/13/2026	GEORGE MACDONALD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	723
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	723
	6a(2)	704
	6b	1
	6c	0
	6d	705
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4D 4E

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 169652178

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan CUAD HEALTH BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 CUAD HEALTH BENEFITS TRUST</p>	<p>D Employer Identification Number (EIN) 82-3520467</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
WELLMARK BLUE CROSS AND BLUE SHIELD OF SOUTH DAKOTA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-1459204	60128	B70	708	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶ **HOSP/MED-SURGICAL**

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	8487856
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))	9a(4)	8487856
b	Benefit charges (1) Claims paid	9b(1)	5880130
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))	9b(3)	5880130
	(4) Claims charged	9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	107013
	(B) Administrative service or other fees	9c(1)(B)	474469
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	26886
	(F) Charges for risks or other contingencies	9c(1)(F)	1999359
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention	9c(1)(H)	2607727
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
	(2) Claim reserves	9d(2)	
	(3) Other reserves	9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CUAD HEALTH BENEFITS PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CUAD HEALTH BENEFITS TRUST	D Employer Identification Number (EIN) 82-3520467	

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

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)

NORIDIAN MUTUAL INSURANCE COMPANY

4025 9TH AVE S
FARGO, ND 58103

(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?
12	NONE	465637	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)

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(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13		52500	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)

EIDE BAILLY LLP

4310 17TH AVE S
FARGO, ND 58103

45-0250958

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	41186	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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CUAD HEALTH BENEFITS PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 CUAD HEALTH BENEFITS TRUST	D Employer Identification Number (EIN) 82-3520467

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	4096051	6272644
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	858121	915055
(3) Other	1b(3)	643848	618323
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	5598020	7806022
Liabilities			
g Benefit claims payable.....	1g	1047036	905109
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	429203	522211
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1476239	1427320
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4121781	6378702

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	11104718	
(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)		11104718
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	116011	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		116011
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		239464
d Total income. Add all income amounts in column (b) and enter total	2d		11460193

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6120927	
(2) To insurance carriers for the provision of benefits	2e(2)	1999359	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		8120286
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	476098	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	107013	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	499875	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1082986
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9203272

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2256921
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: EIDE BAILLY LLP

(2) EIN: 45-0250958

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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

Financial Statements
December 31, 2024 and 2023
CUAD Health Benefits Trust

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Independent Auditor's Report

The Board of Trustees
CUAD Health Benefits Trust
Bismarck, North Dakota

Opinion

We have audited the financial statements of CUAD Health Benefits Trust, an employee benefit plan subject to the Employee Retirement Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of CUAD Health Benefits Trust as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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 CUAD Health Benefits Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about CUAD Health Benefits Trust'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

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 CUAD Health Benefits Trust'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 CUAD Health Benefits Trust's ability to continue as a going concern for a reasonable period of time.

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

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and, except for that portion marked “unaudited,” was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information, except for that portion marked “unaudited,” has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, except for that portion marked “unaudited,” on which we express no opinion nor any assurance, the information is fairly stated in all material respects in relation to the financial statements as a whole.

The image shows a handwritten signature in cursive script that reads "Eide Bailly LLP".

Fargo, North Dakota
December 8, 2025

CUAD Health Benefits Trust
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
Assets		
Cash and cash equivalents	\$ 6,272,644	\$ 4,096,051
Prepaid insurance	31,504	9,914
Receivables		
Contributions	915,055	858,121
Pharmacy rebate	586,819	633,934
Total receivables	1,501,874	1,492,055
Total assets	7,806,022	5,598,020
Liabilities		
Broker fees payable	17,638	12,589
Premium tax payable	96,921	95,739
Other	-	21,357
Total liabilities	114,559	129,685
Net Assets Available for Benefits	\$ 7,691,463	\$ 5,468,335

CUAD Health Benefits Trust
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
Additions		
Member contributions	\$ 11,104,718	\$ 14,715,700
COBRA program revenue	133,042	39,290
Interest income	116,011	58,804
Miscellaneous Income	106,422	-
Total additions	11,460,193	14,813,794
Deductions		
Claims paid, net	6,262,854	9,423,342
Stop loss insurance premiums	1,901,686	2,794,237
Claims administration fees	465,637	854,768
Broker fees	107,013	143,263
Accounting and marketing fees	41,185	38,850
Premium tax expense	278,223	246,820
Administrative and professional fees	180,467	106,321
Total deductions	9,237,065	13,607,601
Net Increase	2,223,128	1,206,193
Net Assets Available for Benefits		
Beginning of year	5,468,335	4,262,142
End of year	\$ 7,691,463	\$ 5,468,335

CUAD Health Benefits Trust
 Statements of Plan's Benefit Obligations
 December 31, 2024 and 2023

	2024	2023
Amounts Currently Payable		
Claims payable and claims incurred but not reported	\$ 905,109	\$ 1,047,036
Insurance premiums due to insurers	329,525	231,852
Estimated costs to administer unpaid claims	78,127	67,666
Plan's Total Benefit Obligations	\$ 1,312,761	\$ 1,346,554

CUAD Health Benefits Trust
 Statements of Changes in Plan's Benefit Obligations
 Years Ended December 31, 2024 and 2023

	2024	2023
Amounts Currently Payable		
Balance at beginning of year	\$ 1,346,554	\$ 1,811,514
Claims, insurance premiums and administrative expenses reported and approved for payment and claims incurred but not reported	8,130,747	11,752,619
Claims, insurance premiums, and administrative expenses paid	(8,164,540)	(12,217,579)
Balance at end of year	\$ 1,312,761	\$ 1,346,554

Note 1 - Description of Plan

The following description of the CUAD Health Benefits Trust (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General

CUAD Health Benefits Trust was formed January 1, 2018, under a trust agreement composed of the Credit Union Association of the Dakotas (the Sponsor), for the establishment of and contributions to a fund to provide central administration of the group insurance programs provided to eligible employees of credit union member employers (the Members). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective October 2018, each new participating employer will be assessed a reserve deposit to establish a reserve in the Trust for immediate payment of claims. The reserve deposit is equal to the greater of the additional two-month's premium or an amount determined by the administrative manager.

Benefits

The Plan provides medical, dental, and vision benefits to eligible employees of member employers of the Credit Union Association of the Dakotas and their covered dependents as defined by the Plan document. The participating employees have elected participation in the Plan and their eligible dependents as defined by Plan documents. The Plan also provides continuation of certain benefits upon termination through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Stop Loss Coverage

During 2023, The Plan has entered into a stop loss insurance agreement with Blue Cross Blue Shield of North Dakota, excluding dental and vision, in an effort to limit its exposure for self-insured benefits. The Plan was responsible for individual member claims up to \$75,000 per year, not to exceed an overall aggregate limit of 120% of expected Plan benefits per year. The aggregate limit amount for 2023 was \$3,923,286.

The Plan has entered into a stop loss insurance agreement with Wellmark, Inc., excluding dental, in an effort to limit its exposure for self-insured benefits. The Plan is responsible for individual member claims up to \$90,000 per year, not to exceed an overall aggregate limit of 120% of expected Plan benefits per year. The aggregate limit amount for 2024 and 2023 is \$10,024,602 and \$9,023,009, respectively.

Self-insured Benefits

The Plan is "self-insured" for medical benefits up to individual and aggregate stop loss limits. The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative services only (ASO) arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the general assets of the Plan. Despite the Plan's utilization of the third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

The Plan utilizes a pharmacy benefit manager, which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

Contributions

In addition to deductibles and copayments, members contribute specified amounts based on applicable monthly premiums for their respective benefit elections. The Members pay the full cost of basic health, vision, and dental insurance as well as the cost of stop loss insurance.

The Members' make contributions to the Plan as needed to fund claims. Any deficiency of the Plan's net assets over benefit obligations is funded by the Members on a pay-as-you-go basis.

Participating employer contributions and limited coverage contributions (COBRA contributions) are recorded as additions to net assets available for benefits in the same period in which health benefits are provided. All contributions received, and all assets and earnings of the Plan, are solely and irrevocably dedicated to the payment of benefits of the kind and type described above.

Plan Termination

Although it has not expressed any intention to do so, the Trustees have the right under the Plan to modify the benefits provided to active employees, to discontinue its contributions at any time, and to terminate the Plan subject to provisions set forth in ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner towards the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Members or be used for purposes other than for the exclusive benefit of the Plan's participants.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, benefit obligations, and changes therein, and IBNR, claims payable, and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Payment of Benefits

Claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as payables to claims administrators in the accompanying statement of benefit obligations. These payments are recorded as claims paid in the accompanying statement of changes in net assets available for benefits.

Stop Loss

Premiums for stop loss insurance are included in the accompanying statement of changes in net assets available for benefits. Stop loss refunds of approximately \$763,000 and \$1,738,000 for the years ended December 31, 2024 and 2023, respectively, have been netted with claims paid in the accompanying statement of changes in net assets.

Income Recognition

Interest income is recorded on the accrual basis.

Pharmacy Rebates

Refunds due from the Plan's Pharmacy Benefit Manager (PBM) are recorded when earned. Refunds of \$586,819 and \$633,934 have been reported as a receivable as of December 31, 2024 and 2023, respectively, with the offset being netted against claims paid. For the years ended December 31, 2024 and 2023, pharmacy rebates totaling \$1,228,367 and \$1,304,352, respectively, have been netted with claims paid in the accompanying statement of changes in net assets available for benefits.

Administrative Expenses

Administrative expenses incurred in the administration of the Plan that are paid by the Plan include bank charges, accounting and legal fees, preferred provider organization and review fees, and other administration fees. These expenses are recorded as deductions in the accompanying statement of changes in net assets available for benefits. Expenses that are paid directly by the Plan Sponsor, such as professional fees, are excluded from these financial statements.

Claims Incurred but not Reported

Plan obligations at December 31, 2024 for claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted accounting principles based on claims data provided by the Plan's third-party claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Cash and Cash Equivalents

Cash and cash equivalents consist of highly liquid investments with an original maturity of three months or less.

Subsequent Events

The Plan has evaluated subsequent events through December 8, 2025, the date which the financial statements were available to be issued.

Note 3 - Tax Status

The Trust established to hold the Plan's assets received an exemption letter from the IRS dated July 13, 2018, stating that the trust is tax-exempt under the provisions of Section 501(c)(9) of the IRC. However, as a result of the Plan's funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded in 2024 or 2023 for unrelated business taxable income.

The Company is subject to state premium taxes in certain jurisdictions.

In addition, the Plan and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. However, the Plan administrator believes 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.

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 position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 4 - Risks and Uncertainties

The estimated liability for claims incurred but not reported is based on historical trend information, which is 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 5 - Related Party and Party-In-Interest Transactions

As described in Note 2, administrative expenses incurred in the administration of the Plan that are paid by the Plan include bank charges, accounting and legal fees, claims administration, stop loss benefits, and other administrative fees. These transactions qualify as exempt party-in-interest transactions under ERISA. During the years ended December 31, 2024 and 2023, the Plan had the following transactions to related parties:

Payee	Transaction	2024	2023
Credit Union Association of the Dakotas	Administrative fees	\$ 5,000	\$ 11,368
Credit Union Association of the Dakotas	Contributions	-	184,765
Credit Union Association of the Dakotas	Management fees	47,500	23,545
Credit Union Association of the Dakotas	Management fees payable	-	23,545

Note 6 - Concentrations of Credit Risk

The Plan maintains its cash in bank deposit accounts which exceed federally insured limits. Accounts are guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per depositor, per insured bank, for each account ownership category. At December 31, 2024 and 2023, the Plan had approximately \$5,769,500 and \$3,590,200, respectively, in excess of FDIC-insured limits.

Note 7 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023 to Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 7,691,463	\$ 5,468,335
Benefit obligation currently payable	<u>(1,312,761)</u>	<u>(1,346,554)</u>
Net assets available for benefits per the Form 5500	<u>\$ 6,378,702</u>	<u>\$ 4,121,781</u>

The following is a reconciliation of total deductions per the financial statements to the Form 5500 for the year ended December 31, 2024:

Total deductions per the financial statements	\$ 9,237,065
Benefit obligation amounts payable at December 31, 2023	(1,346,554)
Benefit obligation payable at December 31, 2024	<u>1,312,761</u>
Total deductions per the Form 5500	<u>\$ 9,203,272</u>

Claims and premiums that have been processed and approved for payment at year-end, but not paid and claims incurred but not reported are not presented as liabilities or claims and premiums paid in the accompanying financial statements but are recorded on the Form 5500 as a liability.

Supplementary Information
December 31, 2024

CUAD Health Benefits Trust

CUAD Health Benefits Trust
Consolidating Statement of Net Assets Available for Benefits
December 31, 2024

	<u>North Dakota</u>	<u>South Dakota</u>	<u>Total</u>
Assets			
Cash and cash equivalents	\$ 1,094,869	\$ 5,177,775	\$ 6,272,644
Prepaid insurance	-	31,504	31,504
Receivables			
Contributions	-	915,055	915,055
Pharmacy rebate	-	586,819	586,819
Total receivables	<u>-</u>	<u>1,501,874</u>	<u>1,501,874</u>
Total assets	<u>1,094,869</u>	<u>6,711,153</u>	<u>7,806,022</u>
Liabilities			
Broker fees payable	-	17,638	17,638
Premium tax payable	-	96,921	96,921
Total liabilities	<u>-</u>	<u>114,559</u>	<u>114,559</u>
Net Assets Available for Benefits	<u>\$ 1,094,869</u>	<u>\$ 6,596,594</u>	<u>\$ 7,691,463</u>

CUAD Health Benefits Trust
Consolidating Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024

	<u>North Dakota</u>	<u>South Dakota</u>	<u>Total</u>
Additions			
Member contributions	\$ 463	\$ 11,104,255	\$ 11,104,718
COBRA program revenue	-	133,042	133,042
Interest income	25,183	90,828	116,011
Miscellaneous income	106,422	-	106,422
	<u>132,068</u>	<u>11,328,125</u>	<u>11,460,193</u>
Deductions			
Claims paid, net	353,928	5,908,926	6,262,854
Stop loss insurance fees	85,238	1,816,448	1,901,686
Claims administration fees	33,133	432,504	465,637
Broker fees	-	107,013	107,013
Accounting and marketing fees	13,440	27,745	41,185
Premium tax expense	-	278,223	278,223
Administrative and professional fees	52,504	127,963	180,467
	<u>538,243</u>	<u>8,698,822</u>	<u>9,237,065</u>
Net Increase (Decrease)	(406,175)	2,629,303	2,223,128
Net Assets Available for Benefits			
Beginning of year	<u>1,501,044</u>	<u>3,967,291</u>	<u>5,468,335</u>
End of year	<u>\$ 1,094,869</u>	<u>\$ 6,596,594</u>	<u>\$ 7,691,463</u>

CUAD Health Benefits Trust
 Consolidating Statement of Plan's Benefit Obligations
 December 31, 2024

	North Dakota	South Dakota	Total
Amounts Currently Payable			
Claims payable and claims incurred but not reported	\$ -	\$ 905,109	\$ 905,109
Insurance premiums due to insurers	-	329,525	329,525
Estimated costs to administer unpaid claims	-	78,127	78,127
Plan's Total Benefit Obligations	\$ -	\$ 1,312,761	\$ 1,312,761

CUAD Health Benefits Trust
Consolidating Statement of Changes in Plan's Benefit Obligations
Year Ended December 31, 2024

	North Dakota	South Dakota	Total
Amounts Currently Payable			
Balance at beginning of year	\$ 468,623	\$ 877,931	\$ 1,346,554
Claims, insurance premiums and administrative expenses reported and approved for payment and claims incurred but not reported	(29,457)	8,160,204	8,130,747
Claims and insurance premiums paid	(439,166)	(7,725,374)	(8,164,540)
Balance at end of year	\$ -	\$ 1,312,761	\$ 1,312,761

CUAD Health Benefits Trust
 South Dakota Statutory Statement of Admitted Assets, Liabilities, and Surplus (Unaudited)
 December 31, 2024

STATUTORY STATEMENT OF ADMITTED ASSETS, LIABILITIES AND SURPLUS
December 31, 2024

ASSETS			
	(1) Assets	(2) Nonadmitted Assets	(3) Net Admitted Assets 1-2
1. Cash and cash equivalents	4,880,809		4,880,809
2. Restricted cash and cash equivalents	296,966		296,966
3. Subtotal, Cash and cash equivalents	5,177,775		5,177,775
4. Prepaid expenses	31,503	31,503	0
5. Receivables, premiums	585,531		585,531
6. Receivables, pharmacy rebates	586,819	586,819	0
7. Subtotal, Receivables	1,172,350	586,819	585,531
8. Total Assets	6,381,628	618,322	5,763,306

LIABILITIES, CAPITAL AND SURPLUS	
9. Unpaid losses	905,109
10. Unpaid loss adjustment expenses	78,127
11. Other Liabilities	
a) Taxes payable, South Dakota	4,417
b) Taxes payable, premium	92,504
c) Commissions and brokerage payable	17,638
d) Other payable	0
12. Total Liabilities	1,097,795
13. Capital and Surplus:	
a) Contributed capital	863,860
14. Surplus (<i>Accumulated deficit</i>)	3,801,651
15. Total Capital and Surplus	4,665,511
16. Total Liabilities, Capital & Surplus	5,763,306

STATUTORY STATEMENT OF OPERATIONS	
December 31, 2024	
Underwriting Income:	
1. Premiums written, net of reinsurance	9,237,937
2. Total Income	9,237,937
Underwriting Expenses:	
3. Net losses incurred	6,119,324
4. Loss adjustment expenses	474,025
5. Commissions and brokerage	107,013
6. Other underwriting expenses	155,707
7. Total Underwriting Expenses	6,856,069
8. Underwriting Profit (Loss)	2,381,868
9. Investment income - net	90,828
10. Income (Loss) Before Dividends and Taxes	2,472,696
11. Taxes <i>(Federal)</i>	278,223
12. Net Income (Loss)	2,194,473

CUAD Health Benefits Trust
 South Dakota Statutory Statement of Changes in Surplus (Unaudited)
 Year Ended December 31, 2024

STATUATORY STATEMENT OF CHANGES IN SURPLUS December 31, 2024
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13. Capital & Surplus, end of previous year	2,571,209
14. Net income (loss)	2,194,473
15. Capital changes:	
a) Paid in	0
16. Surplus Adjustments:	
a) Change in nonadmitted assets	(100,171)
b) Prior period adjustment for pharmacy rebate receivable	0
17. Capital & Surplus, end of current year	4,665,511

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ▶
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶

Part II Basic Plan Information - enter all requested information

1a Name of plan CUAD HEALTH BENEFITS PLAN	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan 01/01/2018	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CUAD HEALTH BENEFITS TRUST 2005 N KAVANEY DRIVE SUITE 201 BISMARCK ND 58501	2b Employer Identification Number (EIN) 82-3520467	
	2c Plan Sponsor's telephone number 701-258-5760	
	2d Business code (see instructions) 524290	

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

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

SIGN HERE	<i>George McDonald</i>	1-13-26	George McDonald, Dakota Credit Union Association
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>George McDonald</i>	1-13-26	George McDonald, Dakota Credit Union Association
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

CUAD Health Benefits Plan
Multi-Employer Listing
2024

82-3520467

Name	EIN	Percent of contributions
1 AVANTI FEDERAL CREDIT UNION	46-0256597	0.172%
2 BLACK HILLS FEDERAL CREDIT UNION	46-0235529	50.812%
3 COTEAU VALLEY FEDERAL CREDIT UNION	46-0240123	0.366%
4 DAKOTA RAIL LINE FEDERAL CREDIT UNION	46-0244634	0.203%
5 DAKOTALAND FEDERAL CREDIT UNION	46-0224867	17.779%
6 EAST RIVER FEDERAL CREDIT UNION	46-0256328	0.829%
7 EXPLORERS FEDERAL CREDIT UNION	46-6013017	2.804%
8 HEALTHCARE PLUS FEDERAL CREDIT UNION	36-3035443	1.953%
9 HURON AREA EDUCATION FEDERAL CREDIT UNION	46-0256616	0.028%
10 LEVO FEDERAL CREDIT UNION	46-0225850	11.097%
11 M-O FEDERAL CREDIT UNION	46-0235855	0.950%
12 NORSTAR FEDERAL CREDIT UNION	46-0252052	0.626%
13 NORTHERN HILLS FEDERAL CREDIT UNION	46-0236177	2.949%
14 OAHE FCU	46-6011944	0.985%
15 PACTOLA	27-4536796	0.740%
16 SENTINEL FEDERAL CREDIT UNION	46-0248915	4.249%
17 VOYAGE FEDERAL CREDIT UNION	46-0230471	3.458%
		<hr/>
		100.000%