

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) G, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, 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: CONSTRUCTION INDUSTRY OF KANSAS HEALTH AND WELFARE TRUST FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/01/1972
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code
2b Employer Identification Number (EIN): 48-6179687
2c Plan Sponsor's telephone number: 888-999-7741
2d Business code (see instructions): 236200

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, Name. Rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311



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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 163857060

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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>CONSTRUCTION INDUSTRY OF KANSAS HEALTH AND WELFARE TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CONSTRUCTION INDUSTRY OF KANSAS HEALTH &amp; WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>48-6179687</b>

**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  
**ADVANCE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>20-0947315</b>	<b>12143</b>	<b>00096754</b>	<b>1279</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<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>	65731
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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>CONSTRUCTION INDUSTRY OF KANSAS HEALTH AND WELFARE TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CONSTRUCTION INDUSTRY OF KANSAS HEALTH &amp; WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>48-6179687</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>57-0287419</b>	<b>38520</b>	<b>71-60907</b>	<b>1922</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<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>	1822675
<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. .... Specify nature of costs.	<b>10b</b>	

**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. ▶

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">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 style="font-size: large;"><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>CONSTRUCTION INDUSTRY OF KANSAS HEALTH AND WELFARE TRUST FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CONSTRUCTION INDUSTRY OF KANSAS HEALTH &amp; WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>48-6179687</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  
**VISION SERVICE PLAN**

(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
<b>06-1227840</b>	<b>39616</b>	<b>30085050</b>	<b>800</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

<p>(a) Total amount of commissions paid <b>2877</b></p>	<p>(b) Total amount of fees paid</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**IMA INC** **8200 E 32ND STREET N**  
**WICHITA, KS 67226**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<b>2489</b>			<b>3</b>

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

**WATCHTOWER TECHNOLOGIES** **306 W ERIE ST, STE 300**  
**CHICAGO, IL 60654**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<b>388</b>			<b>3</b>

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

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

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

**6** Contracts With Allocated Funds:

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

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	92760	
	(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>		92760
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	78444	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>		78444
	(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>	17624	
	(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>		17624
	(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>CONSTRUCTION INDUSTRY OF KANSAS HEALTH AND WELFARE TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CONSTRUCTION INDUSTRY OF KANSAS HEALTH &amp; WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>48-6179687</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

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

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**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)

FRANK N HESTAND CPA PSC

261 REGENCY CIRCLE  
LEXINGTON, KY 40503

61-1336870

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	9500	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)

UMR

230 LEXINGTON GREEN CIR  
LEXINGTON, KY 40503

39-1995276

(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?
	NONE	193190	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)

COREFIRST BANK & TRUST

3200 SW TOPEKA BLVD  
TOPEKA, KS 66611

48-6171387

(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?
	NONE	21337	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)

IMA INC. 51 CORPORATE WOODS  
OVERLAND PARK, KS 66210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	116520	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)

BLUE CROSS/BLUE SHIELD OF KANSAS

48-0952857

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 23	NONE	875412	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

LEWIS & ELLIS 6550 SPRINT PARKWAY  
OVERLAND PARK, KS 66211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	31465	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>	<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>CONSTRUCTION INDUSTRY OF KANSAS HEALTH AND WELFARE TRUST FUND</u>	<b>B</b> Three-digit plan number (PN)	<u>501</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CONSTRUCTION INDUSTRY OF KANSAS HEALTH &amp; WELFARE FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>48-6179687</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)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST
<b>b</b>	Name of plan sponsor	C L MASONRY LLC
<b>c</b>	EIN-PN	87-2314978-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST
<b>b</b>	Name of plan sponsor	HARMAN HUFFMAN CONSTRUCTION
<b>c</b>	EIN-PN	48-0771665-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST
<b>b</b>	Name of plan sponsor	MURRAY & SONS CONSTRUCTION CO.
<b>c</b>	EIN-PN	48-0973452-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST
<b>b</b>	Name of plan sponsor	COMMERCIAL CONTRACTORS EQUIP
<b>c</b>	EIN-PN	47-0690807-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST
<b>b</b>	Name of plan sponsor	PHILLIPS SOUTHERN ELECTRIC CO.
<b>c</b>	EIN-PN	48-0679791-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST
<b>b</b>	Name of plan sponsor	DONDLINGER & SONS CONSTRUCTION
<b>c</b>	EIN-PN	48-0601790-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST
<b>b</b>	Name of plan sponsor	SUPERIOR PLUMBING OF WICHITA ,
<b>c</b>	EIN-PN	48-0758254-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST
<b>b</b>	Name of plan sponsor	BELFORD ELECTRIC, INC.
<b>c</b>	EIN-PN	48-0823180-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST
<b>b</b>	Name of plan sponsor	DUSTROL INC.
<b>c</b>	EIN-PN	48-0800429-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST
<b>b</b>	Name of plan sponsor	CARL HARRIS CO., INC.
<b>c</b>	EIN-PN	48-0998865-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST
<b>b</b>	Name of plan sponsor	DANNY SATTERFIELD DRYWALL CORP
<b>c</b>	EIN-PN	48-1068608-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST
<b>b</b>	Name of plan sponsor	KANSAS CONTRACTORS ASSOCIATION
<b>c</b>	EIN-PN	48-0578826-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b> Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b> Name of plan sponsor	STEVENS CONTRACTORS, INC.	<b>c</b> EIN-PN 48-0729704-501
<b>a</b> Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b> Name of plan sponsor	HALL BROTHERS, INC	<b>c</b> EIN-PN 48-0680526-501
<b>a</b> Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b> Name of plan sponsor	CARLISLE INC	<b>c</b> EIN-PN 48-0917491-501
<b>a</b> Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b> Name of plan sponsor	VENTURE CORPORATION	<b>c</b> EIN-PN 48-0793597-501
<b>a</b> Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b> Name of plan sponsor	PAUL WERTENBERGER CONSTRUCTION	<b>c</b> EIN-PN 48-1075537-501
<b>a</b> Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b> Name of plan sponsor	OVERHEAD DOOR COMPANY	<b>c</b> EIN-PN 81-4730652-501
<b>a</b> Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b> Name of plan sponsor	GLASSMAN CORPORATION	<b>c</b> EIN-PN 48-0907745-501
<b>a</b> Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b> Name of plan sponsor	EBERT CONSTRUCTION CO., INC	<b>c</b> EIN-PN 48-0817762-501
<b>a</b> Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b> Name of plan sponsor	CONCRETE UNLIMITED CONST. INC	<b>c</b> EIN-PN 48-1047188-501
<b>a</b> Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b> Name of plan sponsor	COMMERCIAL BUILDERS INC	<b>c</b> EIN-PN 48-1163828-501
<b>a</b> Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b> Name of plan sponsor	STRESS CAST INC	<b>c</b> EIN-PN 48-0774656-501
<b>a</b> Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b> Name of plan sponsor	HANNEBAUM GRAIN CO., INC.	<b>c</b> EIN-PN 48-0882983-501

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	J & R SAND COMPANY INC	<b>c</b> EIN-PN 48-0664815-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	STERBENZ & COMPANY, INC.	<b>c</b> EIN-PN 48-0932318-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	GRAY & COMPANY INC	<b>c</b> EIN-PN 48-0955727-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	SALISBURY SUPPLY COMPANY, INC	<b>c</b> EIN-PN 48-0504410-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	J & J CONTRACTORS INC	<b>c</b> EIN-PN 48-1049335-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	MIES CONSTRUCTION INC	<b>c</b> EIN-PN 48-1085701-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	ALSOP SAND CO INC	<b>c</b> EIN-PN 48-0796510-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	VICTORY MANAGEMENT SERVICES	<b>c</b> EIN-PN 45-3930084-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	FASTRAC EXCAVATING LLC	<b>c</b> EIN-PN 26-1470598-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	THEIS DOZER SERVICE INC	<b>c</b> EIN-PN 94-3417873-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	DINKEL CONSTRUCTION II, LLC	<b>c</b> EIN-PN 81-1773779-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	SANILIFT, INC	<b>c</b> EIN-PN 48-1235728-501

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	MAHANEY STEEL INC	<b>c</b> EIN-PN 94-3418314-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	FREMAR CORPORATION, INC	<b>c</b> EIN-PN 26-2866973-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	DICK CONSTRUCTION INC	<b>c</b> EIN-PN 74-2837010-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	BUILDERS CONCRETE AND SUPPLY	<b>c</b> EIN-PN 48-0665784-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	BRYAN OHLMEIER CONSTRUCTION	<b>c</b> EIN-PN 48-0904089-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	BLAKE CLOTIA	<b>c</b> EIN-PN 26-2673076-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	PESTINGER HEATING & AIR CONDIT	<b>c</b> EIN-PN 84-4680451-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	JB TURNER & SONS ROOFING &	<b>c</b> EIN-PN 20-3485399-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	QUALITY STRUCTURES INC	<b>c</b> EIN-PN 84-2846245-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	CCM COUNTERTOP & CABINETS MFG	<b>c</b> EIN-PN 27-1300093-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	PRAIRIE LANDWORKS INC	<b>c</b> EIN-PN 45-4357575-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	TATRO PLUMBING CO, INC.	<b>c</b> EIN-PN 48-0864586-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor SALINA PLANING MILL	<b>c</b> EIN-PN 48-0971883-501
<b>a</b>	Plan name CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor ALLMETAL RECYCLING, LLC	<b>c</b> EIN-PN 27-0713415-501
<b>a</b>	Plan name CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor KITCHENS INC	<b>c</b> EIN-PN 90-0388571-501
<b>a</b>	Plan name CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor STONE SAND CO INC	<b>c</b> EIN-PN 48-1232812-501
<b>a</b>	Plan name CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor CLARKE WELL AND EQUIPMENT INC	<b>c</b> EIN-PN 48-0791121-501
<b>a</b>	Plan name CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor CATALYST SAFETY INC	<b>c</b> EIN-PN 27-5166471-501
<b>a</b>	Plan name CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor DUDLEY WILLIAMS AND ASSOCIATES	<b>c</b> EIN-PN 48-0733912-501
<b>a</b>	Plan name CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor CALLABRESI HEATING AND COOLING	<b>c</b> EIN-PN 48-1077331-501
<b>a</b>	Plan name CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor REIF WELDING AND CONSTRUCTION	<b>c</b> EIN-PN 48-1223934-501
<b>a</b>	Plan name CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor MAYER SPECIALTY SERVICES LLC	<b>c</b> EIN-PN 43-1924521-501
<b>a</b>	Plan name CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor HARSHMAN CONSTRUCTION LLC	<b>c</b> EIN-PN 48-1133803-501
<b>a</b>	Plan name CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor VERTEX GROUP INC	<b>c</b> EIN-PN 82-1162980-501

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	EVANS BUILDING CO INC	<b>c</b> EIN-PN 48-0680632-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	JACK FOSTER CO ERECTORS INC	<b>c</b> EIN-PN 48-1216491-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	COX KENT & ASSOC, INC	<b>c</b> EIN-PN 48-1058116-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	CENTRAL CONSOLIDATED, INC.	<b>c</b> EIN-PN 47-5590240-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	CONSTRUCTION SOLUTIONS	<b>c</b> EIN-PN 30-0108832-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	DULING CONSTRUCTION	<b>c</b> EIN-PN 48-0778815-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	WILCOX PAINTING INC	<b>c</b> EIN-PN 48-0767251-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	WERTH HEATING AND PLUMBING	<b>c</b> EIN-PN 83-1337275-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	MJE LLC	<b>c</b> EIN-PN 48-0865841-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	MILLER CONSTRUCTION	<b>c</b> EIN-PN 45-3642150-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	INTEGRATED CONSULTING ENGINEER	<b>c</b> EIN-PN 56-2608141-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	COMMERCE CONSTRUCTION	<b>c</b> EIN-PN 48-1140890-501

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	TRAND INC	<b>c</b> EIN-PN 48-1082634-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	GOLCONDA GROUP LLC	<b>c</b> EIN-PN 27-2963523-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	CHRISTIAN EXCAVATING, LLC	<b>c</b> EIN-PN 31-1585451-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	WADDLES HEATING AND COOLING	<b>c</b> EIN-PN 48-0846060-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	MINNEY SURVEYING	<b>c</b> EIN-PN 83-1634645-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	FARHA CONSTRUCTION INC	<b>c</b> EIN-PN 48-0934061-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	ZERNCO INC	<b>c</b> EIN-PN 48-1165316-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	BACHUS AND SONS INC	<b>c</b> EIN-PN 48-0788141-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	SUPERIOR PLUMBING AND HEATING	<b>c</b> EIN-PN 48-0882177-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	ADE-WIFCO STEEL PRODUCTS INC	<b>c</b> EIN-PN 20-1834271-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	FIRSTCON INC	<b>c</b> EIN-PN 46-2094073-501
<b>a</b>	Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b>	Name of plan sponsor	KAN AM PRODUCTS	<b>c</b> EIN-PN 48-1030346-501

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**  
 (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b> Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b> Name of plan sponsor	HUDSON HOLDING COMPANY LLC	<b>c</b> EIN-PN 82-2703360-501
<b>a</b> Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b> Name of plan sponsor	RDR EXCAVATING II LLC	<b>c</b> EIN-PN 86-2303828-501
<b>a</b> Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b> Name of plan sponsor	WAYMAN & COMPANY LLC	<b>c</b> EIN-PN 81-3228849-501
<b>a</b> Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b> Name of plan sponsor	BLACK GOLD INC	<b>c</b> EIN-PN 48-0839477-501
<b>a</b> Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b> Name of plan sponsor	WICHITA SHREDDING LLC	<b>c</b> EIN-PN 82-4246155-501
<b>a</b> Plan name	CI KANSAS HEALTH AND WELFARE TRUST	
<b>b</b> Name of plan sponsor	KMW LTD	<b>c</b> EIN-PN 74-2811718-501
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<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>CONSTRUCTION INDUSTRY OF KANSAS HEALTH AND WELFARE TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CONSTRUCTION INDUSTRY OF KANSAS HEALTH &amp; WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>48-6179687</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>a</b> Total noninterest-bearing cash .....	<b>1a</b>	1594285	343630
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		56734
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	951083	1139977
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2216418	1672117
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	221884	1492087
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	1302512	1287959
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	6286182	5992504
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	2420710	1367368
<b>h</b> Operating payables.....	<b>1h</b>	53072	54649
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	176797	140079
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	2650579	1562096
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	3635603	4430408

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	21633498	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(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>		21633498
<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>	127558	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	10365	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		137923
<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>	57990	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		57990
<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>	5730205	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	5727219	
<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>		2986
<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>	17454	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		9689
<b>c</b> Other income .....	<b>2c</b>		54324
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		21913864

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	18006318	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	2670598	
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		20676916
<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>	193190	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	9500	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	21337	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	442	
(7) Actuarial fees .....	<b>2i(7)</b>	31465	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	8206	
(11) Other expenses.....	<b>2i(11)</b>	178003	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		442143
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		21119059

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		794805
<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: **FRANK N HESTAND CPA PSC**

(2) EIN: **61-1336870**

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

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

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

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

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

Construction Industry of Kansas Health & Welfare Trust Fund and Affiliate

Combined Financial Statements and Supplemental Information

December 31, 2024 and 2023

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## Frank N. Hestand, CPA, PSC

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### INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees-Construction Industry of Kansas  
Health and Welfare Trust Fund and Affiliate  
Lexington, Kentucky 40503

#### **Opinion**

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

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

#### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Construction Industry of Kansas Health and Welfare Trust Fund and Affiliate and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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

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

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

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

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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement 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 the Construction Industry of Kansas Health and Welfare Trust Fund and Affiliate's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Construction Industry of Kansas Health and Welfare Trust Fund and Affiliate's ability to continue as a going concern for a reasonable period of time.


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

## **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets (Held at End of Year) as of December 31, 2024 and of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

  
Frank N Hestand CPA PSC  
Lexington, Kentucky  
October 5, 2025

Construction Industry of Kansas Health and Welfare Trust Fund and Affiliate  
 Combined Statements of Net Assets Available for Benefits and Benefit Obligations

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Investments, at fair value:		
Certificates of deposit	\$ 1,637,336	\$ 1,903,989
Mutual Funds	1,287,959	1,302,512
Government Securities	1,492,087	221,884
Money Market funds	34,781	312,429
	4,452,163	3,740,814
Receivables:		
Employer contributions	56,734	0
Accrued interest	43,293	49,938
Other	1,094,240	898,000
	1,194,267	947,938
Cash	343,630	1,594,285
Prepaid expenses	2,444	3,145
	343,630	1,594,285
Total Assets	5,992,504	6,286,182
<b>Liabilities</b>		
Unearned revenues	140,079	176,797
Accounts payable for administrative expenses	54,649	53,072
Total Liabilities	194,728	229,869
Net Assets Available for Benefits	5,797,776	6,056,313
<b>Benefit Obligations</b>		
Claims incurred, but not reported	977,611	1,524,479
Amounts due insurance companies	11,606	11,076
Claims payable	378,151	885,155
Total Benefit Obligations	1,367,368	2,420,710
Excess of Net Assets Available for Benefits Over Benefit Obligations	\$ 4,430,408	\$ 3,635,603

**See accompanying notes.**

Construction Industry of Kansas Health and Welfare Trust Fund and Affiliate

Combined Statements of Changes in Net Assets Available for Benefits and Benefit Obligations  
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Net Increase(Decrease) in Net Assets Available for Benefits</b>		
Additions:		
Employer contributions	\$ 21,633,498	\$ 20,645,652
Investment income:		
Net appreciation(depreciation) in fair value of investments	30,129	62,377
Interest and Dividends	195,913	146,746
	<u>226,042</u>	<u>209,123</u>
Less: Investment Expenses	<u>(21,337)</u>	<u>(14,284)</u>
	204,705	194,839
Other Income	54,324	0
Total Additions to Net Assets	<u>21,892,527</u>	<u>20,840,491</u>
Deductions from Net Assets:		
Insurance premiums	2,670,068	2,388,004
Claims paid	19,060,190	15,404,702
	<u>21,730,258</u>	<u>17,792,706</u>
Administrative expenses	420,806	403,142
Total Deductions from Net Assets	<u>22,151,064</u>	<u>18,195,848</u>
Net Increase (Decrease) in Net Assets Available for Benefits	<u>(258,537)</u>	<u>2,644,643</u>
<b>Net Increase(Decrease) in Benefit Obligations During the Year Attributed to:</b>		
Increase (decrease) in IBNR reserve	(546,868)	(55,521)
Additional amounts payable to insurance companies	530	3,267
Additional amounts payable to participants/providers	(507,004)	592,615
	<u>(1,053,342)</u>	<u>540,361</u>
Net Increase(Decrease) in Benefit Obligations	<u>(1,053,342)</u>	<u>540,361</u>
Increase in Excess of Net Assets Available for Benefits Over Benefit Obligations	794,805	2,104,282
Excess of Net Assets Available for Benefits over Benefit Obligations		
Beginning of Year	3,635,603	1,531,321
End of Year	<u>\$ 4,430,408</u>	<u>\$ 3,635,603</u>

See accompanying notes.

# Construction Industry of Kansas Health and Welfare Trust Fund and Affiliate

## Notes to the Combined Financial Statements

### 1. Description of the Plan

#### General

The following brief description of the Construction Industry of Kansas Health and Welfare Trust Fund and Affiliate (the Plans) is provided for general informational purposes only. Participants should refer to the Summary Plan Description for a complete description of the Plan's provisions. The Plan and related Trust were established on June 1, 1972 for the purpose of providing health, accident and life insurance benefits to the employees of subscribing employers. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The IMPACT Construction Industry of Kansas Health and Welfare Trust Fund was established on January 1, 2014 to provide health insurance to the employees of participating employers of the Associated General Contractors of Kansas (AGC-Ks) and the Kansas Contractors Association. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Upon acceptance of a Trust Participation Agreement of a Participating Association by the Contract Administrator, the Participating Association shall have established and adopted a Health Plan which is a single employer employee welfare benefit plan under the Trust for purposes of ERISA, the Code, and PPACA. It is intended that each Participating Association shall establish and maintain its Plan at the Participating Association level. An Employer member of a Participating Association may elect to participate in the Participating Association's Health Plan by meeting such qualifications and executing such documentation as may be required by the Participating Association, with such participation becoming effective upon acceptance of the Employer's completed Trust Subscription Agreement and the Employer's being designated by the Contract Administrator as a Subscribing Employer. If elected by the Subscribing Employer in the Trust Subscription Agreement, the Subscribing Employer also shall have adopted and establish a single employer cafeteria plan (as defined under Section 125 of the Code).

## Construction Industry of Kansas Health and Welfare Trust Fund and Affiliate

### Notes to the Combined Financial Statements

#### **1. Description of the Plan (continued)**

The Patient Protection and Affordable Care Act mandated several changes to the Trust documents and agreements. Each participating association will now be deemed as the plan sponsor and fiduciary of its respective health plan. The participating associations will also maintain the plan documents and a participation agreement with the Trust. Beginning with the 2014 calendar year, the combined financial statements represent the health and ancillary product activity of the following plans:

- 1.) Associated General Contractors of Kansas
- 2.) Kansas Contractors Association

#### **Benefits**

The Plans provides ancillary benefits (dental, accidental, and life insurance) for participants who have satisfied the eligibility rules as defined in the Summary Plan Description.

#### **Contributions**

Subscribing employers contribute initial and periodic contributions as determined consistent with the requirements set forth in the insurance contracts or service contracts. Subscribing employers also make contributions to establish and maintain reasonable reserves for the Trust. The subscribing employers may require that participants make contributions to the Trust in order to participate in the Plan. While the participant contributions may be made through payroll deductions, all such contributions shall be deemed to be subscribing employer contributions. To the extent permitted by law, the participant contributions shall be made through payroll deductions made through the flexible benefit plan of the subscribing employer. Participant contributions shall be made in accordance with article 5 of the Trust agreement.

#### **Stop Loss Coverage**

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

Construction Industry of Kansas Health and Welfare Trust Fund and Affiliate

Notes to the Combined Financial Statements (continued)

**2. Summary of Significant Accounting Policies**

**Basis of Accounting**

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

**Estimates**

The preparation of combined financial statements in conformity with accounting principles generally accepted in the United States requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investment bought and sold as well as sold during the year.

**Subsequent Events**

The Plan has evaluated subsequent events through October 5, 2025, the date the financial statements were available to be issued.

Construction Industry of Kansas Health and Welfare Trust Fund and Affiliate

Notes to the Combined Financial Statements (continued)

**2. Summary of Significant Accounting Policies (continued)**

**Recent Accounting pronouncements**

In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-13, Financial Instruments - Credit Losses (Topic 326), which is effective for the Plan for the year ended December 31, 2024. This new standard provides financial statement users with more decision-useful information about the expected credit losses on financial instruments and other commitments to extend credit held by a reporting entity at each reporting date. The standard replaced the incurred loss impairment model with a methodology that reflects expected credit losses and requires consideration of a broader range of reasonable and supportable information to inform credit loss estimates. The standard had no material impact on the Plan's financial statements.

**3. 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 market prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include

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

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Construction Industry of Kansas Health and Welfare Trust Fund and Affiliate

Notes to the Combined Financial Statements (continued)

**3. Fair Value Measurements (continued)**

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

- Certificates of Deposit: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.
- Government Securities: Valued using pricing models maximizing the use of observable inputs for similar securities.
- Mutual Funds/Money Market Funds: Valued at the daily closing price reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Change Commission. These funds are required to publish their daily net asset value (NAV) and to transact that price. The mutual funds held by the Plan are deemed to be actively traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. Mutual funds and money market funds below determine fair value using a calculated net asset per share, or its equivalent. As of December 31, 2024 and 2023, there were no unfunded commitments related to these investments. These investments can be redeemed daily with no redemption notice required.

Construction Industry of Kansas Health and Welfare Trust Fund and Affiliate

Notes to the Combined Financial Statements (continued)

**3. Fair Value Measurements (continued)**

*Assets at Fair Value as of December 31, 2024*

	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Mutual Funds	\$ 1,287,959			\$ 1,287,959
Government Securities		\$ 1,492,087		\$ 1,492,087
Money market funds	34,781			34,781
Certificates of Deposit		1,637,336		1,637,336
Total assets at fair value	<u>\$ 1,322,740</u>	<u>\$ 3,129,423</u>		<u>\$ 4,452,163</u>

*Assets at Fair Value as of December 31, 2023*

	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Mutual Funds	\$ 1,302,512			\$ 1,302,512
Government Securities		\$ 221,884		221,884
Money market funds	312,429			312,429
Certificates of Deposit		1,903,989		1,903,989
Total assets at fair value	<u>\$ 1,614,941</u>	<u>\$ 2,125,873</u>		<u>\$ 3,740,814</u>

## Construction Industry of Kansas Health and Welfare Trust Fund and Affiliate

### Notes to the Combined Financial Statements (continued)

#### **4. Tax Status**

The Plan obtained an exemption letter in 1973, 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 Section 501(c) (9). The Plan has since been amended and restated. The Trustees and Contract Administrator are not aware of any course of action or series of events that have occurred that would adversely affect the tax-exempt status of the Plan.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosures in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

#### **5. Plan Termination**

In the event of termination, the Board of Trustees, acting for and on behalf of the subscribing employers shall:

- a) Make provisions out of the Trust Fund for the payment of expenses incurred up to the date of termination of the Trust Fund and the expenses incident to such termination.
- b) Arrange and pay for a final audit, if required, and report of the transactions and accounts of the Trustees for the purpose of termination of the trusteeship of the Trustee and responsibilities of the Contract Administrator.
- c) Apply the Trust Fund to pay any and all obligations of the Trust and the Plan hereof and distribute and apply any remaining surplus in such manner as will, in their opinion, best effectuate the purpose of the Trust and Plans.

Currently, there is no intention to terminate the Plan.

Construction Industry of Kansas Health and Welfare Trust Fund and Affiliate

Notes to the Combined Financial Statements (continued)

**6. Related Party Transactions**

The Plan has not considered employer contributions to the Plan or benefits paid by the Plan for participants as party-in-interest transactions. Fees paid during the year for professional services rendered by parties-in-interest were based on customary and reasonable rates for such services. The Contract Administrator, UMR (formerly Fiserv Health) is compensated for services by administrative fees based on the number of participating employees of each subscribing employer and by other fees charged from time to time for services rendered. Administrative fees paid by the Plan amounted to \$193,190 and \$188,736 for the years ended December 31, 2024 and 2023, respectively.

**7. Contracts With Insurance Company**

Effective January 1, 2024 and 2023, the Plan executed an Administrative Services Only (ASO) contract. In addition, the Plan executed a \$225,000 specific stop loss contract and an aggregate stop loss contract of 110% (based on expected claims exposure).

**8. Benefit Obligations**

Benefit claims currently payable include the Plan's liability for claims incurred as of December 31, 2024 and 2023 but not reported, and the Plan's liability for claims reported as of December 31, 2024 and 2023 but not yet processed. The Plan's liability for claims incurred but not reported is estimated by the contract administrator utilizing actuarial methods which take into consideration prior claims experience and the expected time period from the date such claims are incurred to the date that the related claims are submitted and paid. It is reasonably possible that a change in the estimate will occur in the near term. The liability for claims incurred but not yet reported was limited and subject to the aggregate attachment point as of December 31, 2024 and 2023. The estimated dental claims run out is not subject to the attachment point.

Construction Industry of Kansas Health and Welfare Trust Fund and Affiliate

Notes to the Combined Financial Statements (continued)

**9. Reconciliation of Financial Statements to Form 5500**

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 5,797,776	\$ 6,056,313
Less:		
Amounts due to insurance companies	(11,606)	(11,076)
Claims payable	(378,151)	(885,155)
Claims incurred but not reported	(977,611)	(1,524,479)
Net assets available for benefits per the Form 5500	<u>\$ 4,430,408</u>	<u>\$ 3,635,603</u>

The following is a reconciliation of insurance premiums paid for participants per the financial statements to the Form 5500 for the year ended December 31, 2024.

	<u>2024</u>
Insurance premiums paid per the financial statements	2,670,068
Add:	
Amounts due to insurance companies at the end of the year	11,606
Less:	
Amounts due to insurance companies at the beginning of the year	<u>(11,076)</u>
Insurance premiums paid for participants per Form 5500	<u>2,670,598</u>

Construction Industry of Kansas Health and Welfare Trust Fund and Affiliate

Notes to the Combined Financial Statements (continued)

**9. Reconciliation of Financial Statements to Form 5500 (continued)**

The following is a reconciliation of claims paid for participants per the financial statements to the Form 5500 for the year ended December 31, 2024.

	<u>2024</u>
Claims paid per the financial statements	19,060,190
Add:	
Amounts payable at end of year	378,151
IBNR Reserve at end of year	977,611
Less:	
Amounts payable at beginning of year	(885,155)
IBNR Reserve at beginning of year	<u>(1,524,479)</u>
Claims paid to participants per the Form 5500	<u>18,006,318</u>

The 2024 Form 5500 requires claims incurred but not reported to be included in the benefit claims payable line item of Schedule H (financial information).

**10. Administrative Expenses**

Administrative expenses for 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Contract administration	\$ 193,190	\$ 188,736
Endorsement Fees	23,304	23,260
Consulting Fees	116,520	116,300
Professional fees	40,965	30,500
Trustee meeting	8,206	7,279
Fidelity bond/Fiduciary insurance	8,547	8,344
Miscellaneous	30,074	28,723
	<u>\$ 420,806</u>	<u>\$ 403,142</u>

Construction Industry of Kansas Health and Welfare Trust Fund and Affiliate

Notes to the Combined Financial Statements (continued)

**11. Investments-Credit Risk**

Investments at December 31, 2024 and 2023 consist of automated overnight investments that are subject to the federal insurance limits. These balances include \$1,594,285 which are in excess of the federally insured limits at December 31, 2023.

**12. Risks and Uncertainties**

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

The benefit obligations, specifically the claims incurred by not reported (IBNR) reserve is reported based on certain assumptions, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would-be material to the financial statements.

## Supplemental Information

Construction Industry of Kansas  
Health and Welfare Trust Fund  
Schedule H, Part IV Line 4(i) Schedule of Assets (Held at end of year)  
December 31, 2024  
Plan: 501  
EIN: 48-6179687

(a)	(b)	(c)	(d)	(e)
	<b>Identity of Issue, Borrower, Lessor, or Similar Party</b>	<b>Description of Investments Shares or Par Value</b>	<b>Cost</b>	<b>Current Value</b>
	<b><u>Cash Equivalents</u></b>			
	Goldman Sachs Finl Square Govt Fund		\$ 34,781	\$ 34,781
	<b>Total Cash Equivalents</b>		<b>34,781</b>	<b>34,781</b>
	<b><u>Government Securities</u></b>			
	US Treasury Bond, 1.75%, 3/15/25		194,012	198,992
	US Treasury Bond, 2.875%, 11/30/25		98,533	98,770
	US Treasury Bond, 3.50%, 9/15/25		297,981	298,403
	US Treasury Bond, 4.00%, 1/31/29		196,800	197,234
	US Treasury Bond, 4.25%, 1/31/26		200,008	200,000
	US Treasury Bond, 4.25%, 10/15/25		100,025	100,025
	US Treasury Note, 4.00%, 2/29/28		196,946	198,156
	US Treasury Note, 4.25%, 12/31/25		99,945	100,024
	US Treasury Note, 5.00%, 8/31/25		100,526	100,483
	<b>Total Government Securities</b>		<b>1,484,776</b>	<b>1,492,087</b>
	<b><u>Mutual Funds</u></b>			
	JP Morgan Equity Premium Income Fund		309,650	286,876
	Vanguard Inter Term Treasury Admiral		242,792	246,336
	Vanguard ST Infl Prot Sec ID Fund		370,496	380,552
	Vanguard ST Treasury Fund Admiral		373,541	374,195
	<b>Total Mutual Funds</b>		<b>1,296,479</b>	<b>1,287,959</b>
	<b><u>Certificates of Deposit</u></b>			
	Bank of America NA, 4.75%, 8/7/25		100,000	100,307
	Bank of America, 5.05%, 4/11/25		100,000	100,168
	Bank of New England NH, 4.95%, 7/23/25		100,000	100,387
	Beal Bank, 5.05%, 4/9/25		100,000	100,164
	BMO, 4.70%, 1/21/25		100,000	100,012

BMW Bank, 5.00%, 10/27/27	100,000	102,607
BNY Mellon, 4.95%, 10/5/25	100,000	100,620
Flagstar Bank, 5.00%, 2/19/25	100,000	100,071
Goldman Sachs Bank, 5.30%, 6/11/25	100,000	100,432
Morgan Stanley Bank, 4.80%, 4/10/26	100,000	100,844
Providence Bank/Rocky Mt, 4.80%, 5/20/25	100,000	100,207
Sallie Mae Bank, 4.50%, 7/26/27	100,000	101,156
Simmons, 4.85%, 2/13/25	100,000	100,044
Synchrony Bank, 4.95%, 9/22/26	125,000	126,849
Wells Fargo Bank, 4.90%, 10/24/28	100,000	103,167
Wells Fargo Bank, 5.20%, 5/7/24	100,000	100,301
<b>Total Certificates of Deposit</b>	<b>1,625,000</b>	<b>1,637,336</b>

**Total Investments**

**\$ 4,441,036    \$ 4,452,163**

\* A party in interest as defined by ERISA.

Construction Industry of Kansas  
Health and Welfare Trust Fund  
Schedule of Reportable Transactions  
For the Year Ended December 31, 2024  
EIN 48-6179687, Plan Number: 501

(a) <u>Identity</u>	(b) <u>Description of Asset</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value on Transaction Date</u>	(i) <u>Net Gain or Loss</u>
<u>Series of Transactions in excess of 5%</u>						
Goldman Sachs Financial Square	Money Market Fund	3,327,557	-	3,327,557	3,327,557	-
Goldman Sachs Financial Square	Money Market Fund	-	3,605,205	3,605,205	3,605,205	-
<u>Single Transactions in excess of 5%</u>						
Charles Schwab, 5.35%, 8/20/24	Certificate of Deposit	-	200,000	200,000	200,000	-
US Treasury Bond, 3.50%, 9/15/25	Government Security	198,358	-	198,358	198,358	-
US Treasury Bond, 4.00%, 2/29/28	Government Security	196,546	-	196,546	196,546	-

Columns (e) Lease Rental and (f) Expenses incurred with Transactions were not applicable.

Construction Industry of Kansas  
Health and Welfare Trust Fund  
Schedule H, Part IV Line 4(i) Schedule of Assets (Held at end of year)  
December 31, 2024  
Plan: 501  
EIN: 48-6179687

(a)	(b)	(c)	(d)	(e)
	<b>Identity of Issue, Borrower, Lessor, or Similar Party</b>	<b>Description of Investments Shares or Par Value</b>	<b>Cost</b>	<b>Current Value</b>
	<b><u>Cash Equivalents</u></b>			
	Goldman Sachs Finl Square Govt Fund		\$ 34,781	\$ 34,781
	<b>Total Cash Equivalents</b>		<b>34,781</b>	<b>34,781</b>
	<b><u>Government Securities</u></b>			
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	US Treasury Bond, 4.25%, 10/15/25		100,025	100,025
	US Treasury Note, 4.00%, 2/29/28		196,946	198,156
	US Treasury Note, 4.25%, 12/31/25		99,945	100,024
	US Treasury Note, 5.00%, 8/31/25		100,526	100,483
	<b>Total Government Securities</b>		<b>1,484,776</b>	<b>1,492,087</b>
	<b><u>Mutual Funds</u></b>			
	JP Morgan Equity Premium Income Fund		309,650	286,876
	Vanguard Inter Term Treasury Admiral		242,792	246,336
	Vanguard ST Infl Prot Sec ID Fund		370,496	380,552
	Vanguard ST Treasury Fund Admiral		373,541	374,195
	<b>Total Mutual Funds</b>		<b>1,296,479</b>	<b>1,287,959</b>
	<b><u>Certificates of Deposit</u></b>			
	Bank of America NA, 4.75%, 8/7/25		100,000	100,307
	Bank of America, 5.05%, 4/11/25		100,000	100,168
	Bank of New England NH, 4.95%, 7/23/25		100,000	100,387
	Beal Bank, 5.05%, 4/9/25		100,000	100,164
	BMO, 4.70%, 1/21/25		100,000	100,012

BMW Bank, 5.00%, 10/27/27	100,000	102,607
BNY Mellon, 4.95%, 10/5/25	100,000	100,620
Flagstar Bank, 5.00%, 2/19/25	100,000	100,071
Goldman Sachs Bank, 5.30%, 6/11/25	100,000	100,432
Morgan Stanley Bank, 4.80%, 4/10/26	100,000	100,844
Providence Bank/Rocky Mt, 4.80%, 5/20/25	100,000	100,207
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Simmons, 4.85%, 2/13/25	100,000	100,044
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Wells Fargo Bank, 4.90%, 10/24/28	100,000	103,167
Wells Fargo Bank, 5.20%, 5/7/24	100,000	100,301
<b>Total Certificates of Deposit</b>	<b>1,625,000</b>	<b>1,637,336</b>

<b>Total Investments</b>	<b>\$ 4,441,036</b>	<b>\$ 4,452,163</b>
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\* A party in interest as defined by ERISA.

Construction Industry of Kansas  
Health and Welfare Trust Fund  
Schedule of Reportable Transactions  
For the Year Ended December 31, 2024  
EIN 48-6179687, Plan Number: 501

(a) <u>Identity</u>	(b) <u>Description of Asset</u>	(c) <u>Type of Transaction</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value on Transaction Date</u>	(i) <u>Net Gain or Loss</u>
<u>Series of Transactions in excess of 5%</u>							
Goldman Sachs Financial Square	Money Market Fund	Purchases	3,327,557	-	3,327,557	3,327,557	-
Goldman Sachs Financial Square	Money Market Fund	Sales	-	3,605,205	3,605,205	3,605,205	-
<u>Single Transactions in excess of 5%</u>							
Charles Schwab, 5.35%, 8/20/24	Certificate of Deposit	Sale	-	200,000	200,000	200,000	-
US Treasury Bond, 3.50%, 9/15/25	Government Security	Purchase	198,358	-	198,358	198,358	-
US Treasury Bond, 4.00%, 2/29/28	Government Security	Purchase	196,546	-	196,546	196,546	-

Columns (e) Lease Rental and (f) Expenses incurred with Transactions were not applicable.