

<p style="text-align: center;"><b>Form 5500</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**

For calendar plan year 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.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description) \_\_\_\_\_

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

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

<p><b>1a</b> Name of plan <u>HEALTH BENEFIT PLAN FOR MEMBERS OF THE KANSAS BANKERS ASSOCIATION</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>503</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>KANSAS BANKERS ASSOCIATION</u></p> <p><u>P.O. BOX 4407</u> <u>TOPEKA, KS 66604-0407</u></p>	<p><b>1c</b> Effective date of plan <u>08/01/1948</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>48-0937602</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>785-232-3444</u></p> <p><b>2d</b> Business code (see instructions) <u>522298</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	05/14/2025	ERIC STOFER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	10580
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	10502
	<b>6a(2)</b>	10475
	<b>6b</b>	78
	<b>6c</b>	0
	<b>6d</b>	10553
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

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

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

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

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

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

**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 158543234

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**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  
**HEALTH BENEFIT PLAN FOR MEMBERS OF THE KANSAS BANKERS ASSOCIATION**

**B** Three-digit plan number (PN) ▶ **503**

**C** Plan sponsor's name as shown on line 2a of Form 5500  
**KANSAS BANKERS ASSOCIATION**

**D** Employer Identification Number (EIN)  
**48-0937602**

**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  
**VISION SERVICE PLAN**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>06-1227840</b>	<b>39616</b>	<b>30110019</b>	<b>2754</b>	<b>08/01/2023</b>	<b>07/31/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid <b>5881</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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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

**KBA INSURANCE, INC.**  
**610 SW CORPORATE VIEW  
TOPEKA, KS 66614**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>5881</b>			<b>3</b>

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>		
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>		
	<b>7c(2)</b>		
	<b>7c(3)</b>		
	<b>7c(4)</b>		
	<b>7c(5)</b>		
(2) Dividends and credits .....			
(3) Interest credited during the year .....			
(4) Transferred from separate account.....			
(5) Other (specify below) .....			
▶			
(6) Total additions .....	<b>7c(6)</b>		
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>		
<b>e</b> Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	
	(2) Administration charge made by carrier .....	<b>7e(2)</b>	
	(3) Transferred to separate account.....	<b>7e(3)</b>	
	(4) Other (specify below) .....	<b>7e(4)</b>	
▶			
(5) Total deductions .....	<b>7e(5)</b>		
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>		

**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:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>	389887	
(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>		
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
(4) Earned ((1) + (2) - (3)).....	<b>9a(4)</b>		389887
<b>b</b> Benefit charges (1) Claims paid.....	<b>9b(1)</b>	365253	
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
(3) Incurred claims (add (1) and (2)).....	<b>9b(3)</b>		365253
(4) Claims charged .....	<b>9b(4)</b>		365253
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>	5881	
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	58484	
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>		
(G) Other retention charges .....	<b>9c(1)(G)</b>		
(H) Total retention .....	<b>9c(1)(H)</b>		64365
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>		
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>		
(2) Claim reserves .....	<b>9d(2)</b>		
(3) Other reserves.....	<b>9d(3)</b>		
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>		

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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 .....	<b>10b</b>	

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 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**

<b>A</b> Name of plan <b>HEALTH BENEFIT PLAN FOR MEMBERS OF THE KANSAS BANKERS ASSOCIATION</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>503</b>
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<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>KANSAS BANKERS ASSOCIATION</b>	<b>D</b> Employer Identification Number (EIN) <b>48-0937602</b>
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**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  
**BLUE CROSS BLUE SHIELD OF KANSAS**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>48-0952857</b>	<b>70729</b>	<b>0700000</b>	<b>11160</b>	<b>08/01/2023</b>	<b>07/31/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	
(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

**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:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>	1546721	
(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>		
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
(4) Earned ((1) + (2) - (3)).....	<b>9a(4)</b>		1546721
<b>b</b> Benefit charges (1) Claims paid.....	<b>9b(1)</b>	1760058	
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
(3) Incurred claims (add (1) and (2)).....	<b>9b(3)</b>		1760058
(4) Claims charged .....	<b>9b(4)</b>		1760058
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>		
(G) Other retention charges .....	<b>9c(1)(G)</b>		
(H) Total retention .....	<b>9c(1)(H)</b>		
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>		
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>		
(2) Claim reserves .....	<b>9d(2)</b>		
(3) Other reserves.....	<b>9d(3)</b>		
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>		

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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 .....	<b>10b</b>	

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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

<b>A</b> Name of plan <b>HEALTH BENEFIT PLAN FOR MEMBERS OF THE KANSAS BANKERS ASSOCIATION</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>503</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>KANSAS BANKERS ASSOCIATION</b>	<b>D</b> Employer Identification Number (EIN) <b>48-0937602</b>	

**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

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

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

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

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

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

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

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

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

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

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

BLUE CROSS BLUE SHIELD OF KANSAS

48-0952857

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	3441396	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

IOWA BANKERS ASSOCIATION

42-0984998

(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?
15 50	NONE	63878	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)

KANSAS BANKERS ASSOCIATION

48-0937602

(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?
14 50	NONE	659509	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)

TRIA HEALTH

7101 COLLEGE BLVD. #600  
OVERLAND PARK, KS 66210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	259044	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)

FORVIS MAZARS, LLP

44-0160260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	21384	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLIS OF GREATER KANSAS CITY, INC.

12980 METCALF AVENUE, SUITE 500  
OVERLAND PARK, KS 66213

(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 70	NONE	135000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>08/01/2023</b> and ending <b>07/31/2024</b>	
<b>A</b> Name of plan <b>HEALTH BENEFIT PLAN FOR MEMBERS OF THE KANSAS BANKERS ASSOCIATION</b>	<b>B</b> Three-digit plan number (PN) <b>►</b> <b>503</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>KANSAS BANKERS ASSOCIATION</b>	<b>D</b> Employer Identification Number (EIN) <b>48-0937602</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	915103	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1949150	2361763
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	17723365	25802959
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	6302441	4974046
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	26890059	33138768
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>	6887218	6884263
<b>h</b> Operating payables .....	<b>1h</b>	43386	90274
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		1417244
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	6930604	8391781
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	19959455	24746987

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	53509238	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	20941632	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		74450870
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	1210182	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	250856	
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1461038
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	137164	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		
<b>c</b> Other income.....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		76049072

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	64743169	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>	1926600	
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		66669769
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	4435387	
(3) Recordkeeping fees.....	<b>2i(3)</b>	0	
(4) IQPA audit fees.....	<b>2i(4)</b>	21384	
(5) Investment advisory and investment management fees.....	<b>2i(5)</b>	135000	
(6) Bank or trust company trustee/custodial fees.....	<b>2i(6)</b>		
(7) Actuarial fees.....	<b>2i(7)</b>		
(8) Legal fees.....	<b>2i(8)</b>		
(9) Valuation/appraisal fees.....	<b>2i(9)</b>		
(10) Other trustee fees and expenses.....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		4591771
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		71261540

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		4787532
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan.....	<b>2l(2)</b>		

**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: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

**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
<b>a</b> 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>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		3000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.




# **Health Benefit Plan for Members of the Kansas Bankers Association**

**EIN 48-0937602 PN 503**

**Independent Auditor's Report  
and Financial Statements**

July 31, 2024 and 2023



**Health Benefit Plan for Members  
of the Kansas Bankers Association  
Contents  
July 31, 2024 and 2023**

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## Independent Auditor's Report

Employee Benefits Committee  
Health Benefit Plan for Members of the Kansas Bankers Association  
Topeka, Kansas

### **Opinion**

We have audited the financial statements of Health Benefit Plan for Members of the Kansas Bankers Association (the Plan), 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 plan 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 accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Plan as of July 31, 2024 and 2023, and the changes in its net assets available for benefits and plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 the Plan's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

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

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

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

In performing an audit in accordance with GAAS, we:

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

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***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements. The Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

Employee Benefits Committee  
Health Benefit Plan for Members  
of the Kansas Bankers Association

In forming our opinion on the Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions, 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 are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content of the Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

**Forvis Mazars, LLP**

**Wichita, Kansas  
May 8, 2025**

Federal Employer Identification Number: 44-0160260

**Health Benefit Plan for Members  
of the Kansas Bankers Association  
Statements of Net Assets Available for Benefits  
July 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
<b>Investments, at Fair Value</b>		
Money market funds	\$ 18,942,569	\$ 13,799,661
U.S. Treasury securities	-	566,216
U.S. government agency securities	4,974,046	5,736,225
Certificates of deposit	6,860,390	3,923,704
<b>Total Investments, at Fair Value</b>	<u>30,777,005</u>	<u>24,025,806</u>
<b>Receivables</b>		
Accrued interest	114,958	76,686
Pharmacy rebates	2,246,805	1,872,464
<b>Total receivables</b>	<u>2,361,763</u>	<u>1,949,150</u>
<b>Noninterest-bearing Cash</b>	<u>-</u>	<u>915,103</u>
<b>Total Assets</b>	<u>33,138,768</u>	<u>26,890,059</u>
<b>Liabilities</b>		
Outstanding checks in excess of cash	1,417,244	-
Accrued liabilities	90,274	43,386
<b>Total Liabilities</b>	<u>1,507,518</u>	<u>43,386</u>
<b>Net Assets Available For Benefits</b>	<u>\$ 31,631,250</u>	<u>\$ 26,846,673</u>

**Health Benefit Plan for Members  
of the Kansas Bankers Association  
Statements of Changes in Net Assets Available for Benefits  
Years Ended July 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Investment Income</b>		
Net appreciation in fair value of investments	\$ 137,164	\$ 71,131
Interest	1,461,038	755,668
<b>Net Investment Income</b>	<u>1,598,202</u>	<u>826,799</u>
<b>Contributions</b>		
Employers	53,509,238	50,357,093
Participants	20,941,632	20,858,015
	<u>74,450,870</u>	<u>71,215,108</u>
<b>Total Additions</b>	76,049,072	72,041,907
<b>Deductions</b>		
Claims paid on behalf of participants	64,746,124	60,769,167
Insurance premiums	1,926,600	1,754,324
Administrative expenses	4,591,771	4,835,761
<b>Total Deductions</b>	<u>71,264,495</u>	<u>67,359,252</u>
<b>Net Increase</b>	<u>4,784,577</u>	<u>4,682,655</u>
<b>Net Assets Available for Benefits, Beginning of Year</b>	<u>26,846,673</u>	<u>22,164,018</u>
<b>Net Assets Available for Benefits, End of Year</b>	<u>\$ 31,631,250</u>	<u>\$ 26,846,673</u>

**Health Benefit Plan for Members  
of the Kansas Bankers Association  
Statements of Plan's Benefit Obligations  
Years Ended July 31, 2024 and 2023**

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	<u>2024</u>	<u>2023</u>
<b>Amounts Currently Payable to or for Participants, Beneficiaries and Dependents</b>		
Health claims payable	\$ 358,263	\$ 1,297,218
Claims incurred but not reported	<u>6,526,000</u>	<u>5,590,000</u>
Total benefit obligations	<u>\$ 6,884,263</u>	<u>\$ 6,887,218</u>

**Health Benefit Plan for Members  
of the Kansas Bankers Association  
Statements of Changes in Plan's Benefit Obligations  
Years Ended July 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Amounts Currently Payable to or for Participants, Beneficiaries and Dependents</b>		
Balance at beginning of year	\$ 6,887,218	\$ 6,797,442
Claims reported and approved for payment	64,743,169	60,858,943
Claims paid on behalf of participants	<u>(64,746,124)</u>	<u>(60,769,167)</u>
Balance at end of year	<u>\$ 6,884,263</u>	<u>\$ 6,887,218</u>

**Health Benefit Plan for Members  
of the Kansas Bankers Association  
Notes to Financial Statements  
July 31, 2024 and 2023**

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**Note 1. Description of the Plan**

***General***

The following description of Health Benefit Plan for Members of the Kansas Bankers Association (Plan) provides only general information about the Plan's provisions. Participants should refer to the Plan Document for a more complete description of the Plan's provisions, which are available from the Plan Administrator.

The Plan is a multiple employer contributory welfare plan. The Plan provides health and other benefits to Kansas Bankers Association (KBA) member employers' (and their affiliates) eligible employees and their dependents. Subject to terms of the individual member bank participation agreements with the Plan, all full-time employees in selected classes are eligible to enroll in the plan on the first of the month following the selected waiting period which cannot exceed 60 days of employment. If an employee chooses not to participate when first eligible to do so, he or she may not elect to participate until the beginning of the next Plan year, or at the time of a qualifying life event.

Certain plan assets are held in a voluntary employees' beneficiary association (VEBA) trust. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974*, as amended (ERISA).

The KBA Employee Benefit Committee is the named fiduciary of the Plan, with full authority to control and manage the operation and administration of the Plan. The KBA Chief Financial Officer is the trustee and named fiduciary of the VEBA trust.

***Benefits***

The Plan provides health benefits (medical, dental, vision and prescription drugs). Member employers may choose to offer different benefit options to their employees according to their participation agreement. The Plan also provides continuation of certain benefits upon termination of employment through the *Consolidated Omnibus Budget Reconciliation Act* (COBRA).

***Stop-loss Coverage***

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims).

***Self-insured Benefits***

All other Plan benefits are self-insured. The claims for self-insured benefits are processed by the Plan's third-party claims processor under an administrative services only (ASO) arrangement. The claims processor pays claims directly to or on behalf of participants and is then reimbursed by the Plan's VEBA trust. Despite the Plan's utilization of a third-party claim's processor, ultimate responsibility for payments to providers and participants is retained by the Plan.

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

**Health Benefit Plan for Members  
of the Kansas Bankers Association  
Notes to Financial Statements  
July 31, 2024 and 2023**

---

***Contributions***

In addition to deductibles and copayments, participants may contribute specified amounts, based on applicable monthly premiums for their respective benefit elections. The KBA Employee Benefit Committee determines the total amount of contributions for each participating member employer and then each employer determines the allocation of the total contribution between the employer and participants.

***Plan Termination***

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

**Note 2. Summary of Significant Accounting Policies**

***Basis of Accounting***

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

***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, incurred but not reported (IBNR), claims payable and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

***Concentration of Credit Risk***

The Plan's financial instruments exposed to concentration of credit risk consist primarily of non-interest bearing cash. The Plan places its funds into high credit quality financial institutions. At July 31, 2023, the Plan's funds in high credit quality financial institutions exceeded insured limits by approximately \$663,000.

***Payment of Benefits***

Premiums paid by either the member employers or the VEBA trust are recorded as premium payments in the accompanying statements of changes in net assets available for benefits.

Claim payments are recorded when paid by the Plan. The third-party claims processor processes health claims of active participants and covered dependents, but the responsibility for payments to participants and providers is retained by the Plan. These payments are recorded as claims paid on behalf of participants in the accompanying statements of changes in net assets available for benefits.

***Stop-loss***

Premiums for stop-loss insurance are included in insurance premiums in the accompanying statements of changes in net assets available for benefits. At July 31, 2024 and 2023, stop-loss refunds totaled \$1,756,999 and \$908,250, respectively, and have been netted with claims paid in the accompanying statements of changes in net assets available for benefits.

**Health Benefit Plan for Members  
of the Kansas Bankers Association  
Notes to Financial Statements  
July 31, 2024 and 2023**

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***Refunds***

Refunds due from the Plan's PBM are recorded when earned. Refunds due as of the financial statement date have been reported as a receivable, with the offset being netted against claims paid. Pharmacy rebates totaling \$5,546,657 and \$4,500,772, respectively, have been netted with claims paid on behalf of participants in the accompanying statements of changes in net assets available for benefits for the years ended July 31, 2024 and 2023, respectively.

***Investment Valuation and Income Recognition***

The Plan's investments are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year. Investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and asked prices. For certain U.S. Treasury and agency securities that do not have an established fair value, the Plan has established a fair value based on observable trades or a discounted cash flow model using factors, such as coupon, yield, and expected maturity dates, etc. For certificates of deposit that do not have an established fair value, the Plan has established a fair value based on a discounted cash flow model using factors, such as coupon, yield and expected maturity dates, etc.

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

***Other Plan Benefits***

Plan obligations for health claims incurred but not reported are estimated based upon historic claims experience and actual claims reported subsequent to the Plan year end. Additional accruals are included for the estimated ultimate cost of future claims only if such claims are covered as of the Plan's fiscal year end and the Plan is obligated to pay for the care regardless of continued participation in the Plan.

***Administrative Expenses***

Administrative expenses are paid by the Plan, which primarily consist of overhead and administrative fees paid to third-party administrators.

**Note 3. Disclosures About Fair Value of Plan Assets and Liabilities**

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy comprises three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs supported by little or no market activity and that are significant to the fair value of the assets or liabilities

**Health Benefit Plan for Members  
of the Kansas Bankers Association  
Notes to Financial Statements  
July 31, 2024 and 2023**

***Recurring Measurements***

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at July 31, 2024 and 2023:

	<b>July 31, 2024</b>			
	<b>Fair Value Measurements Using</b>			
<b>Fair Value</b>	<b>Quoted Prices in Active Markets for Identical Assets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobserv- able Inputs (Level 3)</b>	
Money market funds	\$ 18,942,569	\$ 18,942,569	\$ -	\$ -
U.S. government agency securities	4,974,046	-	4,974,046	-
Certificates of deposit	6,860,390	-	6,860,390	-
Investments at fair value	<u>\$ 30,777,005</u>	<u>\$ 18,942,569</u>	<u>\$ 11,834,436</u>	<u>\$ -</u>

	<b>July 31, 2023</b>			
	<b>Fair Value Measurements Using</b>			
<b>Fair Value</b>	<b>Quoted Prices in Active Markets for Identical Assets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobserv- able Inputs (Level 3)</b>	
Money market funds	\$ 13,799,661	\$ 13,799,661	\$ -	\$ -
U.S. Treasury securities	566,216	-	566,216	-
U.S. government agency securities	5,736,225	-	5,736,225	-
Certificates of deposit	3,923,704	-	3,923,704	-
Investments at fair value	<u>\$ 24,025,806</u>	<u>\$ 13,799,661</u>	<u>\$ 10,226,145</u>	<u>\$ -</u>

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended July 31, 2024 and 2023. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

**Health Benefit Plan for Members  
of the Kansas Bankers Association  
Notes to Financial Statements  
July 31, 2024 and 2023**

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***Investments***

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

**Note 4. Related Party and Party-in-Interest Transactions**

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

The Plan has a number of service providers. Such providers are parties in interest under ERISA. Blue Cross and Blue Shield of Kansas (BCBS) processes all claims, and on behalf of the trustee, disburses claim payments in accordance with the provisions of the Plan to the participant or designated assignee. The Plan pays BCBS an administrative fee based on the number of enrolled employees and the amount of health claims processed. Iowa Bankers Associations assists in administering the Plan and Tria Health provides medication management services. The KBA also provides oversight and administrative services to the Plan.

The following represents administrative expenses incurred during the years ended July 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
BCBS	\$ 3,441,396	\$ 4,024,508
Iowa Bankers Association	63,878	64,120
KBA	659,509	628,650
Tria Health	259,044	269,126
State of Kansas	-	(319,651)
Professional and banking fees	167,944	169,008
	<u>\$ 4,591,771</u>	<u>\$ 4,835,761</u>

In addition, stop-loss insurance coverage for the health care benefits was maintained with BCBS, and premiums associated with this coverage totaled \$1,536,911 and \$1,754,324 for the years ended July 31, 2024 and 2023, respectively.

**Health Benefit Plan for Members  
of the Kansas Bankers Association  
Notes to Financial Statements  
July 31, 2024 and 2023**

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**Note 5. Tax Status**

The VEBA trust funding the Plan received its latest determination letter on July 11, 2014, in which the Internal Revenue Service stated the Trust was tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (IRC) as a Voluntary Employee Benefit Association and the Trust, as then designed, was in compliance with the applicable requirements of the IRC. The Plan itself has not received a determination letter. The Plan has been amended since the Trust received the determination letter. However, Plan management and Plan's tax counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**Note 6. Reconciliation of Financial Statements to Form 5500**

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 31,631,250	\$ 26,846,673
Benefit obligations currently payable (health claims and IBNR)	<u>(6,884,263)</u>	<u>(6,887,218)</u>
Net assets available for benefits per Form 5500	<u>\$ 24,746,987</u>	<u>\$ 19,959,455</u>

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

	<u>2024</u>	<u>2023</u>
Claims paid on behalf of participants per the financial statements	\$ 64,746,124	\$ 60,769,167
Change in benefit obligations currently payable (health claims and IBNR)	<u>(2,955)</u>	<u>89,776</u>
Claims paid on behalf of participants per Form 5500	<u>\$ 64,743,169</u>	<u>\$ 60,858,943</u>

Amounts currently payable to or for participants, dependents and beneficiaries are recorded on 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.

**Note 7. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

**Health Benefit Plan for Members  
of the Kansas Bankers Association  
Notes to Financial Statements  
July 31, 2024 and 2023**

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**Note 8. Subsequent Events**

Subsequent events have been evaluated through May 8, 2025, which is the date the financial statements were available to be issued.

## ***Supplemental Schedules***

**Health Benefit Plan for Members  
of the Kansas Bankers Association  
Summary of General and Administrative Expenses  
For the Year Ended July 31, 2024**

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Blue Cross and Blue Shield general overhead fees	\$ 3,124,877
Administration fees	723,387
Tria Health	259,044
Professional fees	156,747
Blue Cross and Blue Shield value added services	316,519
Bank fees	9,505
Postage and mailing	<u>1,692</u>
	<u>\$ 4,591,771</u>

**Health Benefit Plan for Members  
of the Kansas Bankers Association  
EIN 48-0937602 PN 503  
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)  
July 31, 2024**

<b>Identity of Issuer</b>	<b>Description of Investment</b>	<b>Cost</b>	<b>Current Value</b>
<b><u>Money Market Funds</u></b>			
The Federated Funds	Money market fund	\$ 18,258,464	\$ 18,258,464
Goldman Sachs	Money market fund	684,105	684,105
<b><u>U.S. Government Agency Securities</u></b>			
Federal Home Loan Mortgage Corp	4.000% interest, matures 8/25/25	245,000	242,720
Federal Home Loan Mortgage Corp	4.500% interest, matures 10/11/2024	465,000	464,087
Federal Home Loan Bank	5.000% interest, matures 1/16/2026	550,000	548,630
Federal Home Loan Bank	5.150% interest, matures 1/27/2025	250,000	249,708
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Sallie Mae Bank	4.450% interest, matures 8/2/2027	240,000	240,000
First Farmers Bank	4.400% interest, matures 11/6/2026	240,000	240,000
First Horizon Bank	5.200% interest, matures 12/16/2024	245,000	245,066
		<u>\$ 30,777,569</u>	<u>\$ 30,777,005</u>

**Health Benefit Plan for Members  
of the Kansas Bankers Association  
EIN 48-0937602 PN 503  
Schedule H, Line 4j – Schedule of Reportable Transactions  
For the Year Ended July 31, 2024**

<b>Identity</b>	<b>Description</b>	<b>No. of Transactions</b>	<b>Purchase Price</b>	<b>Selling Price</b>	<b>Cost of Asset</b>	<b>Current Value of Asset on Transaction Date</b>	<b>Net Gain or (Loss)</b>
<b><u>Category (i) - Individual Transaction in Excess of 5% of Plan Assets</u></b>							
The Federated Funds	Money Market	1	\$ 4,985,523	\$ -	\$ 4,985,523	\$ 4,985,523	\$ -
The Federated Funds	Money Market	1	4,993,018	-	4,993,018	4,993,018	-
The Federated Funds	Money Market	1	4,949,680	-	4,949,680	4,949,680	-
The Federated Funds	Money Market	1	5,082,997	-	5,082,997	5,082,997	-
The Federated Funds	Money Market	1	4,966,429	-	4,966,429	4,966,429	-
The Federated Funds	Money Market	1	5,290,859	-	5,290,859	5,290,859	-
The Federated Funds	Money Market	1	3,957,306	-	3,957,306	3,957,306	-
The Federated Funds	Money Market	1	5,412,490	-	5,412,490	5,412,490	-
The Federated Funds	Money Market	1	4,911,628	-	4,911,628	4,911,628	-
The Federated Funds	Money Market	1	5,000,522	-	5,000,522	5,000,522	-
The Federated Funds	Money Market	1	5,428,151	-	5,428,151	5,428,151	-
The Federated Funds	Money Market	1	5,380,864	-	5,380,864	5,380,864	-
The Federated Funds	Money Market	1	-	1,666,794	1,666,794	1,666,794	-
The Federated Funds	Money Market	1	-	1,617,880	1,617,880	1,617,880	-
The Federated Funds	Money Market	1	-	1,390,330	1,390,330	1,390,330	-
The Federated Funds	Money Market	1	-	1,400,136	1,400,136	1,400,136	-
The Federated Funds	Money Market	1	-	1,375,137	1,375,137	1,375,137	-
The Federated Funds	Money Market	1	-	2,131,889	2,131,889	2,131,889	-
The Federated Funds	Money Market	1	-	1,349,919	1,349,919	1,349,919	-
The Federated Funds	Money Market	1	-	1,630,382	1,630,382	1,630,382	-
The Federated Funds	Money Market	1	-	1,380,841	1,380,841	1,380,841	-
The Federated Funds	Money Market	1	-	1,985,536	1,985,536	1,985,536	-
The Federated Funds	Money Market	1	-	1,509,393	1,509,393	1,509,393	-
The Federated Funds	Money Market	1	-	1,930,925	1,930,925	1,930,925	-
The Federated Funds	Money Market	1	-	1,582,491	1,582,491	1,582,491	-
The Federated Funds	Money Market	1	-	1,494,152	1,494,152	1,494,152	-
The Federated Funds	Money Market	1	-	1,656,493	1,656,493	1,656,493	-
The Federated Funds	Money Market	1	-	1,516,327	1,516,327	1,516,327	-
The Federated Funds	Money Market	1	-	1,538,789	1,538,789	1,538,789	-
The Federated Funds	Money Market	1	-	1,754,750	1,754,750	1,754,750	-
The Federated Funds	Money Market	1	-	1,969,251	1,969,251	1,969,251	-
The Federated Funds	Money Market	1	-	1,387,587	1,387,587	1,387,587	-
The Federated Funds	Money Market	1	-	1,405,456	1,405,456	1,405,456	-
The Federated Funds	Money Market	1	-	1,553,652	1,553,652	1,553,652	-
<b><u>Category (iii) - Series of Transactions in Excess of 5% of Plan Assets</u></b>							
The Federated Funds	Money Market	73	\$ 73,068,789	\$ -	\$ 73,068,789	\$ 73,068,789	\$ -
The Federated Funds	Money Market	100	-	68,138,466	68,138,466	68,138,466	-
Goldman Sachs	Money Market	15	-	5,422,382	5,422,382	5,422,382	-
Goldman Sachs	Money Market	108	5,634,967	-	5,634,967	5,634,967	-

There were no category (ii) or (iv) reportable transactions during the period August 1, 2023 through July 31, 2024.

<p><b>Form 5500</b> Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the Instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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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 . . . . . ▶

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

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

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

<p><b>1a</b> Name of plan <b>Health Benefit Plan for Members of the Kansas Bankers Association</b></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <b>503</b></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions)</p> <p><b>Kansas Bankers Association</b></p> <p>P.O. Box 4407</p> <p>US Topeka KS 66604-0407</p>	<p><b>1c</b> Effective date of plan <b>08/01/1948</b></p> <p><b>2b</b> Employer Identification Number (EIN) <b>48-0937602</b></p> <p><b>2c</b> Plan Sponsor's telephone number <b>(785) 232-3444</b></p> <p><b>2d</b> Business code (see instructions) <b>522298</b></p>

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

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

<b>SIGN HERE</b>		05/14/2025	Eric Stofer
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and the plan name and the plan number from the last return/report:  <b>a</b> Sponsor's name <b>c</b> Plan name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	10,580
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year . . . . .	<b>6a(1)</b>	10,502
<b>a(2)</b> Total number of active participants at the end of the plan year . . . . .	<b>6a(2)</b>	10,475
<b>b</b> Retired or separated participants receiving benefits . . . . .	<b>6b</b>	78
<b>c</b> Other retired or separated participants entitled to future benefits . . . . .	<b>6c</b>	0
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . . . . .	<b>6d</b>	10,553
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits . . . . .	<b>6e</b>	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . . . . .	<b>6f</b>	
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) . . . . .	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) . . . . .	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested . . . . .	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .	<b>7</b>	

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

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

**4A 4D 4E**

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

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

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached <u>  2  </u> (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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<b>Part III</b>	<b>Form M-1 Compliance Information (to be completed by welfare benefit plans)</b>
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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) . . . . .  Yes  No

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

---

**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 000158543234

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**Health Benefit Plan for Members  
of the Kansas Bankers Association  
EIN 48-0937602 PN 503  
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)  
July 31, 2024**

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**Health Benefit Plan for Members  
of the Kansas Bankers Association  
EIN 48-0937602 PN 503  
Schedule H, Line 4j – Schedule of Reportable Transactions  
For the Year Ended July 31, 2024**

<b>Identity</b>	<b>Description</b>	<b>No. of Transactions</b>	<b>Purchase Price</b>	<b>Selling Price</b>	<b>Cost of Asset</b>	<b>Current Value of Asset on Transaction Date</b>	<b>Net Gain or (Loss)</b>
<b><u>Category (i) - Individual Transaction in Excess of 5% of Plan Assets</u></b>							
The Federated Funds	Money Market	1	\$ 4,985,523	\$ -	\$ 4,985,523	\$ 4,985,523	\$ -
The Federated Funds	Money Market	1	4,993,018	-	4,993,018	4,993,018	-
The Federated Funds	Money Market	1	4,949,680	-	4,949,680	4,949,680	-
The Federated Funds	Money Market	1	5,082,997	-	5,082,997	5,082,997	-
The Federated Funds	Money Market	1	4,966,429	-	4,966,429	4,966,429	-
The Federated Funds	Money Market	1	5,290,859	-	5,290,859	5,290,859	-
The Federated Funds	Money Market	1	3,957,306	-	3,957,306	3,957,306	-
The Federated Funds	Money Market	1	5,412,490	-	5,412,490	5,412,490	-
The Federated Funds	Money Market	1	4,911,628	-	4,911,628	4,911,628	-
The Federated Funds	Money Market	1	5,000,522	-	5,000,522	5,000,522	-
The Federated Funds	Money Market	1	5,428,151	-	5,428,151	5,428,151	-
The Federated Funds	Money Market	1	5,380,864	-	5,380,864	5,380,864	-
The Federated Funds	Money Market	1	-	1,666,794	1,666,794	1,666,794	-
The Federated Funds	Money Market	1	-	1,617,880	1,617,880	1,617,880	-
The Federated Funds	Money Market	1	-	1,390,330	1,390,330	1,390,330	-
The Federated Funds	Money Market	1	-	1,400,136	1,400,136	1,400,136	-
The Federated Funds	Money Market	1	-	1,375,137	1,375,137	1,375,137	-
The Federated Funds	Money Market	1	-	2,131,889	2,131,889	2,131,889	-
The Federated Funds	Money Market	1	-	1,349,919	1,349,919	1,349,919	-
The Federated Funds	Money Market	1	-	1,630,382	1,630,382	1,630,382	-
The Federated Funds	Money Market	1	-	1,380,841	1,380,841	1,380,841	-
The Federated Funds	Money Market	1	-	1,985,536	1,985,536	1,985,536	-
The Federated Funds	Money Market	1	-	1,509,393	1,509,393	1,509,393	-
The Federated Funds	Money Market	1	-	1,930,925	1,930,925	1,930,925	-
The Federated Funds	Money Market	1	-	1,582,491	1,582,491	1,582,491	-
The Federated Funds	Money Market	1	-	1,494,152	1,494,152	1,494,152	-
The Federated Funds	Money Market	1	-	1,656,493	1,656,493	1,656,493	-
The Federated Funds	Money Market	1	-	1,516,327	1,516,327	1,516,327	-
The Federated Funds	Money Market	1	-	1,538,789	1,538,789	1,538,789	-
The Federated Funds	Money Market	1	-	1,754,750	1,754,750	1,754,750	-
The Federated Funds	Money Market	1	-	1,969,251	1,969,251	1,969,251	-
The Federated Funds	Money Market	1	-	1,387,587	1,387,587	1,387,587	-
The Federated Funds	Money Market	1	-	1,405,456	1,405,456	1,405,456	-
The Federated Funds	Money Market	1	-	1,553,652	1,553,652	1,553,652	-
<b><u>Category (iii) - Series of Transactions in Excess of 5% of Plan Assets</u></b>							
The Federated Funds	Money Market	73	\$ 73,068,789	\$ -	\$ 73,068,789	\$ 73,068,789	\$ -
The Federated Funds	Money Market	100	-	68,138,466	68,138,466	68,138,466	-
Goldman Sachs	Money Market	15	-	5,422,382	5,422,382	5,422,382	-
Goldman Sachs	Money Market	108	5,634,967	-	5,634,967	5,634,967	-

There were no category (ii) or (iv) reportable transactions during the period August 1, 2023 through July 31, 2024.

<b>NAME</b>	<b>EIN</b>	<b>% of contrib</b>
FARMERS BANK & TRUST	48-0216340	2.18%
ALDEN STATE BANK	48-0117360	0.01%
LABETTE BANK	48-0301840	1.20%
STOCKGROWERS STATE BANK	48-0439010	0.71%
EXCHANGE BANK	48-0212120	1.33%
BALDWIN STATE BANK	48-0129620	0.16%
AMERICAN BANK	48-0119910	0.61%
BAXTER STATE BANK	48-0133900	0.14%
FIRST BANK OF BELOIT	48-0136796	0.25%
GUARANTY STATE BANK	48-0246590	1.42%
BENDENA STATE BANK	48-0137140	0.21%
BENNINGTON STATE BANK	48-0137740	1.53%
FARMERS STATE BANK	48-0216400	0.22%
STATE BANK OF CANTON	48-0435760	0.08%
FIRST HERITAGE BANK	48-0221210	0.33%
BANK OF COMMERCE	48-0998823	1.07%
CITIZENS STATE BANK	48-0169030	0.12%
PEOPLES STATE BANK	48-0369640	0.05%
FIRST NATIONAL BANK	48-0168292	0.36%
UNION STATE BANK	48-0456380	0.66%
THE ELK STATE BANK	48-0207620	0.39%
PEOPLES BANK	48-0369650	0.40%
CONWAY BANK	48-0180195	0.37%
SWEDISH AMERICAN STATE BANK	48-0443660	0.21%
NINNESCAH VALLEY BANK	48-0187483	0.08%
BANK OF DENTON	48-0130270	0.04%
FIRST NATIONAL BANK	48-0196365	0.12%
FIDELITY STATE BANK	48-0219680	0.38%
STATE BANK OF DOWNS	48-0435810	0.20%
FARMERS STATE BANK	48-0216440	0.09%
CITIZENS STATE BANK & TRUST	48-0169050	0.63%
LYON COUNTY STATE BANK	48-0316640	0.47%
MID AMERICA BANK	48-0435820	0.41%
FLINT HILLS BANK	48-1002102	0.20%
KAW VALLEY STATE BANK	48-0292660	0.13%
HOME BANK & TRUST CO	48-0266459	0.38%
UNION STATE BANK	48-0456400	1.24%
CITY STATE BANK	48-0170660	0.10%
INTEGRITY BANK	48-0225700	0.18%
FIRST NATIONAL BANK	48-0227595	0.24%
WESTERN STATE BANK	48-0793052	1.74%
FNB BANK	48-0220810	0.79%
BANK OF GREELEY	48-0130310	0.07%
CITIZENS STATE BANK	48-0169100	0.63%
THE HALSTEAD BANK	48-0249420	0.32%
BANK OF PRAIRIE VILLAGE	48-0254080	0.12%
First State Bank	48-0221480	0.23%
CITIZENS STATE BANK	48-0169120	0.34%
FIRST KANSAS BANK	48-0697156	0.43%
DENISON STATE BANK	48-0193755	1.10%
BANK OF HOLYROOD	48-0130330	0.09%
FIRST NATIONAL BANK	48-0220942	0.50%
HOWARD STATE BANK	48-0270091	0.22%
CITIZENS STATE BANK	48-0169130	0.64%
THE FIRST NATIONAL BANK OF HUTCHINSON	48-0273305	2.51%
JOHNSON STATE BANK	48-0283520	0.22%
COMMUNITY FIRST BANK	48-0221590	0.39%
KANZA BANK	48-0296945	0.62%
KCB BANK	48-0292810	0.84%
FUSION BANK	48-0221500	0.22%
LYNDON STATE BANK	48-0316470	0.43%
PEOPLES BANK & TRUST	48-0369700	3.03%
KS STATEBANK	48-0760380	2.74%
STOCKGROWERS STATE BANK	48-0439020	0.32%
FARMERS & MERCHANTS BANK	48-0215570	0.16%
THE CITIZENS STATE BANK	48-0169210	0.89%
CARSON BANK	48-0345810	0.43%
NEW CENTURY BANK	48-0345880	0.31%
FIRST STATE BANK	48-0350335	0.18%

NAME	EIN	% of contrib
FIRST NATIONAL BANK OF KANSAS	48-0467060	0.18%
THE FARMERS STATE BANK	48-0216780	0.41%
FIRST SECURITY BANK	48-0221050	0.24%
KANSAS STATE BANK	48-0290620	0.28%
COMMERCIAL BANK	48-0365170	1.04%
FIRST NATIONAL BANK	48-0374465	1.19%
BANK OF THE PLAINS	48-0376280	1.28%
BANK OF PROTECTION	48-0901316	0.23%
THE PEOPLES BANK	48-0369245	1.02%
FIRST STATE BANK	48-0221560	0.12%
RILEY STATE BANK	48-0489884	0.13%
SJN BANK OF KANSAS	48-0402277	0.47%
EXCHANGE STATE BANK	48-0212180	0.27%
FIRST BANK KANSAS	48-0579043	1.69%
FIRST NATIONAL BANK	48-0408825	0.52%
SECURITY STATE BANK	48-0669594	1.02%
ELEVATE BANK	48-0410055	0.21%
FIRST NATIONAL BANK	48-0430106	0.17%
FORD COUNTY STATE BANK	48-0223990	0.18%
STATE BANK OF SPRING HILL	48-0436070	0.14%
PRAIRIE BANK OF KANSAS	48-0216090	0.34%
FARMERS STATE BANK	48-0216690	0.14%
CENTERA BANK	48-0254786	0.90%
DREAM FIRST BANK	48-0444740	0.95%
VALLEY STATE BANK	48-0459220	0.87%
TAMPA STATE BANK	48-0445180	0.30%
BANK OF TESCOTT	48-0130470	0.97%
COREFIRST BANK & TRUST	48-0876926	3.03%
FIDELITY STATE BANK & TRUST CO	48-0219655	0.28%
KANSAS BANKERS SERVICES, INC.	48-1233705	0.73%
GRANT COUNTY BANK	48-0241960	0.71%
WALTON ST BANK	48-0464710	0.04%
KAW VALLEY STATE BANK	48-0292690	0.30%
FARMERS STATE BANK	48-0216710	0.26%
BANK OF COMMERCE	48-0347860	0.40%
IMPACT BANK	48-0468914	0.36%
SECURITY STATE BANK	48-0410030	0.11%
STRYV BANK	48-0815007	0.35%
WILSON STATE BANK	48-0481585	0.67%
KANSASLAND BANK	48-0120990	0.17%
SOLOMON STATE BANK	48-0427000	0.36%
THE FARMERS STATE BANK OF ALICEVILLE	48-0216350	0.35%
ANDOVER STATE BANK	48-0122265	0.39%
UNION STATE BANK	48-0456370	1.74%
THE STATE BANK OF BERN	48-0435720	0.12%
STATE BANK OF BURRTON	48-0518993	0.04%
STOCK EXCHANGE BANK	48-0438970	0.26%
FIRSTOAK BANK	48-0207525	0.56%
FIRST NATIONAL BANK	48-0226555	0.15%
GNBANK	48-0237220	2.61%
BANKWEST OF KANSAS	48-0239760	0.27%
THE CITIZENS NATIONAL BANK	48-0168925	0.72%
CENTRAL NATIONAL BANK	48-1174053	3.51%
CITIZENS BANK OF KANSAS	48-0296945	1.24%
STATE EXCHANGE BANK	48-0436130	0.07%
FIRST STATE BANK	48-0221530	1.29%
THE BANK	48-1008896	0.76%
UNION STATE BANK	48-0456390	0.07%
FARMERS NATIONAL BANK OF KANSAS	48-0216800	0.41%
BANK OF THE FLINT HILLS	48-0464795	0.82%
FARMERS STATE BANK	48-0216720	0.72%
SOUTHWEST NATIONAL BANK	48-0428300	1.60%
FARMERS AND DROVERS BANK	48-0214960	0.54%
MARQUETTE FARMERS ST BANK	48-0216590	0.03%
KAW VALLEY BANK	48-0292680	0.94%
CITIZENS STATE BANK	48-0169180	0.56%
COMMUNITY NATIONAL BANK	48-0976372	1.24%
SMALL BUSINESS BANK	48-0978679	0.28%
BANKERS BANK OF KANSAS	48-1005423	0.89%

<b>NAME</b>	<b>EIN</b>	<b>% of contrib</b>
COMMUNITY STATE BANK	48-0731367	0.19%
ASTRA BANK	48-0405814	1.43%
LANDMARK NATIONAL BANK	48-0319663	2.64%
ROXBURY BANK	48-0398105	0.10%
BANK OF HAYS	48-0251270	0.68%
FARMERS BANK & TRUST	48-0215980	0.36%
FARMERS STATE BANK	48-0216380	0.42%
THE FARMERS STATE BANK	48-0216420	0.13%
THE COMMUNITY BANK	48-1214912	0.25%
FARMERS & MERCHANTS BANK OF COLBY	48-1197397	0.72%
ALLIANCE BANK	48-1202871	0.31%
COMMUNITY FIRST NATIONAL BANK	48-1238548	1.11%
HERITAGE BANK	48-1305893	0.18%
UNITED BANK & TRUST	36-4544942	1.70%
FARMERS STATE BANK	48-0216470	0.37%
MAINSTAR TRUST	05-0527466	0.54%
GOLDEN BELT BANK	48-0238885	0.83%
CITIZENS FEDERAL SAVINGS BANK	48-0168910	0.50%
HOME SAVINGS BANK	48-0165559	0.34%
ARGENTINE FEDERAL SAVINGS	48-0123640	0.07%
LYONS FEDERAL BANK	48-0316730	0.21%
FRONTIER BANK	84-0247537	0.89%
SOUTHWIND BANK	46-4244171	0.45%
FARMERS NATIONAL BANK	48-0215970	0.52%
TRI CENTURY BANK	48-0770544	0.23%
ASTRA BUSINESS SOLUTIONS	20-2737143	0.09%
FNB Washington	48-0466310	0.12%
		100.00%