

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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

- A This return/report is for: [X] 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. [X]
D Check box if filing under: [X] 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 PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF KANSAS
1b Three-digit plan number (PN) ▶ 501
1c Effective date of plan 03/16/1965
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) PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF KANSAS 625 ENTERPRISE DRIVE OAK BROOK, IL 60523
2b Employer Identification Number (EIN) 48-6127146
2c Plan Sponsor's telephone number 630-472-0626
2d Business code (see instructions) 525100

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

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

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

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

Form 5500 (2023) v. 230707

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	1220
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)	1184
	6a(2)	1327
	6b	36
	6c	0
	6d	1363
	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	55

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 4B 4D 4E 4F 4L

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**
- (1) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) – Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF KANSAS	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF KANSAS	D Employer Identification Number (EIN) 48-6127146

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
ZURICH AMERICAN INSURANCE COMPANY

(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
36-4233459	40142	Z5652003-23	1136	01/01/2023	12/31/2023

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.

(a) Total amount of commissions paid 18423	(b) Total amount of fees paid
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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
COMMERCIAL GROUP INTERMEDIARIES **16 EXECUTIVE CT**
SOUTH BARRINGTON, IL 60010

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18423			3

(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
	(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.
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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. Specify nature of costs ▶	6d	

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: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	7e(2)		
	7e(3)		
	7e(4)		
	(5) Total deductions		
f Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

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) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(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)
b	Benefit charges (1) Claims paid.....	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2)).....		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies.....	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(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	368468
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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF KANSAS	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF KANSAS	D Employer Identification Number (EIN) 48-6127146	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

SPENCER FANE

1000 WALNUT ST SUITE 1400
KANSAS CITY, MO 64106

44-0561981

(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?
50 29	LEGAL	200066	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)

REDSTONE ADVISORS

8100 E 22ND ST N STE 800
WICHITA, KS 67226

48-1105831

(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?
50 28 27	INVESTMENT ADVISOR	56047	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)

MORROW & CO

421 E 3RD ST N
WICHITA, KS 67202

48-1142797

(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?
50 10	AUDITOR	66286	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DELTA DENTAL OF KS

1619 N WATERFRONT PKWY
WICHITA, KS 67278

48-0793267

(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?
50 23 15	CLAIMS PROCESSING	54655	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)

TAFT-HARTLEY SERVICES

481 NW WINCHESTER CT
BLUE SPRINGS, MO 64014

45-5196696

(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?
50 16	CONSULTANT	40882	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)

EMPRISE BANK

257 N BROADWAY
WICHITA, KS 67202

74-2809141

(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?
50 49 19 15	CUSTODIAN	43382	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

OSBORNE CARREIRO & ASSOCIATES, INC.

124 W CAPITOL AVE 1690
LITTLE ROCK, AR 72201

(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?
50 11	ACTUARY	9250	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)

BMGI

625 ENTERPRISE DR
OAK BROOK, IL 60523

48-6127146

(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?
50 49 13	ADMINISTRATOR	300400	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)

AETNA

9401 INDIAN CREEK PKWY
OVERLAND PARK, KS 66210

23-2710210

(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?
56 50 49 38 62 12	CLAIMS PROCESSING	570280	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SOMMERS & FAHRENBACH

10498 163RD PLACE
ORLAND PARK, IL 60467

(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?
36 50 49	PRINTING	22055	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)

UNION INSURANCE GROUP

303 W ERIE ST SUITE 310
CHICAGO, IL 60654

(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?
23 50	INSURANCE PROVIDER	15364	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF KANSAS	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF KANSAS	D Employer Identification Number (EIN) 48-6127146

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	246660	1314554
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1551099	2284339
(2) Participant contributions	7395	10441
(3) Other	489046	185750
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1503443	2912844
(2) U.S. Government securities		3991392
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred		
(B) All other	12206018	11035415
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1255398	106725
(B) Common		
(5) Partnership/joint venture interests		
(6) Real estate (other than employer real property)		
(7) Loans (other than to participants)		
(8) Participant loans		
(9) Value of interest in common/collective trusts		
(10) Value of interest in pooled separate accounts		
(11) Value of interest in master trust investment accounts		
(12) Value of interest in 103-12 investment entities		
(13) Value of interest in registered investment companies (e.g., mutual funds)		
(14) Value of funds held in insurance company general account (unallocated contracts)		
(15) Other	2308914	2191461

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	5887	962
f Total assets (add all amounts in lines 1a through 1e)	1f	19573860	24033883
Liabilities			
g Benefit claims payable	1g	1859977	2022557
h Operating payables	1h	102625	472782
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1962602	2495339
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	17611258	21538544

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)	21618572	
(B) Participants	2a(1)(B)	211145	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		21829717
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	98192	
(B) U.S. Government securities	2b(1)(B)	260927	
(C) Corporate debt instruments	2b(1)(C)	365106	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	103607	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		827832
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2947	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	9768	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		12715
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	6365725	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6259106	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		106619
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	142110	
(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		
d Total income. Add all income amounts in column (b) and enter total	2d		22918993

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15830296	
(2) To insurance carriers for the provision of benefits.....	2e(2)	1419715	
(3) Other.....	2e(3)	955592	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		18205603
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)	300400	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	66286	
(5) Investment advisory and investment management fees	2i(5)	75449	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	9250	
(8) Legal fees	2i(8)	200066	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	134653	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		786104
j Total expenses. Add all expense amounts in column (b) and enter total	2j		18991707

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3927286
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: MORROW & CO LLC

(2) EIN: 48-1142797

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF KANSAS



JULY 31, 2024 AND 2023

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All other supplementary schedules required by the Department of Labor's Rules and Regulations for reporting and disclosure under the Employee Retirement Income Security Act of 1974 have been omitted as they are not applicable.

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Plumbing and Pipefitting Industry
Health and Welfare Fund of Kansas

Opinion

We have audited the accompanying financial statements of Plumbing and Pipefitting Industry Health and Welfare Fund of Kansas, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of July 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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits and of benefit obligations of Plumbing and Pipefitting Industry Health and Welfare Fund of Kansas as of July 31, 2024 and 2023, and the changes in its net assets available for benefits and of changes in 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. 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 Plumbing and Pipefitting Industry Health and Welfare Fund of Kansas 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 Plumbing and Pipefitting Industry Health and Welfare Fund of Kansas's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

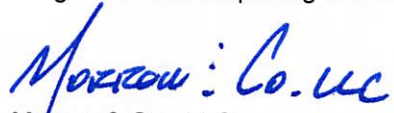
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules as listed in the accompanying table of contents, together referred to as "supplemental information," are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information some of which is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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



Morrow & Co., LLC
Wichita, KS

May 9, 2025

PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF KANSAS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JULY 31, 2024 AND 2023

ASSETS

	2024	2023
ASSETS		
Investments at Fair Value		
Money Market Funds	\$ 2,912,844	\$ 1,503,443
U.S. Government Securities	3,991,392	-
Municipal Debt Securities	2,098,054	2,244,893
Mortgage Securities	11,035,415	12,206,018
Corporate Stocks and ETFs	106,725	1,255,398
Total Investments at Fair Value	20,144,430	17,209,752
Receivables		
Employer Contributions	2,284,339	1,551,099
Employee Contributions	10,441	7,395
Accrued Income	185,750	105,359
Due from Broker	-	383,687
Total Receivables	2,480,530	2,047,540
Prepaid Expenses	93,407	64,021
Property and Equipment (net of accumulated depreciation of \$16,173 and \$13,844, respectively.)	962	3,291
Finance Lease Right-of-Use Asset (net of accumulated amortization of \$0 and \$18,044, respectively.)	-	2,595
Cash	1,314,554	246,660
TOTAL ASSETS	\$ 24,033,883	\$ 19,573,859

LIABILITIES AND NET ASSETS

LIABILITIES		
Reciprocal Payments Payable	\$ 430,219	\$ 13,704
Other Payables	39,507	85,186
Accrued Payroll Taxes	3,056	1,319
Short-term Lease Liability	-	2,416
TOTAL LIABILITIES	472,782	102,625
NET ASSETS AVAILABLE FOR BENEFITS	\$ 23,561,101	\$ 19,471,234

The accompanying notes are an integral part of these statements.

PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF KANSAS
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED JULY 31, 2024 AND 2023

	2024	2023
ADDITIONS		
Investment Income:		
Net Appreciation (Depreciation) of Investments	\$ 248,729	\$ (749,424)
Interest and Dividends	840,547	713,235
	1,089,276	(36,189)
Less Investment Expenses:		
Investment Management	56,047	52,179
Investment Custody	19,402	18,155
	75,449	70,334
Net Investment Income	1,013,827	(106,523)
Contribution Income:		
Employer Contributions	21,618,572	17,876,995
Participant Contributions	211,145	226,165
	21,829,717	18,103,160
Total Additions	22,843,544	17,996,637
DEDUCTIONS		
Member Benefits, Net	15,667,715	17,338,343
Payments under Reciprocal Agreements	955,592	184,331
Administrative Expenses	1,720,115	1,522,518
Operating Expenses	410,255	374,305
Total Deductions	18,753,677	19,419,497
NET INCREASE (DECREASE)	4,089,867	(1,422,860)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	19,471,234	20,894,094
END OF YEAR	\$ 23,561,101	\$ 19,471,234

The accompanying notes are an integral part of these statements.

**PLUMBING AND PIPEFITTING INDUSTRY
HEALTH AND WELFARE FUND OF KANSAS
STATEMENTS OF BENEFIT OBLIGATIONS
JULY 31, 2024 AND 2023**

	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Health Claims Payable	\$ 144,109	\$ 281,721
Disability Claims Payable	22,243	7,203
Dental Claims Payable	-	5,853
Death Claims Payable	15,000	-
Vision Claims Payable	2,618	-
	183,970	294,777
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Claims Incurred but Not Reported	1,830,587	1,557,999
Accumulated Eligibility Credits	13,010,453	10,906,943
Liability for Coverage Received in Advance	3,653,235	2,988,238
Short Term Disability	8,000	7,200
	18,502,275	15,460,380
POST RETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
Current Retirees & Spouses	2,587,819	2,213,432
Other Participants Fully Eligible	388,113	413,361
Other Participants	3,708,611	3,268,167
Less amount expected to be funded by future contributions	(1,897,931)	(1,770,034)
	4,786,612	4,124,926
PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	\$ 23,472,857	\$ 19,880,083

The accompanying notes are an integral part of these statements.

**PLUMBING AND PIPEFITTING INDUSTRY
HEALTH AND WELFARE FUND OF KANSAS
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS
YEARS ENDED JULY 31, 2024 AND 2023**

	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Balance at Beginning of Year	\$ 294,777	\$ 194,311
Claims Reported and Approved for Payment	17,015,987	17,467,940
Claims Paid	(17,126,794)	(17,367,473)
Balance at End of Year	183,970	294,777
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT ESTIMATED AMOUNTS		
Balance at Beginning of Year	15,460,380	13,048,696
Net Change During the Year:		
Claims Incurred but Not Reported	272,588	530,143
Accumulated Eligibility Credits	2,103,510	1,369,717
Liability for Coverage Received in Advance	664,997	511,824
Short Term Disability	800	-
Balance at End of Year	18,502,275	15,460,380
POST RETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
Balance at Beginning of Year	4,124,926	3,868,585
Benefits Earned net of Gain/Loss and Contribution Received	472,072	179,516
Interest	206,246	193,429
Plan Amendments	111,265	-
Changes in Assumptions	-	(46,044)
Other Actuarial Gains and Losses	(127,897)	(70,560)
Balance at End of Year	4,786,612	4,124,926
PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	\$ 23,472,857	\$ 19,880,083

The accompanying notes are an integral part of these statements.

PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF KANSAS
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

1. DESCRIPTION OF THE FUND

The following description of the Plumbing and Pipefitting Industry Health and Welfare Fund of Kansas (the Fund) provides only general information. Participants should refer to the Plan Agreement or Summary Plan Description for a more complete description of Fund provisions.

General

The Fund was formed in 1965 as a defined benefit health and welfare plan under an agreement between the Associated Mechanical Contractors of Wichita, Inc. and the United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada, Local No. 441, AFL-CIO. The trust agreement provides, among other things, for employers of members of the union to make contributions for each hour worked. It is subject to the Employee Retirement Income Security Act of 1974 (ERISA).

Benefits

The Fund provides for accident, hospital, medical, surgical, dental, vision, death, disability, and substance abuse benefits for eligible members as specified in the Fund.

Eligibility

All employees who work for a contributing employer or employers within the geographical jurisdiction are eligible once they meet the initial eligibility requirements. Initial eligibility may be established by an employee having been credited with employer contributions in the amount of 450 pro-rated hours in 3 to 12 consecutive months. Special rules apply in the case of an employee who is a member of a newly organized bargaining unit. Eligibility shall begin the first day of the second month following the end of the applicable 3 to 12 consecutive month period.

Contributions

Employers contribute to the Fund for individual employees based on the number of hours each employee has worked. The contribution rate was \$8.60 and \$8.40 as of July 31, 2024 and 2023, respectively. The Fund's charges for insurance were at the monthly rate of \$1,204 and \$1,176 as of July 31, 2024 and 2023, respectively, for coverage for each employee. Employees' accounts receive credits representing employer contributions in excess of monthly charges for insurance coverage. These credits, limited to \$14,449 and \$14,113 per employee for fiscal years ended July 31, 2024 and 2023, respectively, are available for payment of future insurance premiums if the individual is unemployed. A total of approximately \$11,427,159 and \$10,105,133 excess monies had accumulated at July 31, 2024 and 2023, respectively.

The Fund is substantially self-insured for health, drug, substance abuse, and accident benefits. It is entirely self-insured for death, disability, dental, and vision benefits.

The Fund's liability to provide these coverages exists only so long as monies are being provided to the Fund by the employers who are signatory to the collective bargaining agreement with the exception that eligible employees and their families have the opportunity to elect to continue their coverage in certain instances where coverages would otherwise terminate. Such continuation coverage is as described in and required by the Consolidated Omnibus Reconciliation Act of 1985 (COBRA), and is sometimes referred to as "COBRA Coverage." This coverage, however, is still dependent upon the payment by the members or their families of monies (premiums) into the Fund. The amount of any future liability, net of premiums received for this coverage, is undeterminable.

(continued)

PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF KANSAS
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

1. DESCRIPTION OF THE FUND (continued)

Risks and Uncertainties

The Fund invests in various investment securities. Investments in securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Valuation of Investments

Investments are valued at market as determined by the custodian as of the Fund's year-end. The fair value of these investments may fluctuate subsequent to year-end due to changes in economic conditions. It is the policy of the Fund to record the fluctuations in market values as current year income or loss.

Fixed Assets

The Fund follows the practice of capitalizing expenditures for property assets in excess of \$150. Depreciation is computed using the straight-line method over the estimated useful lives of the assets.

The estimated lives of fixed assets are as follows:

Office Equipment	5 - 10 years
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Member Benefits

For purposes of the Statements of Changes in Net Assets Available for Benefits, member benefits are deducted when paid.

Stop Loss Coverage

Premiums for stop-loss insurance are included in administrative premiums in the accompanying statement of changes in net assets available for benefits. For the years July 31, 2024 and 2023, stop-loss reimbursements were amounting to \$1,459,079 and \$29,130, respectively, have been netted with claims paid in the accompanying statement of changes in net assets available for benefits.

Benefit Obligations

In the Statements of Benefit Obligations, obligations are provided for those events which are known to have occurred or estimated to have occurred at fiscal year end. No provision is made for medical events which have not yet occurred. See Note 6 for more information.

Expenses

All administrative expenses and premiums are being paid by the Fund and are accounted for on the accrual basis of accounting.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Reclassification

Certain reclassifications have been made to prior year amounts to conform to current year presentation.

PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF KANSAS
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

3. PROPERTY AND EQUIPMENT

A summary of property and equipment is as follows:

	2024	2023
Office Equipment	\$ 17,135	\$ 17,135
Software	-	-
Vehicles	-	-
	17,135	17,135
Less accumulated depreciation	16,173	13,844
	962	3,291

Depreciation expense in the years ended July 31, 2024 and 2023 was \$2,329 and \$2,788, respectively.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at July 31, 2024 and 2023.

Money Market Funds – Fair value is determined using the amortized cost method which approximates the fair value of the underlying net assets of the Fund. The Money Market Funds are publicly traded and quoted on the active market on which the individual securities are traded.

(continued)

PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF KANSAS
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

4. FAIR VALUE MEASUREMENTS (continued)

U.S. Government Securities – Fair value for U.S. Government securities are valued at the closing price reported on the active market on which the individual securities are traded.

Corporate Debt Securities – Fair value for corporate debt securities are valued at the closing price reported on the active market on which the individual securities are traded.

Municipal Debt Securities – Fair value for municipal debt securities are valued in good faith utilizing a multi-level pricing matrix valuing both a yield-to-maturity basis and a yield-to-call basis. Generally, the lesser of such amounts is used in the valuation. Bonds having special redemption features or known credit issues are identified and priced accordingly.

Mortgage Debt Securities – Fair value for mortgage debt securities are valued based on representative bid indications by broker dealers who are market makers in such securities.

Corporate Stocks and Exchange Traded Funds – Fair value for corporate stocks and exchange traded funds are valued at the closing price reported on the active market on which the individual securities are traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Fund believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Fund's assets at fair value as of July 31, 2024 and 2023.

	Assets at Fair Value as of July 31, 2024			
	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ -	\$ 2,912,844	\$ -	\$ 2,912,844
U.S. Government Securities	-	3,991,392	-	3,991,392
Municipal Debt Securities	-	2,098,054	-	2,098,054
Mortgage Securities	-	11,035,415	-	11,035,415
Corporate Stocks and ETFs	106,725	-	-	106,725
	<u>106,725</u>	<u>20,037,705</u>	<u>-</u>	<u>20,144,430</u>
	Assets at Fair Value as of July 31, 2023			
	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ -	\$ 1,503,443	\$ -	\$ 1,503,443
Municipal Debt Securities	-	2,244,893	-	2,244,893
Mortgage Securities	-	12,206,018	-	12,206,018
Corporate Stocks and ETFs	1,255,398	-	-	1,255,398
	<u>1,255,398</u>	<u>15,954,354</u>	<u>-</u>	<u>17,209,752</u>

PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF KANSAS
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

5. SELF-FUNDING

As of January 1, 2023, the Fund entered into an agreement with Zurich American Insurance Company where the fund is self-funded with respect to health and accident insurance up to an amount per beneficiary, at which point, Zurich American Insurance Company begins providing these benefits. This agreement is an individual stop-loss contract. Under the terms of this contract, the fund is liable for benefits incurred during the contract period up to \$350,000 per beneficiary, at which point the stop-loss contract begins paying for benefits. To be a covered reimbursement, the liability must be incurred within the contract period and paid during or up to 6 months after the end of the contract period of December 31. The contract provides a stop-loss for health, accident, and prescription drug benefits. Amounts recovered are presented as a reduction of member benefits. Amounts recovered under stop-loss for the years ended July 31, 2024 and 2023 was \$1,459,079 and \$29,130, respectively.

The Fund had a contract with Aetna, Inc., who was responsible for processing and paying claims submitted in connection with health, accident, prescription drug and substance abuse insurance. The contract also provided that the Fund would pay Aetna, Inc. monthly administrative expenses in addition to the actual claims processed and paid by Aetna, Inc. Additionally, the Fund contracted with BMGI to provide monthly administrative services beginning January 1, 2021.

In addition, the fund has also contracted with Delta Dental to administer dental claims and pays an administrative cost for such services.

The Fund operates on a completely self-funded basis regarding all dental benefits, disability benefits, vision benefits, and death benefits.

6. BENEFIT OBLIGATIONS

Claims Payable

The Fund's policy is to record a claims payable when the third-party claims processor pays a claim. For claims which are processed by the Fund, a claims payable is recorded when the claim is received. A payable for a death benefit is recorded when the Fund learns of the death.

Claims Incurred But Not Reported

The expected incurred but not reported claims as projected by an independent consulting actuary were utilized in the estimation of the Fund's obligation as presented in the Statements of Benefit Obligations.

Accumulated Eligibility Credits and Liability for Coverage Received in Advance

These liabilities are estimated by management based on the calculation performed by an independent consulting actuary in accordance with accepted actuarial principles. The accumulated eligibility credits represent the estimated cost of benefits for those participants who have accumulated excess premium monies in their dollar bank. The liability for coverage received in advance represents monies collected and/or due to the Fund for hours worked as of July 31, 2024 and 2023, but for which benefits have not yet been provided. Based on Fund operations, there is a two month time lag between hours worked and coverage provided. Obligations consider various assumptions, such as mortality, medical inflation, family composition, terminations and retirement, disabilities and cost of coverage, and are actuarially determined utilizing a discount rate of 5%.

(continued)

PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF KANSAS
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

6. BENEFIT OBLIGATIONS (continued)

Post Retirement Benefits

A postretirement benefit obligation has been recognized for retiree medical benefits for eligible participants and their dependents upon retirement. These benefit obligations represent the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the Fund to employee service rendered to the date of the financial statements. They are reduced by the actuarial present value of contributions expected to be received in the future from current retirees of the Fund.

The obligations represent the amounts that are expected to be funded by contributions and from existing assets of the Fund. Postretirement benefits include future benefits expected to be paid to or for (a) currently retired employees and their beneficiaries and dependents, and (b) active employees and their beneficiaries and dependents after retirement.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary. It is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant. Such estimates are adjusted for the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

For measurement purposes, a 7.50% weighted-average annual rate of increase in the average per capita cost of covered health care benefits was assumed for the year ended 2025; the rate was assumed to decrease gradually to 4.25% by the year ended July 31, 2032.

The weighted-average health care cost trend rate assumption has a significant effect on the amounts reported as postretirement benefit obligations. If the assumed rates increased by 1 percentage point in each year, it would increase the obligation as of July 31, 2024 and 2023 by \$662,386 and \$586,033, respectively.

The following were other significant assumptions used to determine the postretirement benefit obligations as of July 31, 2024: (a) Weighted-average discount rate of 5.00% (2024 and 2023), (b) Average retirement age rates utilizing various rates ranging from 5.00% at age 60 to 100.00% at age 65 and after (2024 and 2023), and (c) Mortality and disability utilizing the Pri 2012 Blue Collar Table using MP 2020 (2024 and 2023). While the MP-2021 scale is available, it is believed that the MP-2020 is more conservative, variation between the two is immaterial, and the MP-2020 provides a reasonable estimation of future expected mortality given the industry in which the Fund operates.

Were the Fund to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the benefit obligations.

7. RELATED PARTIES AND PARTIES IN INTEREST

Fees paid during the year for legal, auditing, actuarial valuation, consulting, and other professional services rendered by parties in interest were based on customary and reasonable rates for such services.

PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF KANSAS
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

8. LEASES AND SUBSCRIPTIONS

Leases

Effective August 1, 2022, the Fund adopted ASC 842, Leases, which requires lessees to recognize leases on the balance sheet and disclose key information about leasing arrangements. The new standard establishes a right-of-use model (ROU) that requires a lessee to recognize a ROU asset and lease liability on the balance sheet for all leases with a term longer than 12 months. Leases will be classified as finance or operating, with classification affecting the pattern and classification of expense recognition in the income statement. A current-period adjustment transition approach was used, applying the new standard to all leases existing at the date of initial application.

As discussed in Note 2, ASC 842, Leases, was adopted during the 2023 Plan year, utilizing the current-period adjustment method transition option. This method requires a cumulative-effect adjustment to be recorded to the right-of-use asset as of the beginning of the period in which ASC 842 is adopted.

The Fund leased copier equipment during the year. The lease commenced on December 1, 2018. It was a 63 month lease, ending March 1, 2024. The base payment for the copier is \$349 per month. The copier lease is classified as a finance lease. The related quantitative information is as follows:

	2024	2023
Short-term Lease Liability	\$ -	\$ 2,416
Long-term Lease Liability	-	-
Present Value of Remaining Lease Payments	-	2,416
Lease Interest Expense	\$ 24	\$ 139
Lease Amortization Expense	2,595	3,867
Total Lease Expenses	2,619	4,006
Weighted-average Remaining Lease Term	-	0.58
Weighted-average Discount Rate	0.00%	3.00%

9. INCOME TAXES

The Voluntary Employee Beneficiary Association (VEBA) Trust funding certain benefits of the Fund received an exemption letter from the IRS dated March 27, 1967, stating that the trust is tax-exempt under the provisions under Section 501(c)(9) of the Internal Revenue Code. However, as a result of the Fund'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 the years ended July 31, 2024 and 2023 for unrelated business taxable income.

The Plumbing and Pipefitting Industry Health and Welfare Fund of Kansas' federal Organization Exempt From Income Tax Returns (Form 990) are subject to examination by the IRS, generally for three years after they were filed.

PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF KANSAS
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

10. PLAN AMENDMENTS

Amendment number two to the Plan as restated effective May 1, 2021 resulted in the following changes: (1) to permit employees of BMGI who are employed at the Wichita, Kansas office and who are identified in the separate participation agreement entered into by BMGI and the Fund to participate in the Plan, (2) to revise the Plan's initial coverage provisions to provide that Employees hired by a contributing Employer on or after May 1, 2023, and before May 1, 2024, to be credited with 280 hours of contributions upon their date of hire, and will be covered under the Plan effective as of the first day of the month coincident with or next following their date of hire, (3) to revise the Plan's restatement of coverage provisions to provide that Employees hired by a contributing Employer on or after May 1, 2023, and before May 1, 2024, who become eligible for coverage during the 12-month period beginning on May 1, 2023, because they do not have 140 hours in their Eligibility Bank in any month, may become eligible again on the first day of the second calendar month following a qualified work period, and (4) to extend the waiver of the Plan's normal coinsurance and share pay rules for COVID-19 testing expenses and related consultative visit. The changes made by the amendment for item (1) are effective October 1, 2022. The changes made for items (2) and (3) are effective for employees first hired or who become ineligible for coverage on or after May 1, 2023 and before May 1, 2024. The changes made for item (4) are effective for claims incurred on or after May 12, 2023.

Amendment number three to the Plan as restated effective May 1, 2021 resulted in the following changes: (1) to revise the Plan to delete the exclusion for the treatment of autism, including applied behavior analysis and (2) to revise the dental benefit to permit composite fillings for both anterior and posterior teeth. The changes made by the amendment for item (1) are effective for claims incurring on or after August 1, 2023. The changes made for item (2) are effective for claims incurred on or after June 1, 2023.

Amendment number four to the Plan as restated effective May 1, 2021 clarified coverage of out-of-network emergencies under the Federal No Surprises Act, limitations on hospice care and lactation counseling benefits, coverage of breast pumps, and exclusions for services not permitted under state law.

Amendment number five to the Plan as restated effective May 1, 2021 reinstated coverage for medically necessary bone-anchored hearing aids, which was unintentionally removed during the Plan's transition from Cigna to Aetna. This coverage is reinstated retroactively for claims incurred on or after May 1, 2021. Additionally, the Plan now covers well-child immunizations at 100% with no cost-sharing, effective for claims incurred on or after January 1, 2024.

Amendment number six to the Plan as restated effective May 1, 2021 introduced several benefit enhancements effective June 1, 2024. The amendment extends coverage for a retired employee's spouse until age 65 or loss of eligibility after the retiree's coverage ends. Routine cancer screenings and in-network eye examinations will now be covered at 100%, and the vision benefit has been revised to provide up to \$600 per participant every two calendar years and up to \$400 annually for prescription safety glasses or contact lenses. The weekly disability benefit has also increased from \$300 to \$600 for disabilities occurring on or after June 1, 2024. Additionally, minor clarifications were made to existing Plan provisions.

Amendment number seven to the Plan as restated effective May 1, 2021 updated the Retiree Benefit Program to cover the dependent children of eligible retirees up to age 26 in addition to eligible spouses, effective 8/1/24.

PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF KANSAS
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

11. PLAN TERMINATION

Although it has not expressed an intention to do so, the employers and participating local union have the right to terminate the Fund at any time subject to the provisions of ERISA. In the event of termination of the Fund, the Trustees will apply all funds to the continuation of provided benefits for the participants and provide for the payment of reasonable and necessary expenses incurred in the termination of the Fund until the Fund is exhausted.

12. CONCENTRATION OF RISK

The Fund operates geographically within the state of Kansas and economically within the plumbing and pipefitting industry. As such, the Fund is dependent on the local economy and the health of the plumbing and pipefitting industry.

13. CONCENTRATION OF CREDIT RISK

The Fund maintains cash deposits at financial institutions which are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At July 31, 2024 and 2023, the Fund had \$1,102,702 and \$14,690 in excess of the FDIC insured limit, respectively. Investments are uninsured.

14. RETIREE BENEFITS

The Fund provides a Retiree Benefit Program. The Retiree Benefit Program is available to retired employees and their spouses from age 60 until age 65 if they are covered by the Fund at the time they turn age 60. Such former employees will not be eligible for the Retiree Benefit Program if they become eligible for coverage under another employer group health plan or become eligible for coverage under any other plan, including Medicare or Medicaid, or if found to be Social Security verified as disabled. When a retired employee's coverage under the Retiree Benefit Program ends, the spouse of the retired employee will continue to be eligible for the Retiree Benefit Program until the first day of the month in which the spouse attains age 65 or the spouse otherwise becomes ineligible for the reasons stated above.

The premium for the Retiree Benefit Program is \$600 per month for family coverage and \$300 per month for single coverage. Coverage will be terminated if the premium is not paid in a timely manner. If a retiree returns to covered employment, or if coverage is terminated for any reason, the retired employee and/or his or her spouse will not be eligible to re-enroll in the Retiree Benefit Program. Those who elect to participate in the Retiree Benefit Program will not be offered COBRA continuation coverage at the time they lose coverage under the Retiree Benefit Program. Thus, eligible retired employees (and their spouses) must elect between COBRA coverage or participation in the Retiree Benefit Program when they first become eligible.

The amount of post retirement obligation was determined by an independent actuary and represents the actuarial present value of amounts expected to be paid by the Fund for (1) current retirees and their spouses, (2) other participants that are fully eligible, and (3) other participants not yet fully eligible, reduced by expected future contributions expected to be received by said participants. Amounts are arrived at by utilizing various assumptions as discussed in Note 6 above.

PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF KANSAS
NOTES TO FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

15. SUBSEQUENT EVENTS

Subsequent events were evaluated for disclosure through May 9, 2025. The following subsequent event requiring disclosure was noted.

On December 19, 2024, the Trustees elected to accept Aetna's proposal to provide stop-loss coverage for the plan, with an attachment point of \$500,000 and a premium of \$46.69 per member per month. This change in stop-loss coverage from Zurich to Aetna will be effective for 2025.

16. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 for the years ended July 31:

	2024	2023
Net assets available for benefits per the financial statements	\$ 23,561,101	\$ 19,471,234
Benefit obligations currently payable (Health claims, death, and disability benefits)	2,022,557	1,859,976
Net assets available for benefits per the Form 5500	21,538,544	17,611,258

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the year ended July 31, 2024 and 2023:

	July 31, 2024
Benefits paid to or for participants per the financial statements	\$ 15,667,715
Add: Amounts currently payable at July 31, 2024	2,022,557
Less: Amounts currently payable at July 31, 2023	(1,859,976)
Benefits paid to or for participants per the Form 5500	15,830,296

Amounts currently payable to or for participants, dependents, and beneficiaries are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to July 31, but not yet paid as of that date.

SUPPLEMENTAL INFORMATION

**PLUMBING AND PIPEFITTING INDUSTRY
HEALTH AND WELFARE FUND OF KANSAS
EIN 48-6127146 PLAN #501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
July 31, 2024**

(a) (b) Identity of Issue, Borrower, Lessor or similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
CASH & MONEY MARKET ACCOUNTS						
FIDELITY GOV PORTFOLIO INSTITUTIONAL CLASS	2,912,844.06	Fidelity Gov Portfolio Institutional Class			\$ 2,912,844	\$ 2,912,844
TOTAL CASH & MONEY MARKET ACCOUNTS					\$ 2,912,844	\$ 2,912,844
MUNICIPAL DEBT SECURITIES						
ANTELOPE VALLEY - EAST KERN CA WT	200,000.00	PAR VALUE	4.326%	06/01/36	\$225,335.00	\$193,416.00
CALIFORNIA STATE VARIOUS PURPGO	200,000.00	PAR VALUE	4.500%	04/01/33	232,448	196,630
CALIFORNIA STATE VARIOUS PURPGO	275,000.00	PAR VALUE	4.600%	04/01/38	312,070	267,094
CROSBY TEX INDPT SCH DIST QUALIFIED	250,000.00	PAR VALUE	5.950%	02/15/25	288,785	250,088
LITTLE LAKE CA CITY SCH DIS GO	100,000.00	PAR VALUE	5.964%	07/01/26	117,622	101,681
OHIO STATE WTR DEV AUTH REV BDS	250,000.00	PAR VALUE	4.817%	12/01/30	270,221	249,205
PHILADELPHIA PA WTR & WASTEWTR	200,000.00	PAR VALUE	4.189%	10/01/37	226,370	199,624
PURCELLVILLE VA GO REF BDS DTD	250,000.00	PAR VALUE	3.350%	02/01/38	261,813	213,643
UNIVERSITY OF CALIFORNIA REVS GEN BDS	200,000.00	PAR VALUE	3.180%	05/15/26	200,487	194,892
UTAH MUNICIPAL POWER AGENCY	250,000.00	PAR VALUE	3.806%	07/01/36	275,465	231,781
TOTAL - MUNICIPAL DEBT SECURITIES					\$ 2,410,616	\$ 2,098,054
MORTGAGE SECURITIES						
FEDERAL HOME LOAN MTG CORP 5.550% 3/13/26	1,000,000.00	PAR VALUE	5.550%	03/13/26	\$1,000,000.00	\$1,000,165.00
FHLMC 5.700% 7/3/29	1,000,000.00	PAR VALUE	5.700%	07/03/29	1,000,000	999,768
FHLMC CALL DTD 12/09/2022 5.25%	500,000.00	PAR VALUE	5.250%	12/30/24	500,000	499,250
FNMA DTD 01/10/1995 8.28%	149,000.00	PAR VALUE	8.280%	01/10/25	188,239	150,893
FNMA DTD 09/26/1997 6.09%	225,000.00	PAR VALUE	6.090%	09/27/27	292,300	236,786
FNMA DTD 12/19/1997 6.32%	227,000.00	PAR VALUE	6.320%	12/20/27	316,086	242,359
FHLMC GOLD #P00037 DTD	10,972.63	PAR VALUE	5.500%	05/01/33	12,042	11,027
GNMA PASS-THRU M JUMBO FHA DTD	22,404.06	PAR VALUE	6.000%	08/20/38	24,378	23,106
GNMA POOL #539066C DTD	32,246.79	PAR VALUE	6.750%	02/20/29	33,386	32,156
GNMA II POOL #754412C DTD	30,407.36	PAR VALUE	5.000%	07/20/37	32,840	30,286
FHLMC REMIC SERIES 2130 CLASS QS	3,564.74	PAR VALUE	6.000%	03/15/29	3,747	3,578
FHLMC REMIC SERIES 2131 CLASS ZB	7,160.09	PAR VALUE	6.000%	03/15/29	7,510	7,111
GNMA REMIC 2024-77 7.500% 11/20/2052	481,844.40	PAR VALUE	7.500%	11/20/52	492,686	503,176
FNMA REMIC TRUST SERIES 2011-127	200,000.00	PAR VALUE	4.000%	12/25/41	229,000	177,845
FNMA REMIC TRUST DTD 05/23/2012	106,000.00	PAR VALUE	3.500%	06/25/42	119,780	89,218
FNMA REMIC TRUST SERIES 2012-98	118,232.16	PAR VALUE	6.000%	09/25/42	150,647	127,365
FNMA REMIC TRUST 2013-84 CLASS B	500,000.00	PAR VALUE	4.000%	08/25/43	565,278	438,501
FNMA REMIC TRUST SERIES 2017-99	118,916.42	PAR VALUE	3.500%	12/25/47	126,329	108,260
FNMA REMIC TRUST SERIES 2017-77	190,321.43	PAR VALUE	3.500%	10/25/47	199,769	173,267
FNMA REMIC TRUST DTD 01/01/2018	99,811.83	PAR VALUE	6.000%	02/25/48	112,787	105,144
FHLMC REMIC SERIES 3714 CLASS PB	350,000.00	PAR VALUE	4.750%	08/15/40	417,769	346,532
FHLMC REMIC SERIES 2940 CLASS MY	149,884.58	PAR VALUE	4.000%	10/15/41	159,346	143,504
FHLMC REMIC SERIES 4243 CLASS AE	192,000.00	PAR VALUE	4.000%	08/15/43	213,120	175,297
FHLMC REMIC SERIES 4325 CLASS ZX	414,244.04	PAR VALUE	4.500%	04/15/44	462,812	405,633
FHLMC REMIC SERIES 4380 CLASS ZG	257,119.74	PAR VALUE	3.000%	04/15/53	270,593	209,423

(continued)

**PLUMBING AND PIPEFITTING INDUSTRY
HEALTH AND WELFARE FUND OF KANSAS
EIN 48-6127146 PLAN #501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
July 31, 2024**

(a) (b) Identity of Issue, Borrower, Lessor or similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
MORTGAGE SECURITIES (continued)						
FHLMC REMIC SERIES 4635 CLASS PH	97,912.83	PAR VALUE	2.750%	12/15/46	100,789	85,905
FHLMC REMIC SERIES 4656 CLASS EZ	223,335.97	PAR VALUE	4.000%	02/15/47	249,729	209,278
FHLMC REMIC SERIES 4839 CLASS PZ	368,745.05	PAR VALUE	4.000%	11/15/48	420,506	319,874
FHLMC REMIC SERIES 4942 CLASS Z	225,465.62	PAR VALUE	3.000%	01/25/50	237,323	155,284
FHLMC REMIC SERIES 2581 CLASS LL	10,000.00	PAR VALUE	5.250%	03/15/33	11,331	10,155
FHLMC REMIC SERIES 2608 CLASS LL	54,000.00	PAR VALUE	5.250%	04/15/33	58,286	54,856
FHLMC REMIC SERIES 2626 CLASS ZY	208,239.86	PAR VALUE	5.000%	06/15/33	244,003	199,855
FHLMC REMIC SERIES 2881 CLASS BZ	299,392.89	PAR VALUE	6.000%	11/15/34	352,017	312,728
FHLMC REMIC SERIES 3108 CLASS QZ	290,761.72	PAR VALUE	6.000%	02/15/36	408,428	305,296
FNMA REMIC TRUST SERIES 2006-105	181,602.62	PAR VALUE	6.000%	11/25/36	238,383	191,820
FHLMC REMIC SERIES 3210 CLASS ZA	458,157.91	PAR VALUE	6.000%	09/15/36	551,326	482,468
FNMA REMIC TRUST SERIES 2008-24	103,841.91	PAR VALUE	6.000%	02/25/38	134,475	107,388
FNMA REMIC TRUST SERIES 2009-41	55,138.07	PAR VALUE	4.500%	06/25/39	58,218	54,300
FNMA REMIC TRUST SERIES 2010-45	61,139.38	PAR VALUE	5.000%	05/25/40	72,527	59,484
GNMA REMIC TRUST 2003-29 CLASS	31,311.02	PAR VALUE	5.500%	04/16/33	35,147	31,226
GNMA REMIC SERIES 2008-56 CLASS	71,966.89	PAR VALUE	5.500%	06/20/38	80,873	71,641
GNMA REMIC TRUST 2003-60 CLASS	41,514.67	PAR VALUE	4.500%	07/16/33	44,239	41,078
GNMA REMIC TRUST 2005-28 CLASS	224,999.99	PAR VALUE	5.500%	04/20/35	270,844	228,515
GNMA REMIC TRUST SERIES 2005-24	280,348.27	PAR VALUE	5.000%	03/20/35	328,041	277,777
GNMA REMIC TRUST DTD 05/21/2009	42,671.19	PAR VALUE	4.000%	04/16/39	46,112	41,246
GNMA REMIC TRUST SERIES 2009-50	165,207.87	PAR VALUE	6.000%	07/16/39	200,603	171,796
GNMA REMIC TRUST SERIES 2008-60	135,475.50	PAR VALUE	5.500%	07/20/38	162,401	136,200
GNMA SERIES 2010-31 CLASS BP DTD	73,264.63	PAR VALUE	5.000%	03/20/40	83,339	73,872
GNMA REMIC TRUST SERIES 2011-50	188,140.27	PAR VALUE	5.000%	04/20/41	250,091	190,383
GNMA REMIC TRUST SERIES 2013-27	138,000.00	PAR VALUE	3.000%	02/20/43	146,970	112,260
GNMA REMIC TRUST SERIES 2013-115	320,917.02	PAR VALUE	4.000%	08/20/43	355,014	298,885
GNMA REMIC TRUST SERIES 2015-25	200,000.00	PAR VALUE	3.500%	02/20/45	215,750	159,305
GNMA REMIC TRUST SERIES 2018-071	250,000.00	PAR VALUE	4.500%	05/20/48	292,812	235,731
GNMA REMIC TR DTD 06/21/2019 4%	207,000.00	PAR VALUE	4.000%	06/20/49	234,945	177,159
TOTAL - MORTGAGE SECURITIES					\$ 12,814,966	\$ 11,035,415
CORPORATE STOCKS AND ETFs						
MIDCAP FINANCIAL INVESTMENT CORP	1,400.00	SHARES			\$85,541.00	\$19,880.00
EATON VANCE LIMITED DURATION INCOME FUND	5,200.00	SHARES			89,170	51,376
NUVEEN PREMIUM INCOME FUND	2,643.00	SHARES			50,531	35,469
TOTAL - CORPORATE STOCKS AND ETFs					\$ 225,242	\$ 106,725
U.S. GOVERNMENT SECURITIES						
FHLB CONS BD DTD 12/12/2022 5%	500,000.00	PAR VALUE	5.000%	09/27/24	500,000	499,010
FHLB CONS BD DTD 05/10/2023	1,000,000.00	PAR VALUE	5.350%	09/16/24	1,000,000	998,770
FEDERAL FARM CR BKS CONS 5.360% 11/13/26	1,000,000.00	PAR VALUE	5.360%	11/13/26	1,000,000	998,248
US TREASURY NTS DTD 09/22/2022	1,000,000.00	PAR VALUE	4.250%	09/30/24	999,505	997,930
U S TREASURY BILL 09/05/2024	500,000.00	PAR VALUE	5.260%	09/05/24	474,863	497,434
TOTAL - U.S. GOVERNMENT SECURITIES					\$ 3,974,368	\$ 3,991,392
TOTAL INVESTMENTS					\$ 22,338,036	\$ 20,144,430

**PLUMBING AND PIPEFITTING INDUSTRY
HEALTH AND WELFARE FUND OF KANSAS
EIN 48-6127146 PLAN #501
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
July 31, 2024**

Units	(b) Description Of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
7,596,107	Fidelity Government Portfolio Inst Class (series of transactions)	\$ 7,596,107	N/A	\$ 7,596,107	\$ 7,596,107	N/A
6,186,706	Fidelity Government Portfolio Inst Class (series of transactions)	N/A	6,186,706	6,186,706	6,186,706	0
2,500	SPDR S&P 500 (series of transactions)	1,117,350	N/A	1,117,350	1,117,350	N/A
2,500	SPDR S&P 500 (series of transactions)	N/A	1,155,550	1,117,350	1,155,550	38,200
2,000	Invesco QQQ Trust (series of transactions)	799,701	N/A	799,701	799,701	N/A
5,000	Invesco QQQ Trust (series of transactions)	N/A	1,960,088	1,839,629	1,960,088	120,458
1,000,000	Federal Farm Cr Bks 5.36% 11/13/2026	1,000,000	N/A	1,000,000	1,000,000	N/A
1,000,000	Federal Home Ln Mtg Corp 5.55% 03/13/2026	1,000,000	N/A	1,000,000	1,000,000	N/A
1,000,000	Federal Home Ln Mtg Corp 5.7% 07/03/2029	1,000,000	N/A	1,000,000	1,000,000	N/A
1,000,000	Federal Home Loan Banks 5.65% 06/12/2025	N/A	1,000,000	1,000,000	1,000,000	0

**PLUMBING AND PIPEFITTING INDUSTRY
HEALTH AND WELFARE FUND OF KANSAS
SCHEDULES OF ADMINISTRATIVE AND OPERATING EXPENSES
YEARS ENDED JULY 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
Administrative Expenses		
Stop Loss Insurance	\$ 794,780	\$ 680,446
BMGI Administrative Expenses	300,400	291,150
Aetna Claims Administration Expense	570,280	506,338
Delta Dental Claims Administration Expense	<u>54,655</u>	<u>44,584</u>
	<u><u>1,720,115</u></u>	<u><u>1,522,518</u></u>
Operating Expenses		
Payroll Taxes	9,735	6,670
Office Expenses	2,126	591
Lockbox and Bank Fees	23,980	24,158
Repairs	332	309
Postage & Printing	26,494	11,174
General Insurance & Bonding	15,364	14,208
Legal	200,066	209,755
Accounting	66,286	36,657
Actuary	9,250	6,000
Consulting	40,882	40,000
Trustee Meeting Expense	2,764	4,666
Dues	2,161	10,017
Meetings	2,402	315
PCORI Fee	3,465	2,991
Depreciation	2,329	2,788
Lease Interest	24	139
Lease Amortization	2,595	3,867
Miscellaneous	<u>-</u>	<u>-</u>
	<u><u>\$ 410,255</u></u>	<u><u>\$ 374,305</u></u>

**PLUMBING AND PIPEFITTING INDUSTRY
HEALTH AND WELFARE FUND OF KANSAS
EIN 48-6127146 PLAN #501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
July 31, 2024**

(a) Identity of Issue, borrower, lessor, or similar party	(b) Description Of Investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Cost of Acquisition	(d) Proceeds of Disposition
SPDR S&P 500	2,500 Units PAR VALUE -- 5/8/2024	\$ 1,117,350	\$ 1,155,550

2023 Form 5500 e-file Signature Authorization

PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF
KANSAS
PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF
KANSAS 501
625 ENTERPRISE DRIVE
OAK BROOK, IL 60523

Employer Identification Number: 48-6127146

Client Identification Number: 5695A

You, as plan administrator, are authorizing that MORROW & CO. LLC electronically file the 2023 Form 5500 for PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND as an EFAST2 Service Provider.

Authorization

As plan administrator for PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND, I authorize MORROW & CO. LLC to electronically file Form 5500 for the tax year 2023. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization Brian R. Burnett

Date: 04/28/2025

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 4085 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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2023</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

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 the DFVC program

D Check box if filing under: Form 5558 automatic extension 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

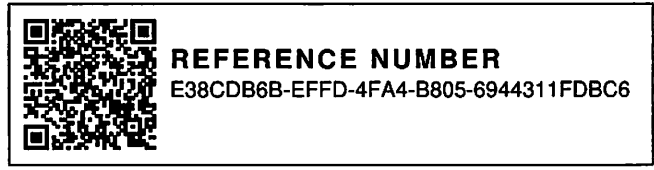
1a Name of plan PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF KANSAS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">501</td> </tr> <tr> <td colspan="2">1c Effective date of plan 03/16/1965</td> </tr> </table>	1b Three-digit plan number (PN) ▶	501	1c Effective date of plan 03/16/1965	
1b Three-digit plan number (PN) ▶	501				
1c Effective date of plan 03/16/1965					
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) PLUMBING AND PIPEFITTING INDUSTRY HEALTH AND WELFARE FUND OF KANSAS 625 ENTERPRISE DRIVE OAK BROOK IL 60523	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 48-6127146</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 630-472-0626</td> </tr> <tr> <td>2d Business code (see instructions) 525100</td> </tr> </table>	2b Employer Identification Number (EIN) 48-6127146	2c Plan Sponsor's telephone number 630-472-0626	2d Business code (see instructions) 525100	
2b Employer Identification Number (EIN) 48-6127146					
2c Plan Sponsor's telephone number 630-472-0626					
2d Business code (see instructions) 525100					

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>Brian R. Burnett</i>	04/28/2025	BRIAN BURNETT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>greg johnson</i>	04/24/2025	GREG JOHNSON
	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

SIGNATURE CERTIFICATE



TRANSACTION DETAILS | DOCUMENT DETAILS

Reference Number
E38CDB6B-EFFD-4FA4-B805-6944311FD6C6

Transaction Type
Signature Request

Sent At
04/24/2025 11:20 CDT

Executed At
04/28/2025 11:41 CDT

Identity Method
email

Distribution Method
email

Signed Checksum
ff17f933947d54b07d529cab40abb17260f3d08fdad75c16d4ca2fd9f04c97d9

Signer Sequencing
Disabled

Document Passcode
Disabled

Document Name
5500 Signatures

Filename
5500_Signatures.pdf

Pages
2 pages

Content Type
application/pdf

File Size
95.4 KB

Original Checksum
fd76d3dc311849ddfa2c1dfb42b9534e142ffa5e8adce1d9d166ee0e78b3ba4d

SIGNERS

SIGNER	E-SIGNATURE	EVENTS
<p>Name Brian Burnett</p> <p>Email bburnett@ua441.org</p> <p>Components 4</p>	<p>Status signed</p> <p>Multi-factor Digital Fingerprint Checksum 0ade1ac0feff53825d163398a85d599b4a232197263a150db330485eb23a9cd9</p> <p>IP Address 172.215.138.7</p> <p>Device Microsoft Edge via Windows</p> <p>Typed Signature <i>Brian R. Burnett</i></p> <p>Signature Reference ID 8F64926F</p>	<p>Viewed At 04/28/2025 11:39 CDT</p> <p>Identity Authenticated At 04/28/2025 11:41 CDT</p> <p>Signed At 04/28/2025 11:41 CDT</p>
<p>Name greg johnson</p> <p>Email gjohnson@msi-group.com</p> <p>Components 2</p>	<p>Status signed</p> <p>Multi-factor Digital Fingerprint Checksum 3b49951eedce7d75ee5e6178f5aae0162407b7df0c90080fb32299f36292f991</p> <p>IP Address 184.188.115.132</p> <p>Device Microsoft Edge via Windows</p> <p>Typed Signature <i>greg johnson</i></p> <p>Signature Reference ID 622CFADA</p>	<p>Viewed At 04/24/2025 15:57 CDT</p> <p>Identity Authenticated At 04/24/2025 16:05 CDT</p> <p>Signed At 04/24/2025 16:05 CDT</p>

AUDITS

TIMESTAMP	AUDIT
04/24/2025 11:20 CDT	Becky Willard (becky@morrowandcompany.com) created document '5500_Signatures.pdf' on Chrome via Windows from 99.29.129.20.
04/24/2025 11:20 CDT	greg johnson (gjohnson@msi-group.com) was emailed a link to sign.
04/24/2025 11:20 CDT	Brian Burnett (bburnett@ua441.org) was emailed a link to sign.
04/24/2025 15:57 CDT	greg johnson (gjohnson@msi-group.com) viewed the document on Microsoft Edge via Windows from 184.188.115.132.
04/24/2025 16:05 CDT	greg johnson (gjohnson@msi-group.com) authenticated via email on Microsoft Edge via Windows from 184.188.115.132.

TIMESTAMP**AUDIT**

04/24/2025 16:05 CDT

greg johnson (gjohnson@msi-group.com) signed the document on Microsoft Edge via Windows from 184.188.115.132.

04/28/2025 11:39 CDT

Brian Burnett (bburnett@ua441.org) viewed the document on Chrome via Mac from 100.24.129.5.

04/28/2025 11:39 CDT

Brian Burnett (bburnett@ua441.org) viewed the document on Microsoft Edge via Windows from 172.215.138.7.

04/28/2025 11:41 CDT

Brian Burnett (bburnett@ua441.org) authenticated via email on Microsoft Edge via Windows from 172.215.138.7.

04/28/2025 11:41 CDT

Brian Burnett (bburnett@ua441.org) signed the document on Microsoft Edge via Windows from 172.215.138.7.

**PLUMBING AND PIPEFITTING INDUSTRY
HEALTH AND WELFARE FUND OF KANSAS
EIN 48-6127146 PLAN #501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
July 31, 2024**

(a) (b) Identity of Issue, Borrower, Lessor or similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
CASH & MONEY MARKET ACCOUNTS			
FIDELITY GOV PORTFOLIO INSTITUTIONAL CLAS:	2,912,844.06 Fidelity Gov Portfolio Institutional Class	\$ 2,912,844	\$ 2,912,844
TOTAL CASH & MONEY MARKET ACCOUNTS		\$ 2,912,844	\$ 2,912,844
MUNICIPAL DEBT SECURITIES			
ANTELOPE VALLEY - EAST KERN CA WT	200,000.00 PAR VALUE 4.326% 06/01/36	\$225,335.00	\$193,416.00
CALIFORNIA STATE VARIOUS PURPGO	200,000.00 PAR VALUE 4.500% 04/01/33	232,448	196,630
CALIFORNIA STATE VARIOUS PURPGO	275,000.00 PAR VALUE 4.600% 04/01/38	312,070	267,094
CROSBY TEX INDPT SCH DIST QUALIFIED	250,000.00 PAR VALUE 5.950% 02/15/25	288,785	250,088
LITTLE LAKE CA CITY SCH DIS GO	100,000.00 PAR VALUE 5.964% 07/01/26	117,622	101,681
OHIO STATE WTR DEV AUTH REV BDS	250,000.00 PAR VALUE 4.817% 12/01/30	270,221	249,205
PHILADELPHIA PA WTR & WASTEWTR	200,000.00 PAR VALUE 4.189% 10/01/37	226,370	199,624
PURCELLVILLE VA GO REF BDS DTD	250,000.00 PAR VALUE 3.350% 02/01/38	261,813	213,643
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TOTAL - MUNICIPAL DEBT SECURITIES		\$ 2,410,616	\$ 2,098,054
MORTGAGE SECURITIES			
FEDERAL HOME LOAN MTG CORP 5.550% 3/13/26	1,000,000.00 PAR VALUE 5.550% 03/13/26	\$1,000,000.00	\$1,000,165.00
FHLMC 5.700% 7/3/29	1,000,000.00 PAR VALUE 5.700% 07/03/29	1,000,000	999,768
FHLMC CALL DTD 12/09/2022 5.25%	500,000.00 PAR VALUE 5.250% 12/30/24	500,000	499,250
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FHLMC GOLD #P00037 DTD	10,972.63 PAR VALUE 5.500% 05/01/33	12,042	11,027
GNMA PASS-THRU M JUMBO FHA DTD	22,404.06 PAR VALUE 6.000% 08/20/38	24,378	23,106
GNMA POOL #539066C DTD	32,246.79 PAR VALUE 6.750% 02/20/29	33,386	32,156
GNMA II POOL #754412C DTD	30,407.36 PAR VALUE 5.000% 07/20/37	32,840	30,286
FHLMC REMIC SERIES 2130 CLASS QS	3,564.74 PAR VALUE 6.000% 03/15/29	3,747	3,578
FHLMC REMIC SERIES 2131 CLASS ZB	7,160.09 PAR VALUE 6.000% 03/15/29	7,510	7,111
GNMA REMIC 2024-77 7.500% 11/20/2052	481,844.40 PAR VALUE 7.500% 11/20/52	492,686	503,176
FNMA REMIC TRUST SERIES 2011-127	200,000.00 PAR VALUE 4.000% 12/25/41	229,000	177,845
FNMA REMIC TRUST DTD 05/23/2012	106,000.00 PAR VALUE 3.500% 06/25/42	119,780	89,218
FNMA REMIC TRUST SERIES 2012-98	118,232.16 PAR VALUE 6.000% 09/25/42	150,647	127,365
FNMA REMIC TRUST 2013-84 CLASS B	500,000.00 PAR VALUE 4.000% 08/25/43	565,278	438,501
FNMA REMIC TRUST SERIES 2017-99	118,916.42 PAR VALUE 3.500% 12/25/47	126,329	108,260
FNMA REMIC TRUST SERIES 2017-77	190,321.43 PAR VALUE 3.500% 10/25/47	199,769	173,267
FNMA REMIC TRUST DTD 01/01/2018	99,811.83 PAR VALUE 6.000% 02/25/48	112,787	105,144
FHLMC REMIC SERIES 3714 CLASS PB	350,000.00 PAR VALUE 4.750% 08/15/40	417,769	346,532
FHLMC REMIC SERIES 2940 CLASS MY	149,884.58 PAR VALUE 4.000% 10/15/41	159,346	143,504
FHLMC REMIC SERIES 4243 CLASS AE	192,000.00 PAR VALUE 4.000% 08/15/43	213,120	175,297
FHLMC REMIC SERIES 4325 CLASS ZX	414,244.04 PAR VALUE 4.500% 04/15/44	462,812	405,633
FHLMC REMIC SERIES 4380 CLASS ZG	257,119.74 PAR VALUE 3.000% 04/15/53	270,593	209,423
(continued)			
MORTGAGE SECURITIES (continued)			
FHLMC REMIC SERIES 4635 CLASS PH	97,912.83 PAR VALUE 2.750% 12/15/46	100,789	85,905
FHLMC REMIC SERIES 4656 CLASS EZ	223,335.97 PAR VALUE 4.000% 02/15/47	249,729	209,278
FHLMC REMIC SERIES 4839 CLASS PZ	368,745.05 PAR VALUE 4.000% 11/15/48	420,506	319,874
FHLMC REMIC SERIES 4942 CLASS Z	225,465.62 PAR VALUE 3.000% 01/25/50	237,323	155,284
FHLMC REMIC SERIES 2581 CLASS LL	10,000.00 PAR VALUE 5.250% 03/15/33	11,331	10,155

**PLUMBING AND PIPEFITTING INDUSTRY
HEALTH AND WELFARE FUND OF KANSAS
EIN 48-6127146 PLAN #501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
July 31, 2024**

(a) (b) Identity of Issue, Borrower, Lessor or similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
FHLMC REMIC SERIES 2608 CLASS LL	54,000.00	PAR VALUE	5.250%	04/15/33	58,286	54,856
FHLMC REMIC SERIES 2626 CLASS ZY	208,239.86	PAR VALUE	5.000%	06/15/33	244,003	199,855
FHLMC REMIC SERIES 2881 CLASS BZ	299,392.89	PAR VALUE	6.000%	11/15/34	352,017	312,728
FHLMC REMIC SERIES 3108 CLASS QZ	290,761.72	PAR VALUE	6.000%	02/15/36	408,428	305,296
FNMA REMIC TRUST SERIES 2006-105	181,602.62	PAR VALUE	6.000%	11/25/36	238,383	191,820
FHLMC REMIC SERIES 3210 CLASS ZA	458,157.91	PAR VALUE	6.000%	09/15/36	551,326	482,468
FNMA REMIC TRUST SERIES 2008-24	103,841.91	PAR VALUE	6.000%	02/25/38	134,475	107,388
FNMA REMIC TRUST SERIES 2009-41	55,138.07	PAR VALUE	4.500%	06/25/39	58,218	54,300
FNMA REMIC TRUST SERIES 2010-45	61,139.38	PAR VALUE	5.000%	05/25/40	72,527	59,484
GNMA REMIC TRUST 2003-29 CLASS	31,311.02	PAR VALUE	5.500%	04/16/33	35,147	31,226
GNMA REMIC SERIES 2008-56 CLASS	71,966.89	PAR VALUE	5.500%	06/20/38	80,873	71,641
GNMA REMIC TRUST 2003-60 CLASS	41,514.67	PAR VALUE	4.500%	07/16/33	44,239	41,078
GNMA REMIC TRUST 2005-28 CLASS	224,999.99	PAR VALUE	5.500%	04/20/35	270,844	228,515
GNMA REMIC TRUST SERIES 2005-24	280,348.27	PAR VALUE	5.000%	03/20/35	328,041	277,777
GNMA REMIC TRUST DTD 05/21/2009	42,671.19	PAR VALUE	4.000%	04/16/39	46,112	41,246
GNMA REMIC TRUST SERIES 2009-50	165,207.87	PAR VALUE	6.000%	07/16/39	200,603	171,796
GNMA REMIC TRUST SERIES 2008-60	135,475.50	PAR VALUE	5.500%	07/20/38	162,401	136,200
GNMA SERIES 2010-31 CLASS BP DTD	73,264.63	PAR VALUE	5.000%	03/20/40	83,339	73,872
GNMA REMIC TRUST SERIES 2011-50	188,140.27	PAR VALUE	5.000%	04/20/41	250,091	190,383
GNMA REMIC TRUST SERIES 2013-27	138,000.00	PAR VALUE	3.000%	02/20/43	146,970	112,260
GNMA REMIC TRUST SERIES 2013-115	320,917.02	PAR VALUE	4.000%	08/20/43	355,014	298,885
GNMA REMIC TRUST SERIES 2015-25	200,000.00	PAR VALUE	3.500%	02/20/45	215,750	159,305
GNMA REMIC TRUST SERIES 2018-071	250,000.00	PAR VALUE	4.500%	05/20/48	292,812	235,731
GNMA REMIC TR DTD 06/21/2019 4%	207,000.00	PAR VALUE	4.000%	06/20/49	234,945	177,159
TOTAL - MORTGAGE SECURITIES					\$ 12,814,966	\$ 11,035,415
CORPORATE STOCKS AND ETFS						
MIDCAP FINANCIAL INVESTMENT CORP	1,400.00	SHARES			\$85,541.00	\$19,880.00
EATON VANCE LIMITED DURATION INCOME FUNI	5,200.00	SHARES			89,170	51,376
NUVEEN PREMIUM INCOME FUND	2,643.00	SHARES			50,531	35,469
TOTAL - CORPORATE STOCKS AND ETFS					\$ 225,242	\$ 106,725
U.S. GOVERNMENT SECURITIES						
FHLB CONS BD DTD 12/12/2022 5%	500,000.00	PAR VALUE	5.000%	09/27/24	500,000	499,010
FHLB CONS BD DTD 05/10/2023	1,000,000.00	PAR VALUE	5.350%	09/16/24	1,000,000	998,770
FEDERAL FARM CR BKS CONS 5.360% 11/13/26	1,000,000.00	PAR VALUE	5.360%	11/13/26	1,000,000	998,248
US TREASURY NTS DTD 09/22/2022	1,000,000.00	PAR VALUE	4.250%	09/30/24	999,505	997,930
U S TREASURY BILL 09/05/2024	500,000.00	PAR VALUE	5.260%	09/05/24	474,863	497,434
TOTAL - U.S. GOVERNMENT SECURITIES					\$ 3,974,368	\$ 3,991,392
TOTAL INVESTMENTS					\$ 22,338,036	\$ 20,144,430

**PLUMBING AND PIPEFITTING INDUSTRY
HEALTH AND WELFARE FUND OF KANSAS
EIN 48-6127146 PLAN #501
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
July 31, 2024**

Units	(b) Description Of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
7,596,107	Fidelity Government Portfolio Inst Class (series of transactions)	\$ 7,596,107	N/A	\$ 7,596,107	\$ 7,596,107	N/A
6,186,706	Fidelity Government Portfolio Inst Class (series of transactions)	N/A	6,186,706	6,186,706	6,186,706	0
2,500	SPDR S&P 500 (series of transactions)	1,117,350	N/A	1,117,350	1,117,350	N/A
2,500	SPDR S&P 500 (series of transactions)	N/A	1,155,550	1,117,350	1,155,550	38,200
2,000	Invesco QQQ Trust (series of transactions)	799,701	N/A	799,701	799,701	N/A
5,000	Invesco QQQ Trust (series of transactions)	N/A	1,960,088	1,839,629	1,960,088	120,458
1,000,000	Federal Farm Cr Bks 5.36% 11/13/2026	1,000,000	N/A	1,000,000	1,000,000	N/A
1,000,000	Federal Home Ln Mtg Corp 5.55% 03/13/2026	1,000,000	N/A	1,000,000	1,000,000	N/A
1,000,000	Federal Home Ln Mtg Corp 5.7% 07/03/2029	1,000,000	N/A	1,000,000	1,000,000	N/A
1,000,000	Federal Home Loan Banks 5.65% 06/12/2025	N/A	1,000,000	1,000,000	1,000,000	0

**PLUMBING AND PIPEFITTING INDUSTRY
HEALTH AND WELFARE FUND OF KANSAS
EIN 48-6127146 PLAN #501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
July 31, 2024**

(a) Identity of Issue, borrower, lessor, or similar party	(b) Description Of Investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Cost of Acquisition	(d) Proceeds of Disposition
SPDR S&P 500	2,500 Units PAR VALUE -- 05/08/24	\$ 1,117,350	\$ 1,155,550