

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: EVERGY, INC. JOINT TRUSTEED HEALTH AND WELFARE PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 10/01/1974
2a Plan sponsor's name (employer, if for a single-employer plan): EVERGY, INC.
2b Employer Identification Number (EIN): 82-2733395
2c Plan Sponsor's telephone number: 816-556-2200
2d Business code (see instructions): 221100

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan EVERGY, INC. JOINT TRUSTEED HEALTH AND WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 EVERGY, INC.</p>	<p>D Employer Identification Number (EIN) 82-2733395</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
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0240695	3639	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">1273</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

WILLIS TOWERS WATSON US LLC **PO BOX 28852**
NEW YORK, NY 10087-8852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1273	SUPPLEMENTAL AND NON-MONETARY COMPENSATION	3

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	160933
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.	10b	

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. ▶

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		287325
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan EVERGY, INC. JOINT TRUSTEED HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 EVERGY, INC.	D Employer Identification Number (EIN) 82-2733395	

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

COMMERCE BANK N.A.

44-0206815

(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)

BLUECROSS BLUESHIELD OF SC

57-0287419

(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 13 15 50	NONE	534864	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)

LOCKTON COMPANIES

20-3354970

(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?
22 50	NONE	81154	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)

COMMERCE BANK N.A.

44-0206815

(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?
21 50	NONE	58944	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)

METROPOLITAN LIFE INSURANCE COMPANY

13-5581829

(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 13 50	NONE	43577	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)

TABEN GROUP

48-0770908

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	34890	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)

CBIZ CPAS P.C.

43-1947695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	31550	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)

SPENCER FANE BRITT & BROWNE

44-0561981

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	16960	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)

CBIZ ADVISORS, LLC

34-1846498

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	10234	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)

MHM RETIREMENT PLAN SOLUTIONS

20-1876798

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	8780	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)

ASSOCIATES INTERNATIONAL, INC.

51-0120338

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	7419	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)

SURENCY LIFE AND HEALTH

26-1969009

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	NONE	5168	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan EVERGY, INC. JOINT TRUSTEED HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 EVERGY, INC.	D Employer Identification Number (EIN) 82-2733395

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	932178	7962
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	153823	161391
(3) Other	1b(3)	774494	898267
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	10310506	19343828
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	19275382	22950599
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11979562	11839582
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	8001933	1216769

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	51427878	56418398
Liabilities			
g Benefit claims payable.....	1g	901853	541557
h Operating payables.....	1h	203970	1023779
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1105823	1565336
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	50322055	54853062

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	14282247	
(B) Participants.....	2a(1)(B)	3039876	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		17322123
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	467315	
(C) Corporate debt instruments.....	2b(1)(C)	809226	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	143611	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1420152
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	354553	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		354553
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	9994548	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	10274433	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-279885
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	530737	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1290115
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		20637795

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	15062144	
(2) To insurance carriers for the provision of benefits	2e(2)	211740	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		15273884
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	578441	
(3) Recordkeeping fees	2i(3)	8780	
(4) IQPA audit fees	2i(4)	31550	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	58944	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	16960	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	138229	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		832904
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		16106788

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4531007
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CBIZ CPAS P.C.

(2) EIN: 43-1947695

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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



Evergy, Inc. Joint Trusteed Health and Welfare Plan

Employer ID No.: 82-2733395

Plan Number: 501

Financial Statements as of December 31, 2024 and
2023, and for the Year Ended December 31, 2024,
Supplemental Schedules as of and for the
Year Ended December 31, 2024, and
Independent Auditors' Report

EVERGY, INC.
JOINT TRUSTEED HEALTH AND WELFARE PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

INDEPENDENT AUDITORS' REPORT

Participants and Administrative Committee
Eversource Energy, Inc. Joint Trusteed Health and Welfare Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed the audits of the financial statements of Eversource Energy, Inc. Joint Trusteed Health and Welfare Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditors’ Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or 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.

Auditors’ Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of assets as of December 31, 2024, and schedule 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

CBIZ CPAs P.C.

Kansas City, Missouri
October 15, 2025

EVERGY, INC.
JOINT TRUSTEED HEALTH AND WELFARE PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS:		
Cash	\$ 7,962	\$ 932,178
Investments:		
Money market fund	3,967,812	3,118,996
Mutual funds	7,871,770	8,860,566
Bonds	<u>43,511,196</u>	<u>37,587,821</u>
Total investments	<u>55,350,778</u>	<u>49,567,383</u>
Receivables:		
Prescription rebates receivable	531,194	489,281
Participant contributions receivable	161,391	153,823
Accrued investment income	<u>367,073</u>	<u>285,213</u>
Total receivables	<u>1,059,658</u>	<u>928,317</u>
Total assets	<u>56,418,398</u>	<u>51,427,878</u>
LIABILITIES:		
Accounts payable	<u>1,023,779</u>	<u>203,970</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 55,394,619</u>	<u>\$ 51,223,908</u>

See notes to financial statements.

EVERGY, INC.
JOINT TRUSTEED HEALTH AND WELFARE PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024

ADDITIONS:	
Employer contributions	\$ 14,282,247
Participant contributions	<u>3,039,876</u>
Total contributions	<u>17,322,123</u>
Net appreciation in fair value of investments:	
Realized gain on sale of investments	1,010,230
Unrealized gain in fair value of investments	<u>530,737</u>
Net appreciation in fair value of investments	<u>1,540,967</u>
Interest and dividend income	<u>1,774,705</u>
Total investment income	<u>3,315,672</u>
Total additions	<u>20,637,795</u>
DEDUCTIONS:	
Health benefits paid	12,869,982
Dental benefits paid	668,150
Dental administrative fee	43,577
Prescription benefits paid	2,557,708
Prescription rebates earned	(673,400)
Preferred care administrative fee	534,864
Life insurance and AD&D premiums	159,968
Stop loss premiums	287,325
Stop loss reimbursements	(235,553)
Administrative expenses	<u>254,463</u>
Total deductions	<u>16,467,084</u>
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	4,170,711
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	<u>51,223,908</u>
End of year	<u><u>\$ 55,394,619</u></u>

See notes to financial statements.

EVERGY, INC.
JOINT TRUSTEED HEALTH AND WELFARE PLAN

STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS
AS OF DECEMBER 31, 2024 AND 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE:		
Claims and insurance premiums payable	\$ 961,585	\$ 546,608
Claims incurred but not reported	<u>(420,028)</u>	<u>355,245</u>
Total currently payable	<u>541,557</u>	<u>901,853</u>
POSTRETIREMENT BENEFIT OBLIGATIONS:		
Retired participants	9,481,076	11,837,762
Other participants fully eligible for benefits	1,784,657	1,934,657
Participants not yet fully eligible for benefits	<u>1,226,370</u>	<u>2,029,050</u>
Total postretirement benefit obligations	<u>12,492,103</u>	<u>15,801,469</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS	<u>\$ 13,033,660</u>	<u>\$ 16,703,322</u>

See notes to financial statements.

EVERGY, INC.
JOINT TRUSTEED HEALTH AND WELFARE PLAN

STATEMENT OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

AMOUNTS CURRENTLY PAYABLE:

Balance — beginning of year	\$ 901,853
Claims and premiums reported and approved for payment	15,997,385
Claims and premiums paid	(15,582,408)
Net change during the year of claims incurred but not reported	<u>(775,273)</u>
Balance — end of year	<u>541,557</u>

POSTRETIREMENT BENEFIT OBLIGATIONS:

Balance — beginning of year	15,801,469
Increase (decrease) during the year attributable to:	
Benefits earned and other changes	131,632
Benefits reclassified to current payable and paid	(1,503,045)
Interest	823,326
Actuarial (gain)	(588,929)
Changes in actuarial assumptions	<u>(2,172,350)</u>
Balance — end of year	<u>12,492,103</u>

PLAN'S TOTAL BENEFIT OBLIGATIONS \$ 13,033,660

See notes to financial statements.

EVERGY, INC.

JOINT TRUSTEED HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS AS OF DECEMBER 31, 2024 AND 2023, AND FOR THE YEAR ENDED DECEMBER 31, 2024

1. DESCRIPTION OF THE PLAN

The following description of the Evergy, Inc. Joint Trusteed Health and Welfare Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document for a complete description of the Plan's provisions.

General — The Plan, sponsored by Evergy, Inc, effective October 1, 1974, was established pursuant to collective bargaining agreements for the purpose of providing health, death, and other benefits to qualified employees, certain retired employees and dependents of Evergy Metro, Inc. formerly Kansas City Power & Light Company. Benefits are provided in part directly from the general assets of the Company and in part through insurance agreements. A portion of the Plan's funds are held in trust under the terms of the trust agreement between the Company and Commerce Trust Company, the custodian of the Plan's assets effective February 23, 2005. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Benefits and Eligibility — The Plan provides medical, prescription drug, dental, vision, basic life and basic accidental death and dismemberment (AD&D) benefits for full-time, active employees of the Company with at least 90 days of service with the Company who were represented by one of the bargaining units covered by collective bargaining agreements between the Company and Local Unions 412, 1464, or 1613, International Brotherhood of Electrical Workers (the Unions). The Plan also provides coverage to part-time employees in Local 1613 scheduled to work more than 24 hours per week. In addition, retired or disabled employees and qualified dependents may participate in medical and prescription drug coverage under the Plan by paying a required contribution and receiving company-paid life insurance. Upon the active employees' retirement, they are given the option to enroll in pre-Medicare medical that includes prescription drug coverage. A Medicare supplement plan is available to those who are eligible for Medicare. The supplement plan does not include prescription drug coverage.

Stop loss insurance was secured from ReliaStar Life Insurance Company effective January 1, 2024 with a \$750,000 deductible and an unlimited annual maximum. The renewal rate for 2024 is \$27.49 per employee per month; the 2025 renewal rate is \$25.20. The stop loss insurance company for 2025 is BCS Insurance Company. The Plan's Board of Trustees determines annual deductible amounts, maximum out-of-pocket expenses and maximum lifetime limits for health benefits.

Contributions — Contributions are made by the Company and participants in amounts pursuant to the current collective bargaining agreements and/or plan administrator to meet funding requirements. The costs of the postretirement benefit plan are shared by the Company and retirees. Pre-Medicare retirees pay the full cost of their coverage; Medicare-eligible retirees pay the cost of their coverage in excess of defined dollar contributions as specified in the collective bargaining agreements. For employees hired or rehired after October 1, 2013, the Company pays a portion of Pre-Medicare cost. The Company makes contributions for retiree coverage at the amounts required under state statutes and agreements with state regulatory commissions.

Health Care Act — The Patient Protection and Affordable Care Act as amended by the Healthcare and Education Reconciliation Act of 2010 (the Act) was signed into law in March 2010. For the 2011 plan year,

the Plan was required to make certain adjustments to eligibility for adult children of participants and to eliminate certain lifetime and annual maximum benefit limitations. The Act also changed the tax treatment of reimbursements received under the Medicare Drug Subsidy and established the Early Retiree Reimbursement Program (ERRP) under which health plans were eligible to apply for reimbursement of certain expenses paid for pre-Medicare retirees. The Plan did not receive reimbursement under ERRP due to timing and format of request and limited funds available. In 2013, the waiting period for benefits changed from six months to 90 days.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

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

Risks and Uncertainties — The Plan invests in various investment securities including mutual funds, bonds, and money market funds. Investment securities, in general, are exposed to various risks such as interest rate, market, and credit risk. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption 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.

Claims Payable — The Plan's obligation at December 31, 2024 and 2023 for health claims that have been paid by third party administrators but not reimbursed by the Plan are based on actual claims paid in the subsequent periods.

Claims Incurred But Not Reported — The Plan provides for a liability arising from services to participants. The Plan's obligation at December 31, 2024 and 2023 for health claims incurred but not reported was estimated by the Plan's administrator using actual claims data.

Investment Valuation — The Plan's investments are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset 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. Dividends are recorded on the ex-dividend date.

Administrative Expenses — Expenses incurred in the administration of the Plan are paid by the Plan. Investment related expenses are included in net appreciation in fair value of investments.

Postretirement Benefits — The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the Company. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to that employee's service rendered to the valuation date. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Company and from existing Plan assets.

The actuarial present value of the expected postretirement benefit obligation is determined by the Plan's independent actuary and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment, and to reflect the portion of those costs expected to be borne by Medicare, the retired participants and other providers.

For measurement purposes, health care cost trend rates were assumed to be 6.85% for 2024 decreasing at 0.4% per year to 4.50% in the year 2030 and 7.25% for 2023 decreasing at 0.4% per year to 4.50% in the year 2030 and remain at that level.

The health care cost-trend assumption has a significant effect on the amounts reported. If the assumed rates for 2024 and 2023 increased by one percentage point for each future year, the obligation as of December 31, 2024 and 2023, would increase by approximately \$684,749 and \$969,358, respectively.

Other significant assumptions used in the valuations were as follows:

- Weighted average discount rates of 5.81% and 5.38% in 2024 and 2023, respectively
- 2024 and 2023 Life Expectancy of participants is projected separately for non-annuitants based on the Pri-2012 "Employees" Mortality Table and annuitants based on the Pri-2012 "Combined Non-disabled Annuitant" Mortality Table, utilizing improvement scale of MP-2015 rates for 2007-2009 grading down over 15 years to a long-term rate of 0.75% ages up to 85, declining to 0.00% at age 115.
- 2024 and 2023 Retirement Age: 5% of those age 55 – 58 (10% of those age 55 – 58 with over 30 years of service), 10% of those age 59-61, 25% of those age 62 – 64, 35% of those age 65, 40% of those age 66 – 69 and 100% of participants age 70 or older.

The Plan's postretirement benefit obligation decreased from \$15,801,469 as of December 31, 2023, to \$12,492,103 as of December 31, 2024. Changes in actuarial assumptions resulted in a decrease in the post-retirement benefit obligation. Changes include an increase in the discount rate.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of postretirement benefit obligations.

3. BENEFIT OBLIGATIONS

The medical and prescription drug portions of the Plan are self-funded. Post-retirement prescription drug benefits are provided through Sav-Rx. Post-retirement medical benefits are provided through Cigna. Medical and prescription drug claims are paid through Company and retiree contributions. Basic life insurance and AD&D and dependent life insurance is fully insured by Metropolitan Life Insurance Company. The Company pays basic life and AD&D insurance premiums for employees and life insurance premiums for retirees represented by Locals 412, 1464, and 1613. In addition, the Company pays basic AD&D and dependent life insurance premiums for active participants represented by Locals 412 and 1464 only.

4. INFORMATION CERTIFIED BY THE CUSTODIAN

The following is a summary of the unaudited information regarding the Plan as of December 31, 2024 and 2023, and for the year ended December 31, 2024, included in the Plan's financial statements and supplemental schedules that was prepared by or derived from information prepared by Commerce Trust Company, the custodian of the Plan, and furnished to the plan administrator. The plan administrator has obtained certifications from the custodian that such information is complete and accurate.

	2024	2023
Statements of net assets:		
Investments at fair value:		
Money market fund	\$ 3,967,812	\$ 3,118,996
Mutual funds	7,871,770	8,860,566
Bonds	<u>43,511,196</u>	<u>37,587,821</u>
Total investments at fair value	<u>\$ 55,350,778</u>	<u>\$ 49,567,383</u>
Accrued investment income	<u>\$ 367,073</u>	<u>\$ 285,213</u>
Statement of changes in net assets:		
Interest and dividend income	<u>\$ 1,774,705</u>	
Net appreciation in fair value of investments:		
Realized gain on sale of investments	\$ 1,010,230	
Unrealized gain in fair value of investments	530,737	
Total net appreciation in fair value of investments	<u>\$ 1,540,967</u>	

Notes 5 and supplemental schedules: All investment balances have been certified by the custodian, except for the classification of investments by level in Note 5.

5. FAIR VALUE OF INVESTMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market

inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Asset Valuation Techniques — Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The 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.

Mutual and Money Market Funds — Valued at the daily closing price as reported by the funds. The funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The funds held by the Plan are deemed to be actively traded.

Bonds — U.S. Treasury Securities are valued at the closing price reported on the active market on which the individual securities are traded. Corporate bonds and notes, mortgage-backed securities, asset-backed securities, taxable municipal bonds, tax-exempt revenue bonds and federal agency securities are 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. When quoted prices are not available for identical or similar securities, the security is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available.

The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2024 and 2023.

	Total December 31, 2024	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Fixed income securities:				
Money market fund	\$ 3,967,812	\$ 3,967,812	\$ -	\$ -
Mutual funds	7,871,770	7,871,770	-	-
Bonds	43,511,196	10,023,432	33,487,764	-
Total Investments	<u>\$ 55,350,778</u>	<u>\$ 21,863,014</u>	<u>\$ 33,487,764</u>	<u>\$ -</u>

	Total December 31, 2023	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Fixed income securities:				
Money market fund	\$ 3,118,996	\$ 3,118,996	\$ -	\$ -
Mutual funds	\$ 8,860,566	8,860,566	-	-
Bonds	<u>37,587,821</u>	<u>8,678,699</u>	<u>28,812,919</u>	<u>96,203</u>
Total Investments	<u>\$ 49,567,383</u>	<u>\$ 20,658,261</u>	<u>\$ 28,812,919</u>	<u>\$ 96,203</u>

Transfers Between Levels — The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

The tables below set forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2024.

2024	Bonds
Balance, beginning of year	\$ 96,203
Transfers in and/or out of Level 3 (net)	<u>(96,203)</u>
Balance, end of year	<u>\$ -</u>

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. The net transfers in and out of level 3, to or from level 2, were the result of changes in the availability of observable market data for the individual securities transferred.

The valuation methods as described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

6. FEDERAL INCOME TAX STATUS

The trust established under the Plan to hold the Plan's assets is intended to qualify pursuant of Section 501(c)(9) of the Internal Revenue Code (IRC), and accordingly, the trust's net investment income is exempt from income taxes. The trust has obtained an exemption letter from the Internal Revenue Service (IRS) dated January 18, 1978, and the Plan Sponsor believes that the trust, as amended, continues to qualify and to operate in accordance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires plan management to evaluate tax positions taken by the qualified trust and recognize a tax liability (or asset) if the qualified trust has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The qualified trust is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

As described in Note 1, the Plan has arrangements with various service providers. These transactions are party in interest transactions under ERISA. Fees paid directly to Commerce totaled \$58,944 for 2024.

8. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to amend and terminate the Plan subject to the provisions set forth in ERISA. In the event of termination, the Company will contribute the necessary amounts to fund all claims incurred prior to the date of termination.

9. SUBSEQUENT EVENT

Subsequent events were evaluated through October 15, 2025, the date the financial statements were available to be issued.

On July 30, 2025, Evergy announced it will offer an Enhanced Retirement Program (ERP) to selected employees with the opportunity to apply for an early retirement package. The program will be available to certain employees aged 52 or over, who participate in one of Evergy's defined benefit pension plans. Eligible employees who apply for the ERP and are accepted into the program will receive the following benefit enhancements:

- An additional 3 years of credited service or cash balance contribution credits under the pension plan.
- An additional 3 years of age to determine early retirement eligibility for pension benefits.
- A \$50,000 one-time Health Reimbursement Account credit for use of retiree medical costs.

On September 30, 2025, the Plan executed a buyout agreement with a third-party insurer, effectively transferring the future benefit obligation for union and non-union retiree life insurance participants to the insurer. The transaction was structured to ensure that all affected retirees maintain the current level of insurance coverage, with no interruption in benefits. The buyout is expected to reduce the Plan's long term obligations while also reducing Plan assets. It will also reduce administrative burden for the Plan Sponsor.

As a result of this transaction, the Plan's financial statements reflect a reduction in the present value of future benefit obligations equal to the \$3,872,354 decrease in plan assets. The reduction in Plan assets included a one-time premium payment made to the insurer to facilitate the transfer.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2024	2023
Net assets available for benefits per the financial statements	\$ 55,394,619	\$ 51,223,908
Benefit obligation amounts currently payable	<u>(541,557)</u>	<u>(901,853)</u>
Net assets available for benefits per the Form 5500	<u>\$ 54,853,062</u>	<u>\$ 50,322,055</u>

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

Total deductions per the financial statements	\$ 16,467,084
Add benefit obligation amounts currently payable — December 31, 2024	541,557
Less benefit obligation amounts currently payable — December 31, 2023	<u>(901,853)</u>
Total deductions per the Form 5500	<u>\$ 16,106,788</u>

* * * * *

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

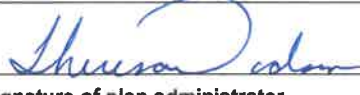
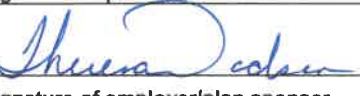
- A** This return/report is for:
 - a multiemployer plan
 - a single-employer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - an amended return/report
 - the final return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here.
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- 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 EVERGY, INC. JOINT TRUSTEED HEALTH AND WELFARE PLAN	1b Three-digit plan number (PN) ▶ 501 1c Effective date of plan 10/01/1974
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Evergy, Inc. P. O. Box 418679 Kansas City MO 64141-9679	2b Employer Identification Number (EIN) 82-2733395 2c Plan Sponsor's telephone number 816-556-2200 2d Business code (see instructions) 221100

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

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

SIGN HERE		10/15/25	Theresa Dodson, Director, Benefits
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/15/25	Theresa Dodson, Director, Benefits
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Evergy, Inc. Joint Board of Trustees 1200 Main Street P.O. Box 418679 Kansas City MO 64141-9679	3b Administrator's EIN 82-2733395 3c Administrator's telephone number 816-556-2200																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	5 2,625																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2), 6b, and 6c. e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e. g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="width:90%;">1,138</td></tr> <tr><td>6a(2)</td><td>1,179</td></tr> <tr><td>6b</td><td>1,449</td></tr> <tr><td>6c</td><td>0</td></tr> <tr><td>6d</td><td>2,628</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)	1,138	6a(2)	1,179	6b	1,449	6c	0	6d	2,628	6e		6f		6g(1)		6g(2)		6h	
6a(1)	1,138																				
6a(2)	1,179																				
6b	1,449																				
6c	0																				
6d	2,628																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7																				

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

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

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code _____

EVERGY, INC.
JOINT TRUSTEED HEALTH AND WELFARE PLAN
EIN # 82-2733395, Plan No. 501

FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain/ (Loss)
SINGLE TRANSACTIONS						
None						
SERIES TRANSACTIONS						
Goldman Sachs Financial Square Trust Prime Government Fund	Money Market Fund (332 Purchases) Money Market Fund (207 Sales)	\$ 26,105,922		\$ 26,105,922	\$ 26,105,922	
			\$ 25,257,105	25,257,105	25,257,105	\$ -

See accompanying Independent Auditors' Report.

SUPPLEMENTAL SCHEDULES

EVERGY, INC.
JOINT TRUSTEED HEALTH & WELFARE PLAN
EIN # 82-2733395, Plan No. 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Money Market Fund:			
	FINANCIAL SQUARE TR GOVERNMENT	Money Market Fund (3,967,812 shares)	\$ 3,967,812	\$ 3,967,812
	Total Money Market Fund:		<u>3,967,812</u>	<u>3,967,812</u>
	Mutual Fund:			
	VANGUARD TOTAL STOCK MARKET	Mutual fund (46,974 shares)	1,945,592	6,624,746
	VANGUARD FTSE ALL WORLD EX U S	Mutual fund (30,883 shares)	996,310	1,101,583
	ISHARES TREASURY INFLATION PROTECTED	Mutual fund (1,365 shares)	144,117	145,441
	Total Mutual Fund:		<u>3,086,018</u>	<u>7,871,770</u>
	Bonds:			
	AFLAC INC	SENIOR UNSECURED NOTE 2.875% DUE 10/15/26 DATED 09/19/16 Bonds (\$115,000 par value)	114,788	111,603
	AT&T INC	SENIOR UNSECURED NOTE 4.35% DUE 03/01/29 DATED 02/19/19 Bonds (\$185,000 par value)	186,208	180,993
	AIR LEASE CORP	SENIOR UNSECURED NOTE 3.25% DUE 03/01/25 DATED 01/16/18 Bonds (\$25,000 par value)	23,235	24,929
	AIR LEASE CORP	SENIOR UNSECURED NOTE 3.25% DUE 10/01/29 DATED 09/16/19 Bonds (\$30,000 par value)	29,665	27,692
	AIR PRODUCTS & CHEMICALS	SENIOR UNSECURED NOTE 4.85% DUE 02/08/34 DATED 02/08/24 Bonds (\$135,000 par value)	129,323	131,806
	ALABAMA POWER CO	SENIOR UNSECURED NOTE 3.94% DUE 09/01/32 DATED 08/12/22 Bonds (\$80,000 par value)	79,998	74,219
	AMAZON.COM INC	SENIOR UNSECURED NOTE 4.7% DUE 12/01/32 DATED 12/01/22 Bonds (\$365,000 par value)	364,912	362,847
	AMEREN CORPORATION	SENIOR UNSECURED NOTE 1.95% DUE 03/15/27 DATED 11/18/21 Bonds (\$65,000 par value)	64,988	61,096
	AMEREN ILLINOIS CO	SECURED NOTE 3.8% DUE 05/15/28 DATED 05/22/18 Bonds (\$320,000 par value)	380,864	310,176
	AMERICAN HONDA FINANCE	SENIOR UNSECURED NOTE 5.125% DUE 07/07/28 DATED 07/07/23 Bonds (\$100,000 par value)	99,956	100,682
	AMERICAN TOWER CORPORATION	SENIOR UNSECURED NOTE 5% DUE 01/31/30 DATED 11/21/24 Bonds (\$210,000 par value)	209,206	208,790
	AMGEN INC	SENIOR UNSECURED NOTE 5.25% DUE 03/02/33 DATED 03/02/23 Bonds (\$190,000 par value)	189,402	188,598
	AON NORTH AMERICA INC	SENIOR UNSECURED NOTE 5.45% DUE 03/01/34 DATED 03/01/24 Bonds (\$175,000 par value)	177,042	174,696
	APPLIED MATERIALS INC	SENIOR UNSECURED NOTE 3.9% DUE 10/01/25 DATED 09/24/15 Bonds (\$360,000 par value)	376,019	358,351
	AR STATE UNIVERSITY REVENUE TAXABLE	BOARD OF TRUSTEES 5.28% DUE 12/01/34 DATED 12/12/24 Bonds (\$70,000 par value)	70,000	69,656
	ARTHUR J GALLAGHER & CO	SENIOR UNSECURED NOTE 5.5% DUE 03/02/33 DATED 03/02/23 Bonds (\$35,000 par value)	36,117	35,262
	ARTHUR J GALLAGHER & CO	SENIOR UNSECURED NOTE 5% DUE 02/15/32 DATED 12/19/24 Bonds (\$175,000 par value)	174,885	172,722
	ATMOS ENERGY KANSAS	SECURED NOTE 5.155% DUE 03/01/33 DATED 06/20/23 Bonds (\$89,556 par value)	89,540	89,258
	AUTOMATIC DATA PROCESSING INC	SENIOR UNSECURED NOTE 4.45% DUE 09/09/34 DATED 09/09/24 Bonds (\$270,000 par value)	269,849	257,045
	AVALONBAY COMMUNITIES	SENIOR UNSECURED NOTE 2.3% DUE 03/01/30 DATED 02/25/20 Bonds (\$300,000 par value)	308,991	263,979
	BB&T CORPORATION	SENIOR UNSECURED NOTE 3.7% DUE 06/05/25 DATED 06/05/18 Bonds (\$85,000 par value)	84,828	84,604
	BHP BILLITON FINANCE USA LIMITED	SENIOR SECURED NOTE 5.1% DUE 09/08/28 DATED 09/08/23 Bonds (\$140,000 par value)	139,012	141,288
	BMW VEHICLE OWNER TRUST	SERIES 2023-A CLASS A2A 5.72% DUE 04/27/26 DATED 07/18/23 Bonds (\$15,228 par value)	15,228	15,248
	BAKER HUGHES HOLDINGS LLC	SENIOR UNSECURED NOTE 3.337% DUE 12/15/27 DATED 12/11/17 Bonds (\$80,000 par value)	86,601	77,162
	BALTIMORE GAS & ELECTRIC	SENIOR UNSECURED NOTE 2.4% DUE 08/15/26 DATED 08/18/16 Bonds (\$100,000 par value)	99,700	96,480
	BALTIMORE MD REVENUE	TAXABLE REFUNDING 3.711% DUE 07/01/26 DATED 08/14/18 Bonds (\$5,000 par value)	5,000	4,928
	BANCO SANTANDER SA	SENIOR NON PREFERRED NOTE VARIABLE RATE Bonds (\$105,000 par value)	104,178	105,466
	BANK OF AMERICA CORP	SENIOR UNSECURED NOTE 3.875% DUE 08/01/25 DATED 07/30/15 Bonds (\$110,000 par value)	111,153	109,498
	BANK OF AMERICA CORP	SENIOR UNSECURED NOTE 3.248% DUE 10/21/27 DATED 10/21/16 Bonds (\$140,000 par value)	151,368	134,926
	BANK OF AMERICA CORP	SENIOR UNSECURED NOTE VARIABLE RATE Bonds (\$30,000 par value)	33,572	28,763
	BANK OF AMERICA CORP	SENIOR UNSECURED NOTE VARIABLE RATE Bonds (\$40,000 par value)	40,000	39,575

(CONTINUED)

EVERGY, INC.
 JOINT TRUSTEED HEALTH & WELFARE PLAN
 EIN # 82-2733395, Plan No. 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 AS OF DECEMBER 31, 2024

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(c) Cost	(d) Current Value
BANK OF MONTREAL	SENIOR UNSECURED NOTE 5.717% DUE 09/25/28 DATED 09/25/23 Bonds (\$55,000 par value)	\$ 55,895	\$ 56,398
BANK OF NY MELLON CORP	SENIOR UNSECURED NOTE 1.05% DUE 10/15/26 DATED 07/27/21 Bonds (\$250,000 par value)	249,810	235,158
BANK OF NY MELLON CORP	SENIOR UNSECURED NOTE 2.05% DUE 01/26/27 DATED 01/26/22 Bonds (\$65,000 par value)	58,131	61,902
BANK OF NY MELLON CORP	SENIOR UNSECURED NOTE VARIABLE RATE Bonds (\$100,000 par value)	96,983	98,771
THE BANK OF NOVA SCOTIA	SENIOR UNSECURED NOTE 5.45% DUE 08/01/29 DATED 06/04/24 Bonds (\$160,000 par value)	159,678	162,930
BLACKROCK INC	SENIOR UNSECURED NOTE 3.25% DUE 04/30/29 DATED 04/29/19 Bonds (\$240,000 par value)	238,056	226,726
BLACKROCK FUNDING INC	SENIOR UNSECURED NOTE 5% DUE 03/14/34 DATED 03/14/24 Bonds (\$140,000 par value)	139,782	138,254
BOEING CO	SENIOR UNSECURED NOTE 2.5% DUE 03/01/25 DATED 02/20/15 Bonds (\$50,000 par value)	46,617	49,740
BORGWARNER INC	SENIOR UNSECURED NOTE 5.4% DUE 08/15/34 DATED 08/16/24 Bonds (\$80,000 par value)	79,574	78,738
BP CAP MARKETS AMERICA	SENIOR UNSECURED NOTE 4.812% DUE 02/13/33 DATED 02/13/23 Bonds (\$380,000 par value)	372,153	367,338
BROADCOM INC	SENIOR UNSECURED NOTE 4.35% DUE 02/15/30 DATED 10/02/24 Bonds (\$255,000 par value)	254,551	248,112
BURLINGTON NORTH SANTA FE	SENIOR UNSECURED NOTE 3.65% DUE 09/01/25 DATED 08/20/15 Bonds (\$50,000 par value)	52,061	49,676
BURLINGTON NORTHERN SANTA FE	SENIOR UNSECURED NOTE 7.95% DUE 08/15/30 DATED 08/08/00 Bonds (\$200,000 par value)	249,738	230,978
CGI INC	SENIOR UNSECURED NOTE 2.3% DUE 09/14/31 DATED 03/14/22 Bonds (\$150,000 par value)	122,432	124,212
CH ROBINSON WORLDWIDE	SENIOR UNSECURED NOTE 4.2% DUE 04/15/28 DATED 04/11/18 Bonds (\$30,000 par value)	29,339	29,220
CSX CORP	SENIOR UNSECURED NOTE 3.35% DUE 11/01/25 DATED 10/20/15 Bonds (\$40,000 par value)	40,388	39,629
CVS HEALTH CORP	SENIOR UNSECURED NOTE 3% DUE 08/15/26 DATED 08/15/19 Bonds (\$40,000 par value)	39,955	38,747
CARMAX AUTO OWNER TRUST	SERIES 2023-2 CLASS A3 5.05% DUE 01/18/28 DATED 04/26/23 Bonds (\$90,000 par value)	89,990	90,406
CARMAX AUTO OWNER TRUST	SERIES 2022-4 CLASS A3 5.34% DUE 08/16/27 DATED 10/31/22 Bonds (\$38,003 par value)	37,995	38,193
CARVANA AUTO RECEIVABLES TRUST	SERIES 2021-N4 CLASS A2 1.8% DUE 09/11/28 DATED 12/15/21 Bonds (\$257,343 par value)	257,323	249,730
CATERPILLAR FINANCIAL SERVICE	SENIOR UNSECURED NOTE 1.15% DUE 09/14/26 DATED 09/14/21 Bonds (\$110,000 par value)	109,809	104,106
CATERPILLAR FINANCIAL SERVICE	SENIOR UNSECURED NOTE 3.65% DUE 08/12/25 DATED 08/12/22 Bonds (\$55,000 par value)	54,933	54,722
CELGENE CORP	SENIOR UNSECURED NOTE 3.9% DUE 02/20/28 DATED 02/20/18 Bonds (\$20,000 par value)	19,931	19,570
CENTERPOINT ENERGY INC	SENIOR UNSECURED NOTE 5.4% DUE 06/01/29 DATED 05/10/24 Bonds (\$80,000 par value)	79,832	80,917
CENTERPOINT ENERGY HOUSTON ELEC LL	SECURED NOTE 3% DUE 02/01/27 DATED 01/12/17 Bonds (\$230,000 par value)	228,496	222,530
CITIGROUP INC	SUBORDINATED NOTE 5.5% DUE 09/13/25 DATED 09/13/13 Bonds (\$15,000 par value)	15,846	15,066
CITIGROUP INC	SENIOR UNSECURED NOTE VARIABLE RATE Bonds (\$180,000 par value)	180,000	173,138
CITIGROUP INCORPORATED	SUBORDINATED UNSECURED NOTE VARIABLE RATE Bonds (\$50,000 par value)	50,000	49,569
COMCAST CORP	SENIOR UNSECURED NOTE 2.65% DUE 02/01/30 DATED 11/05/19 Bonds (\$50,000 par value)	49,926	44,793
COMERICA INC	SENIOR UNSECURED NOTE 4% DUE 02/01/29 DATED 02/01/19 Bonds (\$190,000 par value)	204,005	180,152
COMMONWEALTH FINANCING AUTHORITY PA	TAXABLE PLANCON PROGRAM SERIES A 3.451% DUE 06/01/27 DATED 01/18/18 Bonds (\$300,000 par value)	300,000	293,274
CONNECTICUT LIGHT & POWER	SECURED NOTE 3.2% DUE 03/15/27 DATED 03/10/17 Bonds (\$60,000 par value)	63,086	58,211
CT STATE TAXABLE SERIES A	GENERAL OBLIGATION UNLIMITED 3.875% DUE 06/15/28 DATED 06/22/22 Bonds (\$250,000 par value)	250,000	244,295
CUMMINS INC	SENIOR UNSECURED NOTE 1.5% DUE 09/01/30 DATED 08/24/20 Bonds (\$330,000 par value)	323,060	276,180
CUMMINS INC	SENIOR GLOBAL NOTE 5.15% DUE 02/20/34 DATED 02/20/24 Bonds (\$130,000 par value)	129,568	130,073
DAIMLER TRUCKS RETAIL TRUST	SERIES 2023-1 CLASS A3 5.9% DUE 03/15/27 DATED 09/27/23 Bonds (\$100,000 par value)	99,998	101,011

(CONTINUED)

EVERGY, INC.
JOINT TRUSTEED HEALTH & WELFARE PLAN
EIN # 82-2733395, Plan No. 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024

(a) Similar Party	(b) Identity of Issue, Borrower, Lessor, or	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
DAIMLER TRUCKS RETAIL TRUST	SERIES 2022-1 CLASS A3 5.23% DUE 02/17/26 DATED 10/19/22	Bonds (\$34,129 par value)	\$ 34,126	\$ 34,170
JOHN DEERE CAPITAL CORP	SENIOR UNSECURED NOTE 4.85% DUE 10/11/29 DATED 10/11/22	Bonds (\$50,000 par value)	49,956	50,364
WALT DISNEY COMPANY	SENIOR UNSECURED NOTE 3.8% DUE 03/22/30 DATED 03/23/20	Bonds (\$250,000 par value)	249,300	239,283
DUKE ENERGY FLORIDA LLC	SECURED NOTE 3.8% DUE 07/15/28 DATED 06/21/18	Bonds (\$210,000 par value)	207,534	203,370
ERP OPERATING LIMITED PARTNERSHIP	SENIOR UNSECURED NOTE 3% DUE 07/01/29 DATED 06/26/19	Bonds (\$80,000 par value)	70,762	73,829
EATON VANCE CORP	SENIOR UNSECURED NOTE 3.5% DUE 04/06/27 DATED 04/06/17	Bonds (\$55,000 par value)	54,798	53,565
EDWARDS LIFESCIENCES CORP	SENIOR UNSECURED NOTE 4.3% DUE 06/15/28 DATED 06/15/18	Bonds (\$20,000 par value)	19,953	19,570
EMERSON ELECTRIC CO	SENIOR UNSECURED NOTE 2% DUE 12/21/28 DATED 12/21/21	Bonds (\$260,000 par value)	259,425	234,764
ENBRIDGE INC	SENIOR NOTE 5.625% DUE 04/05/34 DATED 04/05/24	Bonds (\$105,000 par value)	104,841	105,618
ENTERGY LOUISIANA LLC	SECURED NOTE 2.4% DUE 10/01/26 DATED 10/04/16	Bonds (\$75,000 par value)	74,683	72,218
EQUINOR ASA	SENIOR UNSECURED NOTE 1.75% DUE 01/22/26 DATED 05/22/20	Bonds (\$100,000 par value)	99,599	97,084
EXPRESS SCRIPTS HOLDING	SENIOR UNSECURED NOTE 4.5% DUE 02/25/26 DATED 02/25/16	Bonds (\$79,000 par value)	78,579	78,585
EXXON MOBIL CORPORATION	SENIOR UNSECURED NOTE 3.043% DUE 03/01/26 DATED 03/03/16	Bonds (\$175,000 par value)	175,000	172,249
META PLATFORMS INC	SENIOR UNSECURED NOTE 4.75% DUE 08/15/34 DATED 08/09/24	Bonds (\$125,000 par value)	126,533	121,679
FEDERAL HOME LOAN MORTGAGE CORP	GOLD POOL #G13833 4.5% DUE 05/01/25 DATED 05/01/10	Bonds (\$115 par value)	119	114
FEDERAL HOME LOAN BANK	UNSECURED NOTE 3.25% DUE 06/09/28 DATED 05/08/18	Bonds (\$75,000 par value)	76,427	72,228
FEDERAL HOME LOAN BANK	UNSECURED NOTE 3.25% DUE 11/16/28 DATED 11/16/18	Bonds (\$250,000 par value)	251,960	241,313
FEDERAL HOME LOAN MORTGAGE CORP	UMBS POOL #SB8100 1% DUE 03/25/36 DATED 05/01/24	Bonds (\$210,250 par value)	175,362	176,366
FEDERAL HOME LOAN MORTGAGE CORP	UMBS POOL #SB8257 5.5% DUE 09/01/38 DATED 08/01/23	Bonds (\$71,311 par value)	70,798	71,791
FEDERAL HOME LOAN MORTGAGE CORP	UMBS POOL #SB8262 5% DUE 08/01/38 DATED 08/01/23	Bonds (\$76,208 par value)	75,625	75,843
FEDERAL HOME LOAN MORTGAGE CORP	UMBS POOL #SB8308 5% DUE 06/25/39 DATED 10/01/24	Bonds (\$455,199 par value)	456,195	453,019
FEDERAL FARM CREDIT BANK	UNSECURED NOTE 0.5% DUE 05/14/25 DATED 05/14/20	Bonds (\$100,000 par value)	99,882	98,634
FEDERAL HOME LOAN MORTGAGE CORP	UMBS POOL #RB5038 3% DUE 03/01/40 DATED 02/01/20	Bonds (\$14,912 par value)	15,371	13,478
FEDERAL HOME LOAN MORTGAGE CORP	UMBS POOL #RB5247 5.5% DUE 07/01/43 DATED 07/01/23	Bonds (\$76,464 par value)	76,064	76,599
FEDERAL HOME LOAN MORTGAGE CORP	SENIOR UNSECURED NOTE 0% DUE 12/14/29 DATED 08/02/99	Bonds (\$575,000 par value)	463,462	461,823
FEDERAL NATIONAL MORTGAGE ASSOC	UNSECURED NOTE 2.125% DUE 04/24/26 DATED 04/26/16	Bonds (\$305,000 par value)	308,439	296,619
FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #109476 3.75% DUE 08/01/28 DATED 08/01/18	Bonds (\$120,000 par value)	115,575	115,870
FANNIEMAE GRANTOR TRUST	SERIES 2011-T2 CLASS A1 2.5% DUE 08/25/51 DATED 08/01/11	Bonds (\$30,459 par value)	29,203	27,453
FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2015-19 CLASS CA 3.5% DUE 01/25/43 DATED 03/01/15	Bonds (\$21,710 par value)	22,114	21,532
FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2016-96 CLASS A 1.75% DUE 12/25/46 DATED 11/01/16	Bonds (\$29,129 par value)	28,246	26,336
FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2017-69 CLASS HA 3% DUE 06/25/46 DATED 07/01/24	Bonds (\$135,526 par value)	125,679	125,910
FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2017-62 CLASS AB 3% DUE 08/25/45 DATED 07/01/17	Bonds (\$51,516 par value)	52,856	49,542
FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2020-96 CLASS LY 5% DUE 01/25/51 DATED 08/01/24	Bonds (\$148,156 par value)	148,549	144,458
FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2021-3 CLASS PH 1.25% DUE 02/25/51 DATED 01/01/21	Bonds (\$85,032 par value)	86,095	63,053
FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2021-69 CLASS WA 2% DUE 04/25/49 DATED 09/01/21	Bonds (\$48,489 par value)	49,156	39,192
FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2022-27 CLASS DE 4% DUE 03/25/49 DATED 05/01/22	Bonds (\$239,018 par value)	240,120	225,476
FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2022-16 CLASS GA 4% DUE 04/25/49 DATED 10/01/24	Bonds (\$764,940 par value)	739,631	726,845

(CONTINUED)

EVERGY, INC.
 JOINT TRUSTEED HEALTH & WELFARE PLAN
 EIN # 82-2733395, Plan No. 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 AS OF DECEMBER 31, 2024

(a) Similar Party	(b) Identity of Issue, Borrower, Lessor, or Maturity Date, Rate of Interest,	(c) Description of Investment Including Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2022-61 CLASS D 4% DUE 06/25/44 DATED 08/01/22	Bonds (\$76,556 par value)	\$ 72,023	\$ 74,526
FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 3695 CLASS JG 4.5% DUE 07/15/40 DATED 12/01/24	Bonds (\$503,848 par value)	496,447	490,399
FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 3816 CLASS HA 3.5% DUE 11/15/25 DATED 02/01/11	Bonds (\$6,805 par value)	7,067	6,766
FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2024-3910 CLASS GZ 5% DUE 08/15/41 DATED 06/01/24	Bonds (\$191,395 par value)	188,711	189,298
FEDERAL HOME LOAN MORTGAGE ASSOC	REMIC SERIES 4180 CLASS ME 2.5% DUE 10/15/42 DATED 03/01/13	Bonds (\$47,554 par value)	47,567	44,437
FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 4639 CLASS KB VARIABLE RATE	Bonds (\$18,489 par value)	18,940	17,872
FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 4826 CLASS KL 3.5% DUE 11/15/46 DATED 08/01/18	Bonds (\$11,009 par value)	11,035	10,600
FHLMC MULTICLASS CERTIFICATES	REMIC SERIES 2024-5000 CLASS NA 1% DUE 06/25/50 DATED 08/01/24	Bonds (\$146,603 par value)	109,534	105,416
FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2021-5081 CLASS QA 2% DUE 12/25/50 DATED 02/01/21	Bonds (\$80,033 par value)	82,760	62,479
FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2021-5144 CLASS PC 1.5% DUE 09/25/51 DATED 08/01/21	Bonds (\$49,645 par value)	49,810	40,901
FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2021-5143 CLASS G 2% DUE 06/25/49 DATED 08/01/21	Bonds (\$226,421 par value)	230,596	181,736
FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2021-5138 CLASS JH 1.5% DUE 03/25/51 DATED 08/01/21	Bonds (\$112,881 par value)	91,151	93,121
FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2022-5257 CLASS GA 4% DUE 08/25/46 DATED 08/01/22	Bonds (\$39,961 par value)	39,102	38,286
FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2022-5263 CLASS A 5% DUE 12/25/45 DATED 09/01/22	Bonds (\$323,819 par value)	326,855	317,022
FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2024-5299 CLASS VG 5% DUE 11/25/33 DATED 08/01/24	Bonds (\$147,065 par value)	147,984	145,135
FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 5300 CLASS AB 5.5% DUE 01/25/49 DATED 03/01/23	Bonds (\$118,704 par value)	116,156	118,069
FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2024-5391 CLASS A 5.5% DUE 11/25/51 DATED 02/01/24	Bonds (\$270,877 par value)	269,364	270,329
FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2024-5417 CLASS AV 5.5% DUE 04/25/35 DATED 07/01/24	Bonds (\$384,030 par value)	384,900	382,206
FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2024-5447 CLASS GD 5% DUE 07/25/38 DATED 07/01/24	Bonds (\$350,305 par value)	348,499	348,483
FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2024-5458 CLASS LV 4.5% DUE 06/25/37 DATED 09/01/24	Bonds (\$197,070 par value)	196,793	187,755
FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2024-5458 CLASS PE 4.5% DUE 12/25/53 DATED 10/01/24	Bonds (\$153,442 par value)	148,839	146,662
FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #AJ4087 3% DUE 10/01/26 DATED 10/01/11	Bonds (\$3,033 par value)	3,130	2,989
FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2003-41 CLASS OA 4% DUE 05/25/33 DATED 04/01/03	Bonds (\$115 par value)	119	114
FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2996 CLASS MK 5.5% DUE 06/15/35 DATED 06/01/05	Bonds (\$3,066 par value)	3,313	3,118
FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 3150 CLASS EQ 5% DUE 05/15/26 DATED 05/01/06	Bonds (\$156 par value)	167	156
FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #BM3906 5% DUE 02/01/32 DATED 05/01/18	Bonds (\$10,675 par value)	11,309	10,700
FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #BM4874 VARIABLE RATE	Bonds (\$26,491 par value)	26,798	25,393
FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #BM7586 VARIABLE RATE	Bonds (\$368,408 par value)	363,817	360,623
FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #BN5302 VARIABLE RATE	Bonds (\$4,202 par value)	4,313	4,076
FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #FM5329 2% DUE 01/01/31 DATED 12/01/20	Bonds (\$25,071 par value)	25,996	23,598
FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #FS3310 4.5% DUE 11/01/37 DATED 11/01/22	Bonds (\$38,004 par value)	37,737	37,225
FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #FS4582 4% DUE 04/01/40 DATED 04/01/23	Bonds (\$44,507 par value)	43,506	42,502
FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #MA2947 2.5% DUE 02/01/32 DATED 02/01/17	Bonds (\$39,886 par value)	40,042	37,656
FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #MA4990 4.5% DUE 04/01/38 DATED 03/01/23	Bonds (\$40,007 par value)	39,826	39,187
FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #MA5020 5% DUE 05/25/43 DATED 04/01/23	Bonds (\$333,915 par value)	329,168	326,132
FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #MA5060 5% DUE 05/01/43 DATED 05/01/23	Bonds (\$44,321 par value)	44,197	43,174
FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #MA5169 5.5% DUE 09/01/38 DATED 09/01/23	Bonds (\$93,542 par value)	93,410	94,172
FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #MA5480 5.5% DUE 09/25/44 DATED 10/01/24	Bonds (\$152,275 par value)	153,060	151,386
FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #MA5502 5% DUE 10/25/44 DATED 10/01/24	Bonds (\$477,384 par value)	474,400	467,225

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EVERGY, INC.
 JOINT TRUSTEED HEALTH & WELFARE PLAN
 EIN # 82-2733395, Plan No. 501

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FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #MA5539 5% DUE 10/25/44 DATED 10/01/24	\$ 479,641	\$ 471,931
FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #MA5562 5% DUE 12/25/44 DATED 12/01/24	221,984	218,008
FIRST NATIONAL MASTER NOTE TRUST	SERIES 2023-2 CLASS A 5.77% DUE 09/17/29 DATED 09/22/23	74,988	76,093
FLORIDA POWER & LIGHT CO	FIRST LIEN NOTE 5.1% DUE 04/01/33 DATED 03/03/23	54,911	54,643
FORD CREDIT AUTO OWNER TRUST	SERIES 2022-B CLASS A3 3.74% DUE 09/15/26 DATED 06/27/22	110,039	109,777
FORD CREDIT AUTO OWNER TRUST	SERIES 2022-C CLASS A3 4.48% DUE 12/15/26 DATED 09/23/22	125,023	124,956
FREDDIE MAC SCRT	REMIC SERIES 2017-3 CLASS MA 3% DUE 07/25/56 DATED 09/01/17	11,256	10,360
FREDDIE MAC - SLST	SERIES 2018-2 CLASS A1 3.5% DUE 11/25/28 DATED 11/01/18	18,227	17,741
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	II POOL #784626 4.5% DUE 10/20/48 DATED 12/01/18	6,393	5,842
GE HEALTHCARE TECHNOLOGIES INC	SENIOR UNSECURED NOTE 4.8% DUE 08/14/29 DATED 08/14/24	209,750	208,037
GENERAL DYNAMICS CORP	SENIOR UNSECURED NOTE 2.625% DUE 11/15/27 DATED 09/14/17	48,916	47,454
GENERAL MOTORS FINANCIAL CO	SENIOR UNSECURED NOTE 2.4% DUE 10/15/28 DATED 10/15/21	109,725	99,724
GENERAL MOTORS FINANCIAL CO	SENIOR UNSECURED NOTE 5% DUE 04/09/27 DATED 06/09/22	49,944	50,057
GLOBAL PAYMENTS INC	SENIOR UNSECURED NOTE 2.65% DUE 02/15/25 DATED 08/14/19	180,047	169,468
GOLDMAN SACHS GROUP INC	SENIOR UNSECURED NOTE VARIABLE RATE	154,812	148,803
GOLDMAN SACHS GROUP INC	SENIOR UNSECURED NOTE VARIABLE RATE	175,000	166,037
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	REMIC SERIES 2013-144 CLASS PA 2.5% DUE 04/20/43 DATED 10/01/13	26,146	24,840
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	REMIC SERIES 2017-130 CLASS TA 2.5% DUE 08/20/47 DATED 08/01/17	16,840	14,072
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	REMIC SERIES 2018-155 CLASS LM 3.5% DUE 11/20/45 DATED 11/01/18	7,220	7,236
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	REMIC SERIES 2022-116 CLASS A 2.1% DUE 04/16/63 DATED 06/01/22	273,433	251,362
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	REMIC SERIES 2019-29 CLASS MT 3.5% DUE 03/20/49 DATED 03/01/19	18,923	16,758
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	REMIC SERIES 2022-34 CLASS PN 3% DUE 02/20/52 DATED 02/01/22	64,662	57,951
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	REMIC SERIES 2023-38 CLASS GA 5% DUE 09/20/48 DATED 03/01/23	93,540	93,205
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	REMIC SERIES 2023-97 CLASS CA 6% DUE 08/20/45 DATED 07/01/23	48,185	48,494
HARTFORD FINANCIAL SERVICES GROUP	SENIOR UNSECURED NOTE 2.8% DUE 08/19/29 DATED 08/19/19	34,888	31,877
HI STATE DEPT BUSINESS ECONOMIC	DEVELOPMENT & TOURISM GREEN ENERGY TAXABLE GREEN BONDS SERIES A-2	79,598	76,965
HENRY J KAISER FAMILY FO	UNSECURED NOTE 3.356% DUE 12/01/25 DATED 06/25/15	275,000	271,818
HERRIN IL TAXABLE	GENERAL OBLIGATION UNLIMITED 2.6% DUE 12/01/25 DATED 04/01/22	250,000	245,058
HEWLETT PACKARD ENTERPRISE COMPANY	SENIOR UNSECURED NOTE 4.85% DUE 10/15/31 DATED 09/26/24	99,908	97,528
HOLLYFRONTIER CORP	SENIOR UNSECURED NOTE 5.875% DUE 04/01/26 DATED 03/22/16	19,865	20,126
HONDA AUTO RECEIVABLES OWNER TRUST	SERIES 2024-2 CLASS A2 5.48% DUE 11/18/26 DATED 05/21/24	146,750	147,394
HONOLULU CITY & COUNTY HI BOARD OF	WATER SUPPLY WATER SYSTEM REVENUE TAXABLE REFUNDING SERIES B	60,000	54,011
HORACE MANN EDUCATORS CORPORATION	SENIOR UNSECURED NOTE 7.25% DUE 09/15/28 DATED 09/15/23	52,572	53,280
HUBBELL INCORPORATED	SENIOR UNSECURED NOTE 3.5% DUE 02/15/28 DATED 02/02/18	114,785	115,270
INTUIT INC	SENIOR UNSECURED NOTE 5.2% DUE 09/15/33 DATED 09/15/23	79,538	80,159
JPMORGAN CHASE & CO	UNSECURED NOTE 3.9% DUE 07/15/25 DATED 07/21/15	51,905	49,822
JPMORGAN CHASE & CO	SENIOR UNSECURED NOTE VARIABLE RATE	60,306	57,614
JPMORGAN CHASE & CO	SENIOR UNSECURED NOTE VARIABLE RATE	110,343	112,368

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JPMORGAN CHASE & CO	SENIOR UNSECURED NOTE VARIABLE RATE	Bonds (\$50,000 par value)	\$ 50,000	\$ 49,402
KIMBERLY-CLARK CORP	SENIOR UNSECURED NOTE 3.95% DUE 11/01/28 DATED 10/29/18	Bonds (\$45,000 par value)	44,930	43,986
KIMBERLY-CLARK CORP	SENIOR UNSECURED NOTE 4.5% DUE 02/16/33 DATED 02/16/23	Bonds (\$290,000 par value)	289,559	282,129
LEAR CORP	SENIOR UNSECURED NOTE 4.25% DUE 05/15/29 DATED 05/01/19	Bonds (\$120,000 par value)	119,629	115,381
LEGG MASON INC	SENIOR UNSECURED NOTE 4.75% DUE 03/15/26 DATED 03/22/16	Bonds (\$25,000 par value)	24,989	24,997
LOCKHEED MARTIN CORP	SENIOR UNSECURED NOTE 1.85% DUE 06/15/30 DATED 05/20/20	Bonds (\$130,000 par value)	117,364	111,428
LOEWS CORPORATION	SENIOR UNSECURED NOTE 3.75% DUE 04/01/26 DATED 03/22/16	Bonds (\$110,000 par value)	107,826	108,782
MPLX LP	SENIOR UNSECURED NOTE 4.95% DUE 09/01/32 DATED 08/11/22	Bonds (\$195,000 par value)	193,894	188,003
MAGNA INTERNATIONAL INC	SENIOR UNSECURED NOTE 4.15% DUE 10/01/25 DATED 09/23/15	Bonds (\$110,000 par value)	109,620	109,487
ME HEALTH AND HIGHER EDUCATIONAL	FACILITIES AUTHORITY REVENUE TAXABLE ME HEALTH- SERIES B	Bonds (\$30,000 par value)	30,000	29,060
MASTERCARD INC	SENIOR UNSECURED NOTE 2.95% DUE 06/01/29 DATED 05/31/19	Bonds (\$55,000 par value)	54,924	51,318
MID-AMERICA APARTMENTS	SENIOR UNSECURED NOTE 3.95% DUE 03/15/29 DATED 03/07/19	Bonds (\$40,000 par value)	43,131	38,527
MORGAN STANLEY	SENIOR UNSECURED NOTE VARIABLE RATE	Bonds (\$150,000 par value)	150,000	144,651
NATIONAL AUSTRALIA BANK LIMITED	SENIOR UNSECURED NOTE 5.087% DUE 06/11/27 DATED 06/11/24	Bonds (\$115,000 par value)	115,000	116,328
NATIONAL RURAL UTILITY COOPERATIVE	SENIOR UNSECURED NOTE 5.05% DUE 09/15/28 DATED 06/29/23	Bonds (\$95,000 par value)	94,990	95,720
NATIONAL RURAL UTILITY COOP	SENIOR UNSECURED NOTE 5.15% DUE 06/15/29 DATED 05/10/24	Bonds (\$255,000 par value)	254,429	258,019
NATWEST GROUP PLC	SENIOR UNSECURED NOTE VARIABLE RATE	Bonds (\$60,000 par value)	60,000	57,251
NEW HOPE TX CULTURAL EDU FACS FIN	CORP EDL FAC REV-TAXABLE-TX A&M UNIV CAIN HALL REDEV PROJ PHASE 2-SER B	Bonds (\$75,000 par value)	75,000	73,694
NORTHERN TRUST CORP	SUBORDINATED NOTE 3.95% DUE 10/30/25 DATED 10/31/13	Bonds (\$70,000 par value)	72,233	69,577
NORTHERN TRUST CORP	SENIOR UNSECURED NOTE 3.15% DUE 05/03/29 DATED 05/03/19	Bonds (\$130,000 par value)	129,878	121,718
NORTHERN TRUST CORP	SENIOR UNSECURED NOTE 1.95% DUE 05/01/30 DATED 05/01/20	Bonds (\$55,000 par value)	54,792	47,490
NOVARTIS CAPITAL CORP	SENIOR UNSECURED NOTE 4% DUE 09/18/31 DATED 09/18/24	Bonds (\$135,000 par value)	134,413	128,586
NOVARTIS CAPITAL CORP	SENIOR UNSECURED NOTE 4.2% DUE 09/18/34 DATED 09/18/24	Bonds (\$235,000 par value)	233,313	218,639
NUCOR CORP	SENIOR UNSECURED NOTE 3.95% DUE 05/23/25 DATED 05/23/22	Bonds (\$30,000 par value)	29,981	29,891
NUTRIEN LTD	SENIOR UNSECURED NOTE 4.9% DUE 03/27/28 DATED 03/27/23	Bonds (\$135,000 par value)	134,757	134,946
OCCIDENTAL COLLEGE	UNSECURED NOTE 2.515% DUE 10/01/29 DATED 10/16/19	Bonds (\$310,000 par value)	310,000	268,903
OKLAHOMA GAS AND ELECTRIC COMPANY	SENIOR UNSECURED NOTE 5.4% DUE 01/15/33 DATED 01/05/23	Bonds (\$335,000 par value)	315,114	337,630
ONCOR ELECTRIC DELIVERY	1ST LIEN NOTE 2.95% DUE 04/01/25 DATED 10/01/15	Bonds (\$40,000 par value)	38,157	39,815
ONEOK INC	SENIOR UNSECURED NOTE 6.1% DUE 11/15/32 DATED 11/18/22	Bonds (\$25,000 par value)	24,980	25,871
ONEOK INC	SENIOR UNSECURED NOTE 4.75% DUE 10/15/31 DATED 09/24/24	Bonds (\$210,000 par value)	209,084	203,135
PNC FINANCIAL SERVICES	SENIOR UNSECURED NOTE 3.15% DUE 05/19/27 DATED 05/19/17	Bonds (\$100,000 par value)	106,806	96,474
PNC FINANCIAL SERVICES	SENIOR UNSECURED NOTE 1.15% DUE 08/13/26 DATED 08/13/21	Bonds (\$120,000 par value)	119,773	113,388
PPG INDUSTRIES INC	SENIOR UNSECURED NOTE 1.2% DUE 03/15/26 DATED 03/04/21	Bonds (\$60,000 par value)	55,397	57,470
PACCAR FINANCIAL CORP	SENIOR UNSECURED NOTE 4.45% DUE 08/06/27 DATED 08/06/24	Bonds (\$460,000 par value)	459,388	459,572
PACIFICORP	SECURED NOTE 3.5% DUE 06/15/29 DATED 03/01/19	Bonds (\$275,000 par value)	274,491	258,899
PACKAGING CORP OF AMERICA	SENIOR UNSECURED NOTE 3% DUE 12/15/29 DATED 11/21/19	Bonds (\$40,000 par value)	39,948	36,459
PA STATE ECON DEVELOPMENT FINANCIN	AUTHORITY REVENUE TAXABLE SYSTEM HIGHER EDUCATION ACT 105 PROJECT	Bonds (\$70,000 par value)	70,000	64,160

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PEPSICO INC	SENIOR UNSECURED NOTE 3.9% DUE 07/18/32 DATED 07/18/22	Bonds (\$375,000 par value)	\$ 357,877	\$ 350,490
PFIZER INVESTMENT ENTERPRISES	SENIOR UNSECURED NOTE 4.75% DUE 05/19/33 DATED 05/19/23	Bonds (\$240,000 par value)	225,958	233,203
PHILLIPS 66 COMPANY	SENIOR UNSECURED NOTE 5.25% DUE 06/15/31 DATED 02/28/24	Bonds (\$250,000 par value)	257,828	250,668
PHOENIX AZ CIVIC IMPROVEMENT CORP	EXCISE TAX REVENUE SUB TAX TAXABLE REFUNDING SERIES B REFUNDING INTERMEDIATE LIEN SERIES C 3.993% DUE 08/01/31 DATED 08/11/22	Bonds (\$80,000 par value)	80,000	79,490
PORT OF SEATTLE WA REVENUE TAXABLE	SENIOR UNSECURED NOTE 1.25% DUE 10/15/30 DATED 08/20/20	Bonds (\$100,000 par value)	100,000	94,689
PROLOGIS LP	SENIOR UNSECURED NOTE 4.75% DUE 06/15/33 DATED 03/30/23	Bonds (\$310,000 par value)	308,822	254,092
PROLOGIS LP	SENIOR UNSECURED NOTE 1.85% DUE 05/01/28 DATED 04/23/21	Bonds (\$40,000 par value)	39,926	38,714
PUBLIC STORAGE	SENIOR UNSECURED NOTE 5.125% DUE 01/15/29 DATED 07/26/23	Bonds (\$90,000 par value)	89,947	82,067
PUBLIC STORAGE	SERIES 2007-B CLASS 3A1 5.4504% DUE 07/25/35 DATED 03/01/07	Bonds (\$60,000 par value)	59,950	60,721
RBSGC MORTGAGE PASS THROUGH CERT	SENIOR UNSECURED NOTE 5.15% DUE 02/27/33 DATED 02/27/23	Bonds (\$452 par value)	437	447
RTX CORPORATION	SENIOR UNSECURED NOTE 5.125% DUE 02/15/34 DATED 01/16/24	Bonds (\$35,000 par value)	34,897	34,706
REALTY INCOME CORPORATION	SENIOR UNSECURED NOTE 3.95% DUE 09/15/26 DATED 06/08/16	Bonds (\$100,000 par value)	98,910	97,995
REINSURANCE GROUP OF AMERICA	SENIOR UNSECURED NOTE 3.9% DUE 05/15/29 DATED 05/15/19	Bonds (\$125,000 par value)	124,995	123,253
REINSURANCE GROUP OF AMERICA	SENIOR UNSECURED NOTE 6% DUE 09/15/33 DATED 06/08/23	Bonds (\$30,000 par value)	31,144	28,648
REINSURANCE GROUP OF AMERICA	TAXABLE REFUNDING 4.988% DUE 01/15/32 DATED 09/08/22	Bonds (\$90,000 par value)	87,071	92,498
RICHMOND CA PENSION FUNDING	SENIOR UNSECURED NOTE 3.5% DUE 03/01/29 DATED 03/01/19	Bonds (\$295,000 par value)	295,000	292,802
ROCKWELL AUTOMATION	SENIOR UNSECURED NOTE 2% DUE 06/30/30 DATED 06/22/20	Bonds (\$55,000 par value)	62,148	52,240
ROPER TECHNOLOGIES INC	SENIOR UNSECURED NOTE 1.5% DUE 07/15/28 DATED 07/12/21	Bonds (\$150,000 par value)	148,316	127,862
SALESFORCE.COM INC	SECURED NOTE 2.5% DUE 05/15/26 DATED 05/19/16	Bonds (\$320,000 par value)	318,349	287,555
SAN DIEGO G&E	SENIOR UNSECURED NOTE 3.2% DUE 03/02/27 DATED 03/02/17	Bonds (\$50,000 par value)	46,081	48,633
CHARLES SCHWAB CORPORATION	SENIOR UNSECURED NOTE 3.25% DUE 05/22/29 DATED 05/22/19	Bonds (\$275,000 par value)	274,557	266,324
CHARLES SCHWAB CORP	SERIES 2013-6 CLASS A1 2.5% DUE 05/25/43 DATED 04/01/13	Bonds (\$60,000 par value)	59,792	56,221
SEQUOIA MORTGAGE TRUST	SENIOR UNSECURED NOTE 2.875% DUE 05/10/26 DATED 05/10/16	Bonds (\$32,311 par value)	31,584	27,514
SHELL INTERNATIONAL FINANCE	SENIOR UNSECURED NOTE 3.375% DUE 12/01/27 DATED 12/11/17	Bonds (\$55,000 par value)	54,820	53,774
SIMON PROPERTY GROUP LP	FIRST LIEN NOTE 4.8% DUE 02/15/33 DATED 02/13/23	Bonds (\$190,000 par value)	188,507	184,015
SPIRE MISSOURI INC	SENIOR UNSECURED NOTE VARIABLE RATE	Bonds (\$305,000 par value)	290,824	298,287
STATE STREET CORP	SENIOR UNSECURED NOTE 4% DUE 10/01/27 DATED 09/21/17	Bonds (\$100,000 par value)	101,107	102,861
SUNOCO LOGISTICS PARTNER	SERIES 2022-A2 CLASS A 3.86% DUE 07/17/28 DATED 07/15/22	Bonds (\$25,000 par value)	24,804	24,449
SYNCHRONY CARD ISSUANCE TRUST	SENIOR UNSECURED NOTE 3.75% DUE 10/01/25 DATED 09/28/15	Bonds (\$55,000 par value)	54,993	54,765
SYSCO CORPORATION	SENIOR UNSECURED NOTE 7% DUE 03/15/27 DATED 03/13/97	Bonds (\$40,000 par value)	40,000	39,740
TENNESSEE GAS PIPELINE	SENIOR UNSECURED NOTE 2.25% DUE 09/04/29 DATED 09/04/19	Bonds (\$125,000 par value)	151,016	130,538
TEXAS INSTRUMENTS INC	SENIOR UNSECURED NOTE 3.65% DUE 08/16/32 DATED 08/16/22	Bonds (\$50,000 par value)	49,845	44,914
TEXAS INSTRUMENTS INC	SENIOR UNSECURED NOTE 2% DUE 09/10/31 DATED 09/10/21	Bonds (\$100,000 par value)	99,709	91,778
TORONTO-DOMINION BANK	SENIOR UNSECURED NOTE 4.55% DUE 09/20/27 DATED 09/20/22	Bonds (\$100,000 par value)	99,595	82,892
TOYOTA MOTOR CREDIT CORP	SENIOR UNSECURED NOTE 7.7% DUE 06/15/29 DATED 06/15/99	Bonds (\$335,000 par value)	334,675	334,970
TRANSCANADA PIPELINES	SENIOR UNSECURED NOTE 4.4% DUE 01/26/29 DATED 10/26/18	Bonds (\$45,000 par value)	61,687	48,777
UDR INC	SENIOR UNSECURED NOTE 3.2% DUE 01/15/30 DATED 07/02/19	Bonds (\$30,000 par value)	29,999	29,163
UDR INC	SENIOR UNSECURED NOTE 6.625% DUE 02/01/29 DATED 02/01/99	Bonds (\$90,000 par value)	89,696	82,378
UNION PACIFIC CORP		Bonds (\$180,000 par value)	234,218	192,704

(CONTINUED)

EVERGY, INC.
 JOINT TRUSTEED HEALTH & WELFARE PLAN
 EIN # 82-2733395, Plan No. 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 AS OF DECEMBER 31, 2024

(a) Similar Party	(b) Identity of Issue, Borrower, Lessor, or	(c) Description of Investment Including Maturity Date, Rate of Interest,	Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
US BANCORP	SENIOR UNSECURED NOTE VARIABLE RATE		Bonds (\$35,000 par value)	\$ 35,000	\$ 33,185
US BANCORP	SENIOR UNSECURED NOTE VARIABLE RATE		Bonds (\$300,000 par value)	300,000	306,777
UNITED STATES TREASURY NOTE	2.25% DUE 11/15/27 DATED 11/15/17		Bonds (\$420,000 par value)	409,369	397,165
UNITED STATES TREASURY NOTE	2.875% DUE 05/15/28 DATED 05/15/18		Bonds (\$100,000 par value)	118,070	95,540
UNITED STATES TREASURY NOTE	2.875% DUE 08/15/28 DATED 08/15/18		Bonds (\$250,000 par value)	260,527	237,865
UNITED STATES TREASURY NOTE	2.625% DUE 02/15/29 DATED 02/15/19		Bonds (\$310,000 par value)	288,183	289,903
UNITED STATES TREASURY NOTE	2.375% DUE 05/15/29 DATED 05/15/19		Bonds (\$885,000 par value)	913,141	815,970
UNITED STATES TREASURY NOTE	2.25% DUE 11/15/25 DATED 11/15/15		Bonds (\$230,000 par value)	239,766	226,088
UNITED STATES TREASURY NOTE	1.625% DUE 11/30/26 DATED 11/30/19		Bonds (\$70,000 par value)	72,636	66,667
UNITED STATES TREASURY NOTE	1.5% DUE 01/31/27 DATED 01/31/20		Bonds (\$35,000 par value)	35,628	33,105
UNITED STATES TREASURY NOTES	1.5% DUE 02/15/30 DATED 02/15/20		Bonds (\$600,000 par value)	649,363	521,112
UNITED STATES TREASURY NOTE	1.125% DUE 02/28/27 DATED 02/29/20		Bonds (\$50,000 par value)	50,229	46,813
UNITED STATES TREASURY NOTE	0.625% DUE 05/15/30 DATED 05/15/20		Bonds (\$450,000 par value)	375,170	369,351
UNITED STATES TREASURY NOTE	0.375% DUE 01/31/26 DATED 01/31/21		Bonds (\$310,000 par value)	278,734	297,492
UNITED STATES TREASURY NOTE	0.75% DUE 01/31/28 DATED 01/31/21		Bonds (\$360,000 par value)	318,825	323,532
UNITED STATES TREASURY NOTE	1.25% DUE 08/15/31 DATED 08/15/21		Bonds (\$250,000 par value)	245,762	204,080
UNITED STATES TREASURY NOTE	1.375% DUE 10/31/28 DATED 10/31/21		Bonds (\$200,000 par value)	177,359	179,170
UNITED STATES TREASURY NOTE	1.875% DUE 02/15/32 DATED 02/15/22		Bonds (\$930,000 par value)	798,737	782,511
UNITED STATES TREASURY NOTE	1.875% DUE 02/28/27 DATED 02/28/22		Bonds (\$240,000 par value)	220,088	228,350
UNITED STATES TREASURY NOTE	2.875% DUE 05/15/32 DATED 05/15/22		Bonds (\$360,000 par value)	332,719	323,410
UNITED STATES TREASURY NOTE	2.75% DUE 07/31/27 DATED 07/31/22		Bonds (\$200,000 par value)	192,594	192,654
UNITED STATES TREASURY NOTE	3.125% DUE 08/31/29 DATED 08/31/22		Bonds (\$425,000 par value)	405,377	402,658
UNITED STATES TREASURY NOTE	3.875% DUE 09/30/29 DATED 09/30/22		Bonds (\$265,000 par value)	269,110	259,300
UNITED STATES TREASURY NOTE	4.125% DUE 11/15/32 DATED 11/15/22		Bonds (\$315,000 par value)	321,263	307,314
UNITED STATES TREASURY NOTE	4% DUE 02/15/26 DATED 02/15/23		Bonds (\$55,000 par value)	55,520	54,864
UNITED STATES TREASURY NOTE	3.5% DUE 02/15/33 DATED 02/15/23		Bonds (\$425,000 par value)	428,686	395,492
UNITED STATES TREASURY NOTE	3.375% DUE 05/15/33 DATED 05/15/23		Bonds (\$800,000 par value)	737,190	735,376
UNITED STATES TREASURY NOTE	4.5% DUE 11/15/33 DATED 11/15/23		Bonds (\$645,000 par value)	658,328	642,285
UNITED STATES TREASURY NOTE	4.625% DUE 05/31/31 DATED 05/31/24		Bonds (\$150,000 par value)	153,480	151,268
UNITED STATES TREASURY NOTES	3.75% DUE 08/31/31 DATED 08/31/24		Bonds (\$1,025,000 par value)	1,011,155	982,278
UNITEDHEALTH GROUP INC	SENIOR UNSECURED NOTE 5.35% DUE 02/15/33 DATED 10/28/22		Bonds (\$85,000 par value)	82,613	85,535
UNIVERSITY OF MICHIGAN MI	TAXABLE-REFUNDING-SERIES B 1.372% DUE 04/01/27 DATED 06/16/20		Bonds (\$200,000 par value)	200,000	187,548
VALERO ENERGY CORP	SENIOR UNSECURED NOTE 2.8% DUE 12/01/31 DATED 11/29/21		Bonds (\$50,000 par value)	49,875	42,645
VENTAS REALTY LP	SENIOR UNSECURED NOTE 3.5% DUE 02/01/25 DATED 01/14/15		Bonds (\$200,000 par value)	199,326	199,652
VERIZON COMMUNICATIONS	SENIOR UNSECURED NOTE 2.355% DUE 03/15/32 DATED 03/15/22		Bonds (\$200,000 par value)	152,744	165,860
VERIZON MASTER TRUST	SERIES 2023-7 CLASS A1A 0.0567% DUE 11/20/29 DATED 11/20/23		Bonds (\$130,000 par value)	129,984	132,632
VIRGINIA POWER FUEL SECURITIZATION	SECURED NOTE 4.877% DUE 05/01/31 DATED 02/14/24		Bonds (\$125,000 par value)	124,996	124,913
VISA INC	SENIOR UNSECURED NOTE 3.15% DUE 12/14/25 DATED 12/14/15		Bonds (\$225,000 par value)	224,177	222,446
VOYA FINANCIAL INC	SENIOR UNSECURED NOTE 3.65% DUE 06/15/26 DATED 06/13/16		Bonds (\$25,000 par value)	24,003	24,582
WAMU MTG PASS THROUGH CERTS	SERIES 2003-S1 CLASS A5 5.5% DUE 4/25/33 DATED 2/1/03		Bonds (\$4,741 par value)	4,903	4,726
WEC ENERGY GROUP INC	SENIOR UNSECURED NOTE 2.2% DUE 12/15/28 DATED 12/13/21		Bonds (\$170,000 par value)	169,594	153,323
WELLS FARGO COMMERCIAL MORTGAGE	SERIES 2015-NXS2 CLASS A2 3.02% DUE 107/15/58 DATED 07/01/15		Bonds (\$9,741 par value)	10,077	9,705
WELLS FARGO & COMPANY	SENIOR UNSECURED NOTE VARIABLE RATE		Bonds (\$110,000 par value)	110,000	107,450
WINNEBAGO COUNTY IL TAXABLE	ALTERNATIVE REVENUE SOURCE GENERAL OBLIGATION UNLIMITED		Bonds (\$50,000 par value)	50,000	49,273
				45,151,265	43,511,196
				\$ 52,205,096	\$ 55,350,778