

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: PLUMBING & PIPEFITTING INDUSTRY RETIREMENT PLAN OF KANSAS
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1980
2a Plan sponsor's name (employer, if for a single-employer plan): PLUMBING & PIPEFITTING INDUSTRY RETIREMENT PLAN OF KANSAS
2b Employer Identification Number (EIN): 48-0923596
2c Plan Sponsor's telephone number: 316-265-4291
2d Business code (see instructions): 238220

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

<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>	1603
<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>	1299
	<b>6a(2)</b>	1476
	<b>6b</b>	0
	<b>6c</b>	340
	<b>6d</b>	1816
	<b>6e</b>	0
	<b>6f</b>	1816
	<b>6g(1)</b>	1603
	<b>6g(2)</b>	1816
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	59

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2J 2F 2G 2K 2T

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

<p><b>A</b> Name of plan <b>PLUMBING &amp; PIPEFITTING INDUSTRY RETIREMENT PLAN OF KANSAS</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>001</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PLUMBING &amp; PIPEFITTING INDUSTRY RETIREMENT PLAN OF KANSAS</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>48-0923596</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	780273-01	1798	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<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.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	33214535
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	42304102
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<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"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<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 checked="" type="checkbox"/> other ▶ <b>GROUP ANNUITY CONTRACT</b>	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 33251621
<b>c</b>	(1) Contributions deposited during the year .....	<b>7c(1)</b> 3043330
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 983833
	(4) Transferred from separate account .....	<b>7c(4)</b> 669385
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 4696548
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 37948169
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 1789944
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 74647
	(3) Transferred to separate account .....	<b>7e(3)</b> 2869043
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b> 4733634	
<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> 33214535

**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>	
	(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>
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<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>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>PLUMBING &amp; PIPEFITTING INDUSTRY RETIREMENT PLAN OF KANSAS</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PLUMBING &amp; PIPEFITTING INDUSTRY RETIREMENT PLAN OF KANSAS</b>	<b>D</b> Employer Identification Number (EIN) <b>48-0923596</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

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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)

EMPOWER ANNUITY INSURANCE COMPANY

8515 E ORCHARD RD  
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	55432	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

SPENCER FANE LLP

1000 WALNUT ST, STE 1400  
KANSAS CITY, MO 64106

44-0561981

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL	93816	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BMGI

625 ENTERPRISE DR  
OAK BROOK, IL 60523

(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	CONTRACT ADMINISTRATOR	53400	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)

MORROW & CO LLC

10500 E BERKELEY SQ PKWY  
WICHITA, KS 67206

48-1142797

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	31625	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UNION INSURANCE GROUP

303 W ERIE ST  
CHICAGO, IL 60654

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	INSURANCE SERVICES	12768	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)

IMA WEALTH

430 E DOUGLAS AVE 400  
WICHITA, KS 67202

(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?
27 50	INVESTMENT ADVISOR	80000	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 D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>PLUMBING &amp; PIPEFITTING INDUSTRY RETIREMENT PLAN OF KANSAS</u>	<b>B</b> Three-digit plan number (PN) <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PLUMBING &amp; PIPEFITTING INDUSTRY RETIREMENT PLAN OF KANSAS</u>	<b>D</b> Employer Identification Number (EIN) <u>48-0923596</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MM S&amp;P 500R INDEX SVC</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>MASSMUTUAL</u>		
<b>c</b> EIN-PN <u>04-1590850-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9860594</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS AMERICAN BALANCED R4</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AMERICAN FUNDS</u>		
<b>c</b> EIN-PN <u>04-1590850-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7084467</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MASSMUTUAL SELECT TRP RETIREMENT 20</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>90-0779283-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>614780</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MASSMUTUAL SELECT TRP RETIREMENT 20</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>90-0342299-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5535</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MASSMUTUAL EQUITY OPPORTS R5</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>MASSMUTUAL</u>		
<b>c</b> EIN-PN <u>04-1590850-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12275064</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VICTORY SYCAMORE EST VALUE I</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>VICTORY CAPITAL</u>		
<b>c</b> EIN-PN <u>90-0779283-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>220308</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MASSMUTUAL SELECT TRP RETIREMENT 20</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>90-0779283-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1439041</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MASSMUTUAL SELECT TRP RETIREMENT 20</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>EMPOWER ANNUITY INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>90-0779283-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>908</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MASSMUTUAL SELECT TRP RETIREMENT 20</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>EMPOWER ANNUITY INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>90-0342299-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>587618</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD EQUITY-INCOME ADM</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VANGUARD</b>		
<b>c</b> EIN-PN <b>90-0779283-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>490389</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BARON GROWTH RETAIL</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>BARON CAPITAL GROUP INC</b>		
<b>c</b> EIN-PN <b>04-1590850-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2740906</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MASSMUTUAL GLOBAL R5</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>MASSMUTUAL</b>		
<b>c</b> EIN-PN <b>04-1590850-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MASSMUTUAL SELECT TRP RETIREMENT 20</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>EMPOWER ANNUITY INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>90-0779283-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>61638</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MASSMUTUAL SELECT TRP RETIREMENT 20</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>EMPOWER ANNUITY INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>90-0342299-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>20934</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MASSMUTUAL CORE BOND R5</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>MASSMUTUAL</b>		
<b>c</b> EIN-PN <b>04-1590850-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2763278</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MASSMUTUAL SELECT TRP RETIREMENT 20</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>EMPOWER ANNUITY INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>90-0779283-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1661778</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MASS MUTUAL SELECT TRP RETIREMENT 2</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>EMPOWER ANNUITY INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>90-0342299-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>433837</b>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MASS MUTUAL SELECT TRP RETIREMENT 2**

**b** Name of sponsor of entity listed in (a): **EMPOWER ANNUITY INSURANCE COMPANY**

<b>c</b> EIN-PN <b>90-0779283-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>6202</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MASS MUTUAL HIGH YIELD SVC**

**b** Name of sponsor of entity listed in (a): **MASSMUTUAL**

<b>c</b> EIN-PN <b>04-1590850-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1233524</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MASS MUTUAL SELECT TRP RETIREMENT 2**

**b** Name of sponsor of entity listed in (a): **EMPOWER ANNUITY INSURANCE COMPANY**

<b>c</b> EIN-PN <b>90-0779283-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>645091</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MASS MUTUAL SELECT TRP RETIREMENT 2**

**b** Name of sponsor of entity listed in (a): **EMPOWER ANNUITY INSURANCE COMPANY**

<b>c</b> EIN-PN <b>90-0342299-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>158210</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<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>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PLUMBING &amp; PIPEFITTING INDUSTRY RETIREMENT PLAN OF KANSAS</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PLUMBING &amp; PIPEFITTING INDUSTRY RETIREMENT PLAN OF KANSAS</b>	<b>D</b> Employer Identification Number (EIN) <b>48-0923596</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>	558763	889609
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	51735838	65339754
<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>	33251621	33214535
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(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>	85546222	99443898
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	320465	160420
<b>h</b> Operating payables.....	<b>1h</b>	60173	87239
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	380638	247659
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	85165584	99196239

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	5749401	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	2525532	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	65173	
(2) Noncash contributions.....	<b>2a(2)</b>		
(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>		8340106
<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>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<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>	983833	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		983833
<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>		
<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>		8281035
(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>		17604974

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	3534916	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		3534916
<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>	53400	
(3) Recordkeeping fees .....	<b>2i(3)</b>	53802	
(4) IQPA audit fees .....	<b>2i(4)</b>	31625	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	80000	
(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>	93816	
(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>	-273240	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		39403
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		3574319

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		14030655
<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: MORROW & CO LLC

(2) EIN: 48-1142797

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	106620
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.	<input type="checkbox"/>	<input type="checkbox"/>	

**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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>PLUMBING &amp; PIPEFITTING INDUSTRY RETIREMENT PLAN OF KANSAS</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>PLUMBING &amp; PIPEFITTING INDUSTRY RETIREMENT PLAN OF KANSAS</u>	<b>D</b> Employer Identification Number (EIN) <u>48-0923596</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**All references to distributions relate only to payments of benefits during the plan year.**

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

1	
---	--

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 04-1590850

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 

3	54
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

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

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

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

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

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

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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

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

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

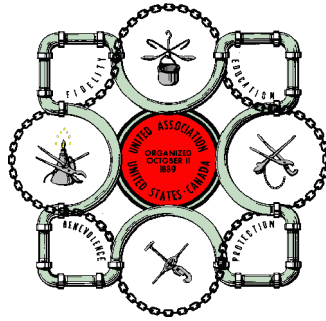
**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.



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

**INDEPENDENT AUDITORS' REPORT**

Board of Trustees  
Plumbing and Pipefitting Industry Retirement Plan of Kansas

**Report on the Financial Statements*****Scope and Nature of the ERISA Section 103(a)(3)(C) Audit***

We have performed audits of the accompanying financial statements of Plumbing and Pipefitting Industry Retirement Plan of Kansas, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from the qualified institutions (Empower Trust Company, LLC and Empower Annuity Insurance Company of America) as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

***Opinion***

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

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

### ***Basis of Accounting***

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

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

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

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

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

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

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

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

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

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

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

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

### ***Other Matters***

#### ***Supplemental Schedules***

The supplemental schedules listed in the table of contents are for purposes of additional analysis and are not a required part of the financial statements but are supplementary information, some of which is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

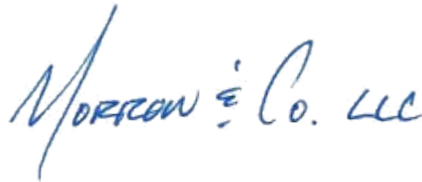
The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance

with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

A handwritten signature in blue ink that reads "MORROW & Co. LLC". The signature is written in a cursive, flowing style.

Morrow & Co., LLC  
Wichita, Kansas

October 10, 2025

**PLUMBING AND PIPEFITTING INDUSTRY  
RETIREMENT PLAN OF KANSAS  
STATEMENTS OF NET ASSETS AVAILABLE  
FOR BENEFITS (MODIFIED CASH BASIS)  
AT DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Investments at Contract Value (Note 3 and 5)	\$ 33,214,535	\$ 33,251,621
Investments at Fair Market Value (Note 3)	<u>65,339,754</u>	<u>51,735,838</u>
Total Investments	98,554,289	84,987,459
Cash Awaiting Investment	<u>889,609</u>	<u>558,763</u>
<b>TOTAL ASSETS</b>	<u>99,443,898</u>	<u>85,546,222</u>
 <b>LIABILITIES</b>		
Accrued Administrative Liabilities	46,498	54,663
Accrued Overpayment and Reciprocal Liabilities	<u>40,741</u>	<u>5,510</u>
<b>TOTAL LIABILITIES</b>	<u>87,239</u>	<u>60,173</u>
 <b>NET ASSETS AVAILABLE FOR BENEFITS</b>	 <u>99,356,659</u>	 <u>85,486,049</u>

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

**PLUMBING AND PIPEFITTING INDUSTRY  
RETIREMENT PLAN OF KANSAS  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE  
FOR BENEFITS (MODIFIED CASH BASIS)  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
<b>ADDITIONS</b>		
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 8,281,035	\$ 7,836,799
Interest and Other	983,833	1,003,665
	9,264,868	8,840,464
Contributions:		
Employers	5,749,401	4,971,186
Employees	2,525,532	1,700,573
Rollovers	65,173	16,574
	8,340,106	6,688,333
Other Income	-	-
<b>Total Additions</b>	17,604,974	15,528,797
<b>DEDUCTIONS</b>		
Deductions From Net Assets Attributed to:		
Benefits Paid	3,694,961	5,129,658
Administrative Expenses	39,403	85,768
<b>Total Deductions</b>	3,734,364	5,215,426
<b>NET INCREASE (DECREASE)</b>	13,870,610	10,313,371
<b>NET ASSETS AVAILABLE FOR BENEFITS:</b>		
Beginning of Year	85,486,049	75,172,678
<b>END OF YEAR</b>	99,356,659	85,486,049

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

**PLUMBING AND PIPEFITTING INDUSTRY  
RETIREMENT PLAN OF KANSAS  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**NOTE 1: DESCRIPTION OF THE PLAN**

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

*General*

The Plan is a multi-employer defined contribution plan covering eligible employees of contractors who are required to make contributions under their collective bargaining agreement, as well as certain other employees specifically described in the Plan document. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is administered by an eight member Board of Trustees, comprised of four members of The United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada, Local No. 441, AFL-CIO, and four members of The Association of Mechanical and Sheet Metal Contractors of Kansas. The trustees have delegated certain administrative duties to Benefits Management Group Inc. (BMGI). The trustees of the plan have the right to amend this Plan at any time subject to certain restrictions.

*Contributions*

Employers of participants performing collective bargaining agreement work make a monthly contribution based on the number of hours worked by the member. The rate ranged from \$0.80 per hour to \$5.25 per hour depending on the local union contract. Eligible participants may make pre-tax contributions in specified amounts ranging from \$0 to \$10.00 per hour worked. Rollover contributions are permitted from another qualified plan or from a "conduit IRA" if certain requirements of the Tax Code are met. Both employer and employee contributions are exempt from current taxable income, although employee contributions are subject to FICA and Medicare taxes. Benefits paid from the Plan are taxable at that time.

Participants direct the investment of contributions into various investment options offered by the Plan. The Plan Trustees determine the investment of any contributions not specifically directed by the participants. The Plan currently offers pooled separate accounts and guaranteed investment contracts as investment options for participants.

*Employer Payroll Compliance Program*

Employer remittance reports were accepted as submitted, without examination or verification of employers' payroll records. The system of internal control provides for examination of employers' records under a separate payroll compliance inspection program.

*Participant Accounts*

Investments are 100% Participant Directed. Contributions are forwarded to Empower for investment. Empower pays certain administrative expenses directly and forwards funds to a bank account from which other administrative expenses are paid. Each participant's account is charged with an allocation of plan expenses and credited with: (1) the employer's contribution made on the participant's behalf, (2) contributions and rollovers made by the participant, and (3) an allocation of Plan earnings. Participant accounts are bookkeeping accounts maintained by the Plan. Actual contributions are commingled for investment purposes.

*Allocation of Gains and Losses*

Investment gains and losses are allocated to the participant accounts based on the ratio of each participant's account balance to the total account balance.

*Vesting*

Participants are 100% vested in the value of Plan accounts at all times.

(continued)

**PLUMBING AND PIPEFITTING INDUSTRY  
RETIREMENT PLAN OF KANSAS  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**NOTE 1: DESCRIPTION OF THE PLAN (Continued)**

Payment of Benefits

Payment of the participant's account at retirement, death, disability, or after a 12 month break in service, may, at the participant's discretion, include a lump-sum payment or the purchase of a single life annuity, joint life annuity, or direct rollover.

Risk and Uncertainties

The Plan invests in a variety of investment funds. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments 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.

**NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Modified Cash Basis of Accounting

These financial statements are presented on a modified cash basis of accounting under which income and contributions are recognized when received rather than when earned, and expenses are recognized when paid rather than when incurred. Therefore, accrued income and expenses, payables, and deferred expenses, which would be recognized under generally accepted accounting principles and may be material in amount, are not recognized in the accompanying financial statements. However, accrued administrative liabilities and reciprocal liabilities of \$87,239 and \$60,173 were recorded at December 31, 2024 and 2023, respectively.

Plan Investments

Empower Retirement holds all the Plan's investment assets and manages various investment funds on behalf of the Plan. Financial information relating to investments managed by Empower Retirement is included in the accompanying financial statements based on information provided by Empower Retirement. That information has not been audited by the Plan's independent auditors.

Valuation of Investments

See Note 4.

Payment of Benefits

Benefits are recorded when paid.

Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect: (1) the reported amounts of assets and liabilities, (2) disclosures such as contingencies, and (3) the reported amounts of revenues and expenses included in such financial statements. Actual results could differ from those estimates.

**NOTE 3: INVESTMENTS (UNAUDITED)**

The Plan's investments are held by Empower Trust Company, LLC and Empower Annuity Insurance Company of American (Empower Retirement), who executes transactions therein. Financial information relating to the assets held by Empower Retirement is included in the accompanying financial statements based on information

The following information has been certified by Empower Retirement as complete and accurate.

	2024	2023
Investments, at contract value:		
Guaranteed Investment Funds	\$ 33,214,535	\$ 33,251,621
Investments, at fair market value:		
Premier Core Bond (Barrings)	2,763,278	2,569,381
(continued)		

**PLUMBING AND PIPEFITTING INDUSTRY  
RETIREMENT PLAN OF KANSAS  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**NOTE 3: INVESTMENTS (UNAUDITED) (Continued)**

	2024	2023
MM S&P 500 Index (Northern Trust)	9,860,594	7,231,936
Premier Global (OFI)	-	4,619,045
Premier High Yield (Barings)	1,233,524	1,103,780
Select Equality Opps (Wellington/TRP)	12,275,064	11,077,528
Balanced Fund (American Funds)	7,084,467	6,333,718
Large Cap Growth (Eaton Vance)	2,740,906	2,920,058
New Perspective R4 (American Funds)	5,727,744	-
MM Sel T Rowe Price Ret 2005	908	419
MM Sel T Rowe Price Ret 2010	20,934	11,267
MM Sel T Rowe Price Ret 2015	6,202	4,766
MM Sel T Rowe Price Ret 2020	5,535	678
MM Sel T Rowe Price Ret 2025	61,638	169,445
MM Sel T Rowe Price Ret 2030	158,210	50,479
MM Sel T Rowe Price Ret 2035	614,780	112,025
MM Sel T Rowe Price Ret 2040	433,837	244,121
MM Sel T Rowe Price Ret 2045	1,661,778	789,062
MM Sel T Rowe Price Ret 2050	587,618	276,140
MM Sel T Rowe Price Ret 2055	645,091	246,428
MM Sel T Rowe Price Ret 2060	1,439,041	566,965
Equity-Income Fund (Vanguard)	490,389	287,518
Sycamore Est Value (Victory)	220,308	98,299
AB Small Cap Growth Fund	276,120	77,884
Carillon Eage M Cap Growth Fd	7,276,289	6,233,200
Fidelity Advisor Gr Opps Fd	6,154,273	3,863,311
Fidelity Mid Cap Index Fund	438,865	170,779
Fidelity Small Cap Index Fund	225,825	103,417
Goldman Sachs Small Cap VI Insights Fund	2,936,536	2,574,188
	<u>98,554,289</u>	<u>84,987,459</u>

Investment income for the years ended December 31, 2024 and 2023 is as follows:

	2024	2023
Net appreciation (depreciation) in value (including investments bought, sold, and held during the year):		
Premier Core Bond (Barings)	\$ 96,351	\$ 153,461
MM S&P 500 Index (Northern Trust)	1,827,166	1,424,703
Growth Fund (Baron)	122,579	345,683
Premier Global (OFI)	675,152	1,079,275
Premier High Yield (Barings)	106,014	132,042
Select Equality Opps (Wellington/TRP)	1,059,425	1,063,205
Balanced Fund (American Funds)	929,662	786,551
New Perspective R4 (American Funds)	236,464	-
MM Sel T Rowe Price Ret 2005	1,594	33
MM Sel T Rowe Price Ret 2010	1,265	698
MM Sel T Rowe Price Ret 2015	482	298
MM Sel T Rowe Price Ret 2020	265	59

(continued)

**PLUMBING AND PIPEFITTING INDUSTRY  
RETIREMENT PLAN OF KANSAS  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**NOTE 3: INVESTMENTS (UNAUDITED) (Continued)**

MM Sel T Rowe Price Ret 2025	17,800	12,348
MM Sel T Rowe Price Ret 2030	8,942	6,428
MM Sel T Rowe Price Ret 2035	10,925	10,955
MM Sel T Rowe Price Ret 2040	37,301	27,485
MM Sel T Rowe Price Ret 2045	122,266	118,820
MM Sel T Rowe Price Ret 2050	41,394	27,515
MM Sel T Rowe Price Ret 2055	47,780	28,720
MM Sel T Rowe Price Ret 2060	101,668	73,210
Equity-Income Fund (Vanguard)	49,909	13,411
Sycamore Est Value (Victory)	4,140	6,372
AB Small Cap Growth Fund	25,372	6,252
Carillon Eage M Cap Growth Fd	829,785	1,028,932
Fidelity Advisor Gr Opps Fd	1,577,406	1,078,918
Fidelity Mid Cap Index Fund	32,157	20,226
Fidelity Small Cap Index Fund	15,195	11,978
Goldman Sachs Small Cap VI Insights Fund	<u>302,575</u>	<u>378,824</u>
	8,281,035	7,836,402
Interest and other - Guaranteed Investment	<u>983,833</u>	<u>1,004,062</u>
	<u>9,264,868</u>	<u>8,840,464</u>

**NOTE 4: FAIR VALUE MEASUREMENTS**

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

*Level 1:* Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

*Level 2:* Inputs to the valuation methodology include:

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

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

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

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

(continued)

**PLUMBING AND PIPEFITTING INDUSTRY  
RETIREMENT PLAN OF KANSAS  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**NOTE 4: FAIR VALUE MEASUREMENTS (Continued)**

Following is a description of the valuation methodologies used for assets measured at fair value.

<i>Mutual Funds</i>	Valued at the closing price reported on the active market on which the mutual funds are traded.
<i>Variable Annuities</i>	Valued using the Net Asset Value (NAV) based on the fair value of the underlying investments held by the fund.
<i>Fixed Annuities</i>	Valued based on the valuation method disclosed in the annuity contract, as calculated by the annuity provider. See Note 5.

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

	Assets of December 31, 2024			Total
	Level 1	Level 2	Level 3	
Mutual Funds	\$ 14,675,450	\$ -	\$ -	\$ 14,675,450
Variable Annuities	-	50,664,304	-	50,664,304
Fixed Annuities*	-	33,214,535	-	33,214,535
	<u>\$ 14,675,450</u>	<u>\$ 83,878,839</u>	<u>\$ -</u>	<u>\$ 98,554,289</u>

	Assets as of December 31, 2023			Total
	Level 1	Level 2	Level 3	
Mutual Funds	\$ 11,691,712	\$ -	\$ -	\$ 11,691,712
Variable Annuities	-	40,044,126	-	40,044,126
Fixed Annuities*	-	33,251,621	-	33,251,621
	<u>\$ 11,691,712</u>	<u>\$ 73,295,747</u>	<u>\$ -</u>	<u>\$ 84,987,459</u>

\* Fixed annuities are reported at contract value

**NOTE 5: INVESTMENT CONTRACTS WITH INSURANCE COMPANY**

The plan has a Guaranteed Investment Contract, which is a benefit-responsive investment contract with Empower. The investment contract is a general account product. The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets of the portion of the Great West general accounts that is used to determine the Guaranteed Interest Account's crediting rate compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. The interest crediting rate is reset at least annually and no more frequently than quarterly for some contracts.

The contracts are included in the financial statements at contract value as reported to the plan by Empower. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay principal and a specified interest rate that is guaranteed to the Plan.

**PLUMBING AND PIPEFITTING INDUSTRY  
RETIREMENT PLAN OF KANSAS  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**NOTE 5: INVESTMENT CONTRACTS WITH INSURANCE COMPANY (Continued)**

Certain events limit the ability of the plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause significant withdrawal from the plan, or (3) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Average yields:

	2024	2023
Based on interest rate credited to participants	3.00%	3.00%

In addition, certain events allow the contract issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such employer-initiated events include making a change in the stable value option or terminating participation in the contract.

The Plan does not own the underlying assets of the general account. Rather, the Plan owns only the contract itself. Traditional investment contracts are designed to accrue interest based on crediting rates established by the contract issuers.

There are no reserves against contract value for credit risk of the contract issuer or otherwise.

**NOTE 6: FEDERAL INCOME TAXES**

The plan obtained its latest determination letter on September 28, 2015, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

**NOTE 7: PLAN AMENDMENT**

On March 13, 2024, Amendment Eight to the Plan was adopted to update the employer contribution schedule. The Plan was restated during the year to incorporate all prior amendments and to increase the threshold for which an elective distribution must be taken in a lump sum from \$5,000 to \$7,000.

**NOTE 8: PLAN TERMINATION**

The Trustees reserve the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of total or partial termination of the Plan, the assets of the Plan shall be allocated to the Participants and former Participants in accordance with the termination provision specified by the Pension Benefit Guaranty Corporation and the Internal Revenue Service.

**NOTE 9: NONEXEMPT TRANSACTIONS**

Certain participant contributions were not paid by the 15th business day of the month following the month in which they were accrued by participating contractors as required by the Collective Bargaining Agreement (CBA). During the year ended December 31, 2024 participant contributions in the amount of \$106,620 were not received by the Plan by the required due date.

**PLUMBING AND PIPEFITTING INDUSTRY  
RETIREMENT PLAN OF KANSAS  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**NOTE 10: SUBSEQUENT EVENTS**

Subsequent events were evaluated for recognition and disclosure through October 10, 2025, and no events requiring disclosure were noted.

**NOTE 11: RECONCILIATION OF FINANCIAL STATEMENTS TO 5500**

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

	December 31, 2024	December 31, 2023
Net assets available for benefits per the financial statements.	\$ 99,356,659	\$ 85,486,049
Amounts allocated to withdrawing participants.	(160,420)	(320,465)
Net assets available for benefits per the Form 5500.	\$ 99,196,239	\$ 85,165,584

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2022 to Form 5500.

	2024
Benefits paid to participants per the financial statements.	\$ 3,694,961
Add: Amounts allocated to withdrawing participants at End of Year	160,420
Subtract: Amounts allocated to withdrawing participants at Beginning of Year	(320,465)
Benefits paid to participants per the Form 5500	\$ 3,534,916

## SUPPLEMENTAL INFORMATION

**PLUMBING AND PIPEFITTING INDUSTRY  
RETIREMENT PLAN OF KANSAS  
EIN 48-0923596 PLAN #001  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
(UNAUDITED)  
AT DECEMBER 31, 2024**

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Empower	# Guaranteed Investment Contracts (Contract Value)	\$ 33,214,535	\$ 33,214,535
*	Empower	Premier Core Bond (Barrings)	2,474,149	2,763,278
*	Empower	MM S&P 500 Index (Northern Trust)	6,847,351	9,860,594
*	Empower	Growth Fund (Baron)	2,355,938	2,740,906
*	Empower	Premier High Yield (Barings)	1,018,661	1,233,524
*	Empower	Select Equality Opps (Wellington/TRP)	10,074,870	12,275,064
*	Empower	Balanced Fund (American Funds)	5,374,411	7,084,467
*	Empower	New Perspective R4 (American Funds)	5,785,368	5,727,744
*	Empower	MM Sel T Rowe Price Ret 2005	830	908
*	Empower	MM Sel T Rowe Price Ret 2010	18,981	20,934
*	Empower	MM Sel T Rowe Price Ret 2015	5,424	6,202
*	Empower	MM Sel T Rowe Price Ret 2020	5,212	5,535
*	Empower	MM Sel T Rowe Price Ret 2025	48,219	61,638
*	Empower	MM Sel T Rowe Price Ret 2030	145,240	158,210
*	Empower	MM Sel T Rowe Price Ret 2035	597,097	614,780
*	Empower	MM Sel T Rowe Price Ret 2040	376,206	433,837
*	Empower	MM Sel T Rowe Price Ret 2045	1,423,792	1,661,778
*	Empower	MM Sel T Rowe Price Ret 2050	521,435	587,618
*	Empower	MM Sel T Rowe Price Ret 2055	575,312	645,091
*	Empower	MM Sel T Rowe Price Ret 2060	1,267,097	1,439,041
*	Empower	Equity-Income Fund (Vanguard)	427,777	490,389
*	Empower	Sycamore Est Value (Victory)	214,188	220,308
	Empower	AB Small Cap Growth Fund	246,174	276,120
	Empower	Carillon Eage M Cap Growth Fd	7,182,972	7,276,289
	Empower	Fidelity Advisor Gr Opps Fd	3,787,873	6,154,273
	Empower	Fidelity Mid Cap Index Fund	404,173	438,865
	Empower	Fidelity Small Cap Index Fund	208,229	225,825
	Empower	Goldman Sachs Small Cap VI Insights Fund	<u>2,846,029</u>	<u>2,936,536</u>
			<u>87,447,545</u>	<u>98,554,289</u>
#	Reported at contract value			
*	Party in Interest			

**PLUMBING AND PIPEFITTING INDUSTRY  
RETIREMENT PLAN OF KANSAS  
EIN 48-0923596 PLAN #001**

**SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
YEAR ENDED DECEMBER 31, 2024**

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included [ ]				
Year Ended 2024	\$ -	\$ 106,620	\$ -	\$ -
Year Ended 2023	\$ -	\$ 40,427	\$ -	\$ -

**PLUMBING AND PIPEFITTING INDUSTRY  
RETIREMENT PLAN OF KANSAS  
SCHEDULES OF ADMINISTRATIVE EXPENSES  
(MODIFIED CASH BASIS)  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
Empower Fees	\$ 53,802	\$ 49,445
Administrative Expenses - BMGI	53,400	52,800
Office, Printing and Postage	2,221	5,016
Insurance and Bonds	12,768	13,958
Legal Expenses	93,816	104,686
Accounting Expense	31,625	30,442
Advisory Fees	80,000	80,000
UA Reciprocal Fee	1,090	1,040
Dues	608	1,924
Miscellaneous	1	2,216
PERA Reimbursement	<u>(289,928)</u>	<u>(255,759)</u>
	<u>39,403</u>	<u>85,768</u>

**2024 Form 5500 e-file Signature Authorization**

PLUMBING & PIPEFITTING INDUSTRY RETIREMENT PLAN OF KANSAS  
PLUMBING & PIPEFITTING INDUSTRY RETIREMENT PLAN OF KANSAS 001  
625 ENTERPRISE DR  
OAK BROOK, IL 60523-8813

Employer Identification Number: 48-0923596

Client Identification Number: 3782

You, as plan administrator, are authorizing that MORROW & CO. LLC electronically file the 2024 Form 5500 for PLUMBING & PIPEFITTING INDUSTRY RETIREMENT PLAN OF as an EFAST2 Service Provider.

**Authorization**

As plan administrator for PLUMBING & PIPEFITTING INDUSTRY RETIREMENT PLAN OF, I authorize MORROW & CO. LLC to electronically file Form 5500 for the tax year 2024. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

*Brian R. Burnett*

Plan Administrator Authorization \_\_\_\_\_

Date: 10/09/2025

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

**B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_

the first return/report  the final return/report

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

**C** If the plan is a collectively-bargained plan, check here \_\_\_\_\_ ▶  the DFVC program

**D** Check box if filing under:  Form 5558  automatic extension  special extension (enter description) \_\_\_\_\_

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

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

<b>1a Name of plan</b> <b>PLUMBING &amp; PIPEFITTING INDUSTRY RETIREMENT PLAN OF KANSAS</b>	<b>1b Three-digit plan number (PN) ▶</b> <b>001</b>	<b>1c Effective date of plan</b> <b>01/01/1980</b>
<b>2a Plan sponsor's name (employer, if for a single-employer plan)</b> 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) <b>PLUMBING &amp; PIPEFITTING INDUSTRY RETIREMENT PLAN OF KANSAS</b>  <b>625 ENTERPRISE DR</b>  <b>OAK BROOK IL 60523-8813</b>	<b>2b Employer Identification Number (EIN)</b> <b>48-0923596</b>	<b>2c Plan Sponsor's telephone number</b> <b>316-265-4291</b>
		<b>2d Business code (see instructions)</b> <b>238220</b>

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

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

SIGN HERE	Brian R. Burnett	10/09/2025	<b>BRIAN R BURNETT</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	greg johnson	10/09/2025	<b>GREG JOHNSON</b>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

# SIGNATURE CERTIFICATE



## REFERENCE NUMBER

455E8BA5-1953-4F6F-BB57-50B928895534

### TRANSACTION DETAILS

**Reference Number**  
455E8BA5-1953-4F6F-BB57-50B928895534

**Transaction Type**  
Signature Request

**Sent At**  
10/09/2025 08:07:55 AM CDT

**Executed At**  
10/09/2025 01:10:24 PM CDT

**Identity Method**  
email

**Distribution Method**  
email

**Signed Checksum**  
1c912e7747c8251472f7a834b37e5454b6234d9fb516079b4b6b68e25a84d5ce

**Signer Sequencing**  
Disabled

**Document Passcode**  
Disabled

### DOCUMENT DETAILS

**Document Name**  
5500 Signature Pages

**Filename**  
5500\_Signature\_Pages.pdf

**Pages**  
2 pages

**Content Type**  
application/pdf

**File Size**  
96.7 KB

**Original Checksum**  
292061115f4af87c01e29e0ed893926701be1800bebb18a85abe1869afbb3130

## SIGNERS

### SIGNER

**Name**  
greg johnson  
**Email**  
gjohnson@msi-group.com  
**Components**  
2

### E-SIGNATURE

**Status**  
signed  
**Multi-factor Digital Fingerprint Checksum**  
4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945  
**IP Address**  
184.188.115.132  
**Device**  
Microsoft Edge via Windows  
**Typed Signature**  
*greg johnson*  
**Signature Reference ID**  
A81A1C1E

### EVENTS

**Viewed At**  
10/09/2025 01:06:43 PM CDT  
**Identity Authenticated At**  
10/09/2025 01:10:24 PM CDT  
**Signed At**  
10/09/2025 01:10:24 PM CDT

**Name**  
Brian Burnett  
**Email**  
bburnett@ua441.org  
**Components**  
4

**Status**  
signed  
**Multi-factor Digital Fingerprint Checksum**  
4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945  
**IP Address**  
64.79.133.105  
**Device**  
Chrome Mobile via Android  
**Typed Signature**  
*Brian E. Burnett*  
**Signature Reference ID**  
73148B73  
**Typed Signature**  
*Brian E. Burnett*  
**Signature Reference ID**  
F0ABE952

**Viewed At**  
10/09/2025 12:21:25 PM CDT  
**Identity Authenticated At**  
10/09/2025 12:22:11 PM CDT  
**Signed At**  
10/09/2025 12:22:11 PM CDT

## AUDITS

### TIMESTAMP

10/09/2025 08:07:55 AM CDT  
10/09/2025 08:07:55 AM CDT

### AUDIT

Becky Willard (becky@morrowandcompany.com) created document '5500\_Signature\_Pages.pdf' on Chrome via Windows from 99.29.129.20.  
greg johnson (gjohnson@msi-group.com) was emailed a link to sign.

**TIMESTAMP**

10/09/2025 08:07:55 AM CDT  
10/09/2025 12:21:25 PM CDT  
10/09/2025 12:22:11 PM CDT  
10/09/2025 12:22:11 PM CDT  
10/09/2025 01:06:43 PM CDT  
10/09/2025 01:10:24 PM CDT  
10/09/2025 01:10:24 PM CDT

**AUDIT**

Brian Burnett (bburnett@ua441.org) was emailed a link to sign.  
Brian Burnett (bburnett@ua441.org) viewed the document on Chrome Mobile via Android from 64.79.133.105.  
Brian Burnett (bburnett@ua441.org) authenticated via email on Chrome Mobile via Android from 64.79.133.105.  
Brian Burnett (bburnett@ua441.org) signed the document on Chrome Mobile via Android from 64.79.133.105.  
greg johnson (gjohnson@msi-group.com) viewed the document on Microsoft Edge via Windows from 184.188.115.132.  
greg johnson (gjohnson@msi-group.com) authenticated via email on Microsoft Edge via Windows from 184.188.115.132.  
greg johnson (gjohnson@msi-group.com) signed the document on Microsoft Edge via Windows from 184.188.115.132.

**PLUMBING AND PIPEFITTING INDUSTRY  
RETIREMENT PLAN OF KANSAS  
EIN 48-0923596 PLAN #001  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
(UNAUDITED)  
AT DECEMBER 31, 2024**

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Empower	# Guaranteed Investment Contracts (Contract Value)	\$ 33,214,535	\$ 33,214,535
*	Empower	Premier Core Bond (Barrings)	2,474,149	2,763,278
*	Empower	MM S&P 500 Index (Northern Trust)	6,847,351	9,860,594
*	Empower	Growth Fund (Baron)	2,355,938	2,740,906
*	Empower	Premier High Yield (Barings)	1,018,661	1,233,524
*	Empower	Select Equality Opps (Wellington/TRP)	10,074,870	12,275,064
*	Empower	Balanced Fund (American Funds)	5,374,411	7,084,467
*	Empower	New Perspective R4 (American Funds)	5,785,368	5,727,744
*	Empower	MM Sel T Rowe Price Ret 2005	830	908
*	Empower	MM Sel T Rowe Price Ret 2010	18,981	20,934
*	Empower	MM Sel T Rowe Price Ret 2015	5,424	6,202
*	Empower	MM Sel T Rowe Price Ret 2020	5,212	5,535
*	Empower	MM Sel T Rowe Price Ret 2025	48,219	61,638
*	Empower	MM Sel T Rowe Price Ret 2030	145,240	158,210
*	Empower	MM Sel T Rowe Price Ret 2035	597,097	614,780
*	Empower	MM Sel T Rowe Price Ret 2040	376,206	433,837
*	Empower	MM Sel T Rowe Price Ret 2045	1,423,792	1,661,778
*	Empower	MM Sel T Rowe Price Ret 2050	521,435	587,618
*	Empower	MM Sel T Rowe Price Ret 2055	575,312	645,091
*	Empower	MM Sel T Rowe Price Ret 2060	1,267,097	1,439,041
*	Empower	Equity-Income Fund (Vanguard)	427,777	490,389
*	Empower	Sycamore Est Value (Victory)	214,188	220,308
	Empower	AB Small Cap Growth Fund	246,174	276,120
	Empower	Carillon Eage M Cap Growth Fd	7,182,972	7,276,289
	Empower	Fidelity Advisor Gr Opps Fd	3,787,873	6,154,273
	Empower	Fidelity Mid Cap Index Fund	404,173	438,865
	Empower	Fidelity Small Cap Index Fund	208,229	225,825
	Empower	Goldman Sachs Small Cap VI Insights Fund	<u>2,846,029</u>	<u>2,936,536</u>
			<u>87,447,545</u>	<u>98,554,289</u>
#	Reported at contract value			
*	Party in Interest			

See Independent Auditors' Report.

**PLUMBING AND PIPEFITTING INDUSTRY  
RETIREMENT PLAN OF KANSAS  
EIN 48-0923596 PLAN #001**

**SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
YEAR ENDED DECEMBER 31, 2024**

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included [ ]				
Year Ended 2024	\$ -	\$ 106,620	\$ -	\$ -
Year Ended 2023	\$ -	\$ 40,427	\$ -	\$ -

See Independent Auditors' Report.