

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: U.F.C.W. AND EMPLOYERS KANSAS AND MISSOURI HEALTH AND WELFARE TRUST FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 05/01/1991
2a Plan sponsor's name (employer, if for a single-employer plan): TRUSTEES OF U.F.C.W. & EMPLOYERS KANSAS AND MISSOURI HEALTH & WELFARE
2b Employer Identification Number (EIN): 43-0797957
2c Plan Sponsor's telephone number: 954-266-6322
2d Business code (see instructions): 445110

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/13/2025, MARTIN A. ROSAS; 2. Signature of plan administrator; 3. Filed with authorized/valid electronic signature, 10/14/2025, JON T. MCCORMICK; 4. Signature of employer/plan sponsor; 5. Signature of DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1260
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1260
	<b>6a(2)</b>	1186
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	1186
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	12

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

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

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

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

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

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

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

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

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

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

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

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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2024</b></p> <hr/> <p style="font-weight: bold;">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><b>A</b> Name of plan <span style="color: blue;">U.F.C.W. AND EMPLOYERS KANSAS AND MISSOURI HEALTH AND WELFARE TRUST FUND</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">501</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">TRUSTEES OF U.F.C.W. &amp; EMPLOYERS KANSAS AND MISSOURI HEALTH &amp; WELFARE</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">43-0797957</span></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  
BERKSHIRE HATHAWAY SPECIALTY 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
63-0202590	22276	47-MSL-000665-0	879	05/01/2023	04/30/2024

**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><b>(a)</b> Total amount of commissions paid</p> <p style="color: blue;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="color: blue;">0</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

(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

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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.

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	581768
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>U.F.C.W. AND EMPLOYERS KANSAS AND MISSOURI HEALTH AND WELFARE TRUST FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF U.F.C.W. &amp; EMPLOYERS KANSAS AND MISSOURI HEALTH &amp; WELFARE</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>43-0797957</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**UNITED OF OMAHA 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
47-0322111	69868	G00055E3	874	05/01/2023	04/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>		
	(2) Administration charge made by carrier.....	<b>7e(2)</b>		
	(3) Transferred to separate account .....	<b>7e(3)</b>		
	(4) Other (specify below) .....	<b>7e(4)</b>		
(5) Total deductions .....		<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	61022
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>U.F.C.W. AND EMPLOYERS KANSAS AND MISSOURI HEALTH AND WELFARE TRUST FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF U.F.C.W. &amp; EMPLOYERS KANSAS AND MISSOURI HEALTH &amp; WELFARE</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>43-0797957</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**FIDELITY SECURITY 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
43-0949844	71870	12030-40	1673	01/01/2024	12/31/2024

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

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
0	10735

**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  
**GROUP VISION SERVICES** **6700 ALEXANDER BELL DRIVE, STE 200**  
**COLUMBIA, MD 21046**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	10735	FEES FOR ADMINISTERING THE FULLY INSURED VISION PLAN.	5

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	79517
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan U.F.C.W. AND EMPLOYERS KANSAS AND MISSOURI HEALTH AND WELFARE TRUST FUND	<b>B</b> Three-digit plan number (PN) ▶	501
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF U.F.C.W. & EMPLOYERS KANSAS AND MISSOURI HEALTH & WELFARE	<b>D</b> Employer Identification Number (EIN) 43-0797957	

**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

THE VANGUARD GROUP, INC.

23-1945930

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

GOLDMAN SACHS ASSET MANAGEMENT, LP

13-3575636

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

ROBERT W. BAIRD & COMPANY

39-6037917

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

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

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

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

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

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

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

NATIONAL EMPLOYEE BENEFIT ADMINISTR

65-0498809

(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 14 36 49	NONE	412553	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)

CIGNA HEALTH & LIFE INSURANCE COMPA

59-1031071

(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 38 49 56 62	NONE	364000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LEGACY PROFESSIONALS, LLP

32-0043599

(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 15	NONE	128015	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)

SLEVIN & HART PC

52-1708613

(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 49	NONE	101939	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)

ELIXIR RX SOLUTIONS

33-0567651

(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	NONE	46054	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)

DELTA DENTAL OF MISSOURI

43-0908349

(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	NONE	45733	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, LLP

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	NONE	43553	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)

BHA CONSULTING, LLC

26-1384808

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	35158	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)

MEDEXPERT INTERNATIONAL, INC.

94-3360248

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 49	NONE	32909	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)

STRATEGIC CAPITAL INVESTMENT ADVISO

36-4268991

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	30000	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 TRUST COMPANY

48-0962626

(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?
19 21 28	NONE	29348	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)

TOP DRAWER

59-1550960

(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	NONE	19376	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)

SEGAL SELECT INSURANCE SERVICES INC

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 53	NONE	5850	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	4825	Yes <input type="checkbox"/> No <input checked="" 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"/>

(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.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>U.F.C.W. AND EMPLOYERS KANSAS AND MISSOURI HEALTH AND WELFARE TRUST FUND</u>	<b>B</b> Three-digit plan number (PN)	<u>501</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF U.F.C.W. &amp; EMPLOYERS KANSAS AND MISSOURI HEALTH &amp; WELFARE</u>	<b>D</b> Employer Identification Number (EIN) <u>43-0797957</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS INTERMEDIATE FIXED INCOME QP FU</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES OF AMERICA, LLC</u>		
<b>c</b> EIN-PN <u>82-4087168-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6885298</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS HIGH YIELD QP FUND, LLC</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES OF AMERICA, LLC</u>		
<b>c</b> EIN-PN <u>82-4051841-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>432466</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS TOTAL ABSOLUTE RETURN QP FUND,</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES OF AMERICA, LLC</u>		
<b>c</b> EIN-PN <u>82-4069919-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>706225</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>U.F.C.W. AND EMPLOYERS KANSAS AND MISSOURI HEALTH AND WELFARE TRUST FUND</u>	<b>B</b> Three-digit plan number (PN) <u>501</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF U.F.C.W. &amp; EMPLOYERS KANSAS AND MISSOURI HEALTH &amp; WELFARE</u>	<b>D</b> Employer Identification Number (EIN) <u>43-0797957</u>

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> -588503	-521665
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b> 1463642	1247063
<b>(2)</b> Participant contributions .....	<b>1b(2)</b> 110424	89311
<b>(3)</b> Other .....	<b>1b(3)</b> 518861	615071
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b> 4581371	4115892
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b> 3225306	3294674
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b> 4888548	4552561
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	8023989
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b> 20298866	20192830
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b> 116093	170400

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	34614608	41780126
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	1006000	1113000
<b>h</b> Operating payables.....	<b>1h</b>	37376	67465
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1043376	1180465
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	33571232	40599661

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	15157113	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	1351243	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		16508356
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	217429	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	135883	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	207121	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	4964	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		565397
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	690662	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		690662
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	50553112	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	50590931	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-37819
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-5361	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		23989
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1921430
<b>c</b> Other income .....	<b>2c</b>		476736
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		20143390

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	10959819	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	824159	
(3) Other .....	<b>2e(3)</b>	455787	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		12239765
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	415151	
(3) Recordkeeping fees .....	<b>2i(3)</b>	95428	
(4) IQPA audit fees .....	<b>2i(4)</b>	32587	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	44484	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	16489	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	145430	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	125627	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		875196
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		13114961

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		7028429
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: LEGACY PROFESSIONALS LLP

(2) EIN: 32-0043599

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

**U.F.C.W. and Employers Kansas and Missouri  
Health and Welfare Trust Fund**

Financial Statements

December 31, 2024

**U.F.C.W. and Employers Kansas and Missouri  
Health and Welfare Trust Fund**

Financial Statements with Supplementary Information

December 31, 2024 and 2023

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## **Report of Independent Auditors**

To the Participants and Trustees of  
U.F.C.W. and Employers Kansas and Missouri  
Health and Welfare Trust Fund

### ***Opinion***

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

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of U.F.C.W. and Employers Kansas and Missouri Health and Welfare Trust Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

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

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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 audit opinion.

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

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

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

***Responsibilities of Management for the Financial Statements (continued)***

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***

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 the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

*Legacy Professionals LLP*

Westchester, Illinois

October 15, 2025

**U.F.C.W. And Employers Kansas and Missouri  
Health and Welfare Trust Fund**

**Statements of Net Assets Available for Benefits**

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Investments - at fair value		
U.S. Government and Government		
Agency obligations	\$ 3,294,674	\$ 3,225,306
Corporate bonds and notes	4,552,561	4,888,548
Municipal obligations	170,400	116,093
Mutual funds	20,192,830	20,298,866
Collective investment funds	8,023,989	-
Short-term investment funds	4,115,892	4,581,371
Total investments	40,350,346	33,110,184
Receivables		
Employer contributions	1,247,063	1,463,642
Participant contributions	89,311	110,424
Prescription drug rebates	410,107	357,136
Stop-loss refunds	39,893	-
Accrued interest and dividends	71,069	64,764
Total receivables	1,857,443	1,995,966
Prepaid expenses	17,002	19,961
Deposit with insurance company	77,000	77,000
Total assets	42,301,791	35,203,111
<b>Liabilities and Net Assets</b>		
Liabilities		
Cash overdraft	521,665	588,503
Accounts payable and accrued expenses	67,465	37,376
Total liabilities	589,130	625,879
Net assets available for benefits	\$ 41,712,661	\$ 34,577,232

See accompanying notes to financial statements.

**U.F.C.W. And Employers Kansas and Missouri  
Health and Welfare Trust Fund**

**Statements of Changes in Net Assets Available for Benefits**

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Additions</b>		
Investment income		
Net appreciation in fair value of investments	\$ 1,902,239	\$ 1,451,004
Interest and dividend income	<u>1,256,059</u>	<u>962,490</u>
	3,158,298	2,413,494
Less investment expenses	<u>(44,484)</u>	<u>(67,388)</u>
Investment income - net	<u>3,113,814</u>	<u>2,346,106</u>
Contribution income		
Employer	15,157,113	16,224,751
Participant	<u>1,351,243</u>	<u>1,452,413</u>
Total contribution income	<u>16,508,356</u>	<u>17,677,164</u>
Prescription drug rebates	<u>476,736</u>	<u>463,398</u>
Total additions	<u>20,098,906</u>	<u>20,486,668</u>
<b>Deductions</b>		
Cost of benefits		
Self-funded benefits		
Health claims - net	8,262,218	8,807,996
Prescription drug	2,367,305	2,464,530
Disability	<u>223,296</u>	<u>176,923</u>
Total self-funded benefits	<u>10,852,819</u>	<u>11,449,449</u>
Group insurance premiums		
Vision	79,517	72,314
Life and AD&D	60,337	60,639
Stop-loss	<u>684,305</u>	<u>545,152</u>
Total group insurance premiums	<u>824,159</u>	<u>678,105</u>
Benefit provider administration fees	<u>455,787</u>	<u>521,696</u>
Total cost of benefits	12,132,765	12,649,250
Fees mandated by ACA	5,687	5,178
Administrative expenses	<u>825,025</u>	<u>758,414</u>
Total deductions	<u>12,963,477</u>	<u>13,412,842</u>
<b>Net increase</b>	7,135,429	7,073,826
<b>Net assets available for benefits</b>		
Beginning of year	<u>34,577,232</u>	<u>27,503,406</u>
End of year	<u>\$ 41,712,661</u>	<u>\$ 34,577,232</u>

See accompanying notes to financial statements.

**U.F.C.W. And Employers Kansas and Missouri  
Health and Welfare Trust Fund**

**Statements of Benefit Obligations**

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Amounts currently payable</b>		
Claims payable and claims incurred but not reported	<u>\$ 1,113,000</u>	<u>\$ 1,006,000</u>

See accompanying notes to financial statements.

**U.F.C.W. And Employers Kansas and Missouri  
Health and Welfare Trust Fund**

**Statements of Changes in Benefit Obligations**

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Amounts currently payable</b>		
Balance at beginning of year	\$ 1,006,000	\$ 2,153,000
Increase (decrease) during the year attributable to changes in		
Claims payable and claims incurred but not reported	<u>107,000</u>	<u>(1,147,000)</u>
Balance at end of year	<u>\$ 1,113,000</u>	<u>\$ 1,006,000</u>

See accompanying notes to financial statements.

# U.F.C.W. and Employers Kansas and Missouri Health and Welfare Trust Fund

## Notes to Financial Statements

December 31, 2024 and 2023

### Note 1. Summary of Significant Accounting Policies

**Method of Accounting** - The accompanying financial statements of U.F.C.W. and Employers Kansas and Missouri Health and Welfare Trust Fund (the Plan) have been prepared using the accrual basis of accounting.

**Investments** - The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

**Contributions Receivable** - Employer contributions due but not received at year end are recorded as contributions receivable. Employer contributions due as determined by payroll compliance audits are recorded upon settlement with the employer. An allowance for uncollectible amounts is considered unnecessary and has not been provided.

**Benefit Obligations** - Benefit obligations are determined by the Plan's consultant using accepted actuarial principles, based on paid and incurred claim cost studies, Plan benefits, claims experience and other data as considered necessary.

**Revenue Recognition** - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of hours worked or participants covered and the contribution rates set forth in the collective bargaining agreements. Employers are required to remit contributions monthly. The Plan carries out its purpose as described in Note 2 in the meat cutter, retail clerk and food trade industries within a jurisdiction located throughout the states of Kansas and Missouri.

## **Note 1. Summary of Significant Accounting Policies (continued)**

**Benefits** - All benefits, except for life insurance, accidental death and dismemberment (AD&D), and vision benefits, are paid by the Plan on a self-funded basis. These include health (medical, hospital, surgical, major medical, and dental), prescription drug and short-term disability benefits. Life insurance and AD&D benefits are provided through an insurance contract with United of Omaha Life Insurance Company. Vision benefits are provided through a vision services agreement with Group Vision Service, Inc. and an insurance contract with Fidelity Security Life Insurance Company.

Claims that are reimbursed pursuant to subrogation matters are recorded upon settlement. Subrogation matters involve third parties considered to be responsible for claims paid by the Plan from whom the Plan seeks reimbursement. For the year ended December 31, 2023, subrogation refunds totaling \$4,142 have been netted with health claims paid in the accompanying statements of changes in net assets available for benefits. There were no subrogation refunds for the year ended December 31, 2024.

**Stop-Loss Insurance** - The Plan maintains a stop-loss arrangement in an effort to limit its exposure for self-insured benefits. During the years ended December 31, 2024 and 2023, under the terms of the contract, individual participant claims incurred in excess of a specific limit of \$375,000 within the contract year are reimbursed to the Plan, subject to an aggregate deductible of \$100,000, which increased to \$200,000 effective May 1, 2024. Stop-loss refunds totaling \$192,357 have been netted with health claims paid in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2024. No stop-loss refunds were recognized during the year ended December 31, 2023.

**Prescription Drug Rebates** - The Plan utilizes a pharmacy benefit manager (PBM) who periodically makes rebates to the Plan based on the Plan's actual utilization pattern of specific drugs. Rebates due from the Plan's PBM are recorded when earned. Rebates due at year end have been reported as a receivable.

**Expenses** - Certain investment related expenses are included in net appreciation in fair value of investments.

**Estimates** - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

**Subsequent Events** - Subsequent events have been evaluated through October 15, 2025, which is the date the financial statements were available to be issued.

## **Note 2. Description of the Plan**

The Plan and related trust were created through the consolidation of U.F.C.W. Union Local 576 Meat Cutters Health and Welfare Trust Fund, U.F.C.W. Union Local 576 Retail Clerks Health and Welfare Trust Fund and U.F.C.W. and Employers Food Trades and Industries Health and Welfare Trust Fund. Those plans were established pursuant to collective bargaining agreements to provide health (medical, hospital, surgical, major medical, dental and vision), prescription drug and short-term disability benefits for eligible participants and their dependents. The Plan is a multiemployer welfare plan, subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan has incorporated various plans of benefits with differing levels of coverage. Coverage for a participant is determined by the applicable collective bargaining agreement and classification.

Initial eligibility is established based on the participant's applicable plan of benefits, which typically provides for a minimum service requirement and may also require an additional waiting period. Once eligibility is established, participants will continue to be eligible for benefits based on their applicable plan of benefits, which may provide for a minimum number of hours worked.

The Plan provides for various lags between the work month and the eligibility month, depending on the applicable collective bargaining agreement and classification. However, the Plan does not provide for an extension of the eligibility period of a terminated participant beyond the termination month, except in limited situations.

A participant in the Plan can elect coverage under two separate programs, the "core" and the "enhanced" programs. Both programs require contributions from the participant at rates determined by the Trustees.

Continuation of health care benefits to persons who would otherwise lose those benefits due to certain events, as mandated by Consolidated Omnibus Budget Reconciliation Act (COBRA) was adopted by the Plan.

Participants should refer to the summary plan descriptions for more complete information.

## **Note 3. Priorities upon Termination**

It is the intent of the Trustees to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining Plan assets will be distributed in such manner as will in the opinion of the Trustees bring about the purpose of the Plan. Discontinuance or termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the participants.

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

The Plan has obtained a notice of exemption in which the Internal Revenue Service stated that the trust established under the Plan, as then designed, was in compliance with the applicable requirements of Section 501(c)(9) of the Internal Revenue Code. The Plan has been amended since receiving the notice of exemption. The Plan's administrator and the Plan's legal counsel believe that, to the best of their knowledge, the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require the Plan to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### **Note 5. Funding Policy**

The Plan is primarily funded by employer contributions and participant self-payments. Participating employers contribute such amounts as specified in their collective bargaining agreements, which vary depending on the location and type of work performed. Meat cutter participants must work a minimum of 99.6 hours per month to receive contributions on their behalf. Food trades participants must work a minimum of 92 to 99.6 hours per month to receive contributions on their behalf. Meat cutter and food trades contributions were paid at a fixed monthly amount of ranging from \$1,347 to \$1,426 during the years ended December 31, 2024 and 2023. Retail clerk contribution rates are based on an hourly rate, which ranged from \$4.55 to \$5.72 during the years ended December 31, 2024 and 2023.

For the years ended December 31, 2024 and 2023, participant weekly contribution rates for enhanced coverage ranged from \$25.50 to \$50 and, for core coverage, ranged from \$4.70 to \$15 based on the coverage option selected. Participant contributions are also allowed to provide COBRA benefits at monthly rates which ranged from \$774 to \$3,587 during the years ended December 31, 2024 and 2023, depending on the coverage option selected.

#### **Note 6. Major Employers**

Contributions from three employers accounted for approximately 72% of total employer contributions for each of the years ended December 31, 2024 and 2023. In the event these employers suspend contributions, the Plan would terminate coverage to the employers' participants as required under the Plan document. The Plan would retain the obligation of meeting current fixed administrative expenses until the appropriate adjustments were made.

## **Note 7. Concentration of Cash**

The Plan places its cash balances with a financial institution deemed to be creditworthy. Balances are insured by the FDIC up to \$250,000. Cash balances may at times exceed insured limits.

## **Note 8. Fair Value Measurements**

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

### Basis of Fair Value Measurement

- |         |   |
|---------|---|
| Level 1 | Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities                              |
| Level 2 | Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly |
| Level 3 | Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable   |

The methods used to measure fair value may produce an amount 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.

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2024 and 2023. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

## Note 8. Fair Value Measurements (continued)

	Total	Fair Value Measurements at 12/31/24 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Government and Government				
Agency obligations	\$ 3,294,674	\$ 1,820,380	\$ 1,474,294	\$ -
Corporate bonds and notes	4,552,561	-	4,552,561	-
Municipal obligations	170,400	-	170,400	-
Mutual funds	20,192,830	20,192,830	-	-
Short-term investment funds	<u>4,115,892</u>	<u>-</u>	<u>4,115,892</u>	<u>-</u>
	32,326,357	<u>\$ 22,013,210</u>	<u>\$ 10,313,147</u>	<u>\$ -</u>
Investments measured at net asset value:				
Collective investment funds	<u>8,023,989</u>			
Total	<u>\$ 40,350,346</u>			

	Total	Fair Value Measurements at 12/31/23 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Government and Government				
Agency obligations	\$ 3,225,306	\$ 2,746,157	\$ 479,149	\$ -
Corporate bonds and notes	4,888,548	-	4,888,548	-
Municipal obligations	116,093	-	116,093	-
Mutual funds	20,298,866	20,298,866	-	-
Short-term investment funds	<u>4,581,371</u>	<u>-</u>	<u>4,581,371</u>	<u>-</u>
Total	<u>\$ 33,110,184</u>	<u>\$ 23,045,023</u>	<u>\$ 10,065,161</u>	<u>\$ -</u>

### Level 1 Measurements

U.S. Treasury securities are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

The fair values of the mutual funds are determined by reference to the funds' underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value on the last business day of each period presented.

## **Note 8. Fair Value Measurements (continued)**

### Level 2 Measurements

U.S. Government Agency obligations, corporate bonds and notes and municipal obligations are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that includes inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

Short-term investment funds are valued at cost, which approximates their fair value.

### Measurements Using Net Asset Value as a Practical Expedient

The collective investment funds are valued at the net asset value per share, used as a practical expedient to estimate fair value. The net asset value is based on the fair values of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

The collective investment funds are direct filing entities (DFEs) and file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. Redemptions are available on a semi-monthly basis upon three days notice.

## **Note 9. Risks and Uncertainties**

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

In addition, the Plan invests in securities with contractual cash flows, such as asset-backed securities, collateralized mortgage obligations and commercial mortgage-backed securities. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

**Note 9. Risks and Uncertainties (continued)**

As of December 31, 2024, the Plan held units in the Vanguard Total Stock Market Index with a fair value of \$12,084,453 (approximately 29% of net assets available for benefits). As of December 31, 2023, the Plan held units in the Vanguard total Stock Market Index with a fair value of \$8,332,184 and the Baird intermediate Bond Fund with a fair value of \$11,966,683 (collectively, approximately 59% of net assets available for benefits). It is reasonably possible that changes in the fair values of these investment funds could materially affect the amounts reported in the statements of net assets available for benefits.

Benefit obligations are reported based on certain assumptions pertaining to plan design, prior claims history, specific lag studies, percentage factors, and other pertinent assumptions, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**Note 10. Related Organizations**

The Plan is related to a local union and a pension plan, both of which are tax-exempt.

**Note 11. Participant Contributions**

Employers withhold certain participant contributions through payroll deductions. At times, employers may remit contributions to the Plan beyond the maximum time period prescribed by U.S. Department of Labor regulations.

The Plan has a collection program that pursues legal action against delinquent employers. As part of its collection program, the Plan regularly collects contributions, liquidated damages, interest and attorney fees from delinquent employers. Delinquent contributions are credited upon receipt.

**Note 12. Reconciliation of Financial Statements to Form 5500**

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 41,712,661	\$ 34,577,232
Less - benefit obligations currently payable	<u>(1,113,000)</u>	<u>(1,006,000)</u>
Net assets available for benefits per the Form 5500	<u>\$ 40,599,661</u>	<u>\$ 33,571,232</u>

**Note 12. Reconciliation of Financial Statements to Form 5500 (continued)**

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

Benefits paid to or for participants per the financial statements	\$ 12,132,765
Add - amounts currently payable at end of year	1,113,000
Less - amounts currently payable at beginning of year	<u>(1,006,000)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 12,239,765</u>

Report of Independent Auditors On Supplemental Schedules

To the Participants and Trustees of  
U.F.C.W. Employers Kansas & Missouri  
Health & Welfare Trust Fund

We have audited the financial statements of U.F.C.W. Employers Kansas & Missouri Health & Welfare Trust Fund (the Plan) as of and for the years ended December 31, 2024 and 2023, and our report thereon dated October 15, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

*Legacy Professionals LLP*

Westchester, Illinois

October 15, 2025

U.F.C.W. AND EMPLOYERS KANSAS AND MISSOURI HEALTH & WELFARE TRUST FUND  
 Investment Summary  
 Year Ended December 31, 2024

	<b>Market Value</b>	<b>Cost Value</b>
Interest-Bearing Cash		
GS Financial Sq Trsy Solutions Capital	3,749,440	3,749,440
GS Financial Square Government	23,843	23,843
GS Financial Square Tr Government Institutional Class	90,221	See Attached
Certificate of Deposits	252,388	See Attached
	<u>4,115,892</u>	
U.S. Government Securities		
Mortgage	1,474,294	See Attached
Treasury	1,820,380	See Attached
	<u>3,294,674</u>	
Corporate Debt Instruments - All Other		
Mortgage	4,073	See Attached
Credit	3,975,337	See Attached
Asset Backed Securities	573,151	See Attached
	<u>4,552,561</u>	
Common Collective Trusts		
NIS Intermediate Fixed Income QP Fund	6,885,298	6,878,000
NIS High Yield QP Fund	432,466	430,000
NIS Total Absolute Return QP Fund LLC	706,225	700,000
	<u>8,023,989</u>	<u>8,008,000</u>
Registered Investment Companies		
Baird Short-Term Bond Fund	8,108,377	8,165,684
Vanguard Total Stock Market Index	12,084,453	9,385,269
	<u>20,192,830</u>	<u>17,550,953</u>
Other - Municipal Obligations	170,400	See Attached
<b>Total</b>	<b><u>40,350,346</u></b>	

**List of Assets**

Description	Shares	Cost/ Per Unit	Market Value/ Per Unit	Percent Of Assets	Projected Annual Income/ Accrued Income	Current Yield
<b>Cash and Cash Equivalents</b>						
Financial Square Tr Government Institutional Class Fd #465 38141W273/FGTXX	90,221	90,221.00 1.00	90,221.00 1.00	1.08%	3,962.00 1,828.67	4.39%
<b>Total Cash and Cash Equivalents</b>		<b>\$ 90,221.00</b>	<b>\$ 90,221.00</b>	<b>1.08%</b>	<b>\$ 3,962.00</b> <b>\$ 1,828.67</b>	<b>4.39%</b>

**Fixed Income Investments**

Description	Shares	Cost/ Per Unit	Market Value/ Per Unit	Percent Of Assets	Projected Annual Income/ Accrued Income	Current Yield
<b>Mortgage</b>						
Federal Home Loan Mortgage Corp Ums Pool #ZS8584 2.5% Due 10/01/30 Dated 09/01/18 3132A9RD1 Bond Rating: NA	23,325.258	24,491.51 105.00	22,176.96 95.08	0.27%	583.00 48.59	2.63%
Federal Home Loan Mortgage Corp Ums Pool #SB8308 5% Due 06/25/39 Dated 10/01/24 3132D6GR5 Bond Rating: NA	69,363.663	69,515.40 100.22	69,031.41 99.52	0.83%	3,468.00 289.01	5.02%
Federal Home Loan Mortgage Corp Gold Pool #G60687 8.5% Due 05/01/31 Dated 08/01/16 31335AXQ6 Bond Rating: NA	51,278.036	53,890.00 105.09	52,856.37 103.08	0.63%	4,358.00 363.21	8.25%
Federal Home Loan Mortgage Corp REMIC Series 3695 Class Jg 4.5% Due 07/15/40 Dated 12/01/24 3137A0K95 Bond Rating: NA	85,958.259	84,695.74 98.53	83,663.96 97.33	1.00%	3,868.00 322.35	4.62%

**Ufcw & Employers KS/MO Hlth & Welf**  
 January 1, 2024 - December 31, 2024

**List of Assets**

<i>Description</i>	<i>Shares</i>	<i>Cost/ Per Unit</i>	<i>Market Value/ Per Unit</i>	<i>Percent Of Assets</i>	<i>Projected Annual Income/ Accrued Income</i>	<i>Current Yield</i>
Federal Home Loan Mortgage Corp REMIC Series 2010-3753 Class As 3.5% Due 11/15/25 Dated 11/01/10 3137A3JW0 Bond Rating: NA	4,769.47	5,028.80 105.44	4,736.98 99.32	0.06%	166.00 13.91	3.52%
Federal National Mortgage Assoc Umps Pool #MA5480 5.5% Due 09/25/44 Dated 10/01/24 31418FCS4 Bond Rating: NA	73,830.267	74,210.95 100.52	73,399.10 99.42	0.88%	4,060.00 338.38	5.53%
Federal National Mortgage Assoc Umps Pool #MA5502 5% Due 10/25/44 Dated 10/01/24 31418FDG9 Bond Rating: NA	143,215.161	142,320.06 99.38	140,167.54 97.87	1.68%	7,160.00 596.72	5.11%
Federal National Mortgage Assoc Umps Pool #MA5539 5% Due 10/25/44 Dated 10/01/24 31418FEM5 Bond Rating: NA	150,048.40	148,688.57 99.09	146,298.69 97.50	1.75%	7,502.00 625.20	5.13%
Federal National Mortgage Assoc Umps Pool #MA5562 5% Due 12/25/44 Dated 12/01/24 31418FFC6 Bond Rating: NA	167,659.96	166,978.83 99.59	163,988.21 97.81	1.96%	8,382.00 698.58	5.11%
Federal National Mortgage Assoc Pool #AJ3284 3.5% Due 10/01/26 Dated 09/01/11 3138AUUJ4 Bond Rating: NA	14,350.38	15,027.54 104.72	14,194.68 98.92	0.17%	502.00 41.85	3.54%

**Ufcw & Employers KS/MO Hlth & Welf**  
 January 1, 2024 - December 31, 2024  
 Schedule of Assets (Held at End of Year)

**List of Assets**

Description	Shares	Cost/ Per Unit	Market Value/ Per Unit	Percent Of Assets	Projected Annual Income/ Accrued Income	Current Yield
Federal National Mortgage Assoc Pool #BM7586 Variable Rate Due 10/01/54 Dated 10/01/24 3140JCNC4 Bond Rating: NA	154,332.89	152,409.73 98.75	151,071.84 97.89	1.81%	7,491.00 624.18	4.96%
Federal National Mortgage Assoc REMIC Series 2017-69 Class Ha 3% Due 06/25/46 Dated 07/01/24 3136AXC45 Bond Rating: NA	51,951.469	48,176.87 92.73	48,265.30 92.90	0.58%	1,558.00 129.87	3.23%
Federal National Mortgage Assoc REMIC Series 2020-96 Class Ly 5% Due 01/25/51 Dated 08/01/24 3136BDJX7 Bond Rating: NA	74,077.833	74,274.60 100.27	72,228.95 97.50	0.86%	3,703.00 308.65	5.13%
Federal National Mortgage Assoc REMIC Series 2022-4 Class Nb 2% Due 07/25/54 Dated 08/01/24 3136BLWX4 Bond Rating: NA	73,670.835	60,882.03 82.64	58,771.75 79.78	0.70%	1,473.00 122.78	2.51%
Federal National Mortgage Assoc REMIC Series 2022-16 Class GA 4% Due 04/25/49 Dated 10/01/24 3136BMNM6 Bond Rating: NA	148,738.303	143,817.16 96.69	141,330.96 95.02	1.69%	5,949.00 495.79	4.21%
FHLMC Multiclass Certificates REMIC Series 2024-5000 Class Na 1% Due 06/25/50 Dated 08/01/24 3137FVGK2 Bond Rating: NA	80,631.486	60,243.69 74.72	57,978.72 71.91	0.69%	806.00 67.19	1.39%

**Ufcw & Employers KS/MO Hlth & Welf**  
 January 1, 2024 - December 31, 2024

**List of Assets**

Description	Shares	Cost/ Per Unit	Market Value/ Per Unit	Percent Of Assets	Projected Annual Income/ Accrued Income	Current Yield
Government National Mortgage Assoc REMIC Series 2022-158 Class A Variable Rate Due 06/16/56 Dated 09/01/22 38383YJU7 Bond Rating: NA	192,446.562	177,674.77 92.32	174,132.65 90.48	2.08%	5,773.00 481.11	3.32%
Structured Adjustable Rate Mortgage Loan Series 2005-11 Class 3a Variable Rate Due 5/25/35 Dated 4/1/05 863579RT7 Bond Rating: NR	4,745.041	4,679.79 98.63	4,072.82 85.83	0.05%	285.00 23.59	7.01%
<b>Total Mortgage</b>		<b>\$ 1,507,006.04</b>	<b>\$ 1,478,366.89</b>	<b>17.68%</b>	<b>\$ 67,087.00</b> <b>\$ 5,590.96</b>	<b>4.54%</b>

**Credit**

Air Lease Corporation Senior Unsecured Note 4.625% Due 10/01/28 Dated 09/17/18 Callable 07/01/28 00912XBF0 Bond Rating: BBB	45,000	44,218.80 98.26	44,232.30 98.29	0.53%	2,081.00 520.31	4.71%
Ameriprise Financial Inc Senior Unsecured Note 5.15% Due 05/15/33 Dated 03/09/23 Callable 02/15/33 03076CAM8 Bond Rating: A-	75,000	75,441.00 100.59	74,868.00 99.82	0.90%	3,862.00 493.54	5.16%

<b>C</b>	1,474,294.07	Government Securities
<b>M</b>	4,072.82	Corporate Debt
	<b>1,478,366.89</b>	

**Ufcw & Employers KS/MO Hlth & Welf**  
 January 1, 2024 - December 31, 2024

**List of Assets**

<i>Description</i>	<i>Shares</i>	<i>Cost/ Per Unit</i>	<i>Market Value/ Per Unit</i>	<i>Percent Of Assets</i>	<i>Projected Annual Income/ Accrued Income</i>	<i>Current Yield</i>
Aon North America Inc Senior Unsecured Note 5.45% Due 03/01/34 Dated 03/01/24 Callable 12/01/33 03740MAD2 Bond Rating: A-	40,000	40,466.80 101.17	39,930.40 99.83	0.48%	2,180.00 726.66	5.46%
Arthur J Gallagher & Co Senior Unsecured Note 5% Due 02/15/32 Dated 12/19/24 Callable 12/15/31 04316JAM1 Bond Rating: BBB	45,000	44,970.30 99.93	44,414.10 98.70	0.53%	2,250.00 75.00	5.07%
AT&T Inc Senior Unsecured Note 2.3% Due 06/01/27 Dated 05/28/20 Callable 04/01/27 00206RJI1 Bond Rating: BBB	75,000	68,760.00 91.68	70,789.50 94.39	0.85%	1,725.00 143.75	2.44%
Baker Hughes LLC Co Obl Senior Unsecured Note 2.061% Due 12/15/26 Dated 12/09/21 Callable 11/15/26 05724BAD1 Bond Rating: A-	80,000	73,764.80 92.21	76,200.80 95.25	0.91%	1,648.00 73.28	2.16%
Bank of Montreal Senior Unsecured Note 5.266% Due 12/11/26 Dated 12/11/23 06368LC53 Bond Rating: A-	70,000	70,000.00 100.00	70,818.30 101.17	0.85%	3,686.00 204.78	5.21%

**Ufcw & Employers KS/MO Hlth & Welf**  
 January 1, 2024 - December 31, 2024

**List of Assets**

<i>Description</i>	<i>Shares</i>	<i>Cost/ Per Unit</i>	<i>Market Value/ Per Unit</i>	<i>Percent Of Assets</i>	<i>Projected Annual Income/ Accrued Income</i>	<i>Current Yield</i>
Bank of NY Mellon Corp Senior Unsecured Note Variable Rate Due 02/01/34 Dated 01/31/23 Callable 02/01/33 06406RBP1 Bond Rating: A	100,000	98,135.00 98.14	96,150.00 96.15	1.15%	4,706.00 1,960.83	4.89%
Borgwarner Inc Senior Unsecured Note 5.4% Due 08/15/34 Dated 08/16/24 Callable 05/15/34 099724AQ9 Bond Rating: BBB	40,000	39,786.80 99.47	39,369.20 98.42	0.47%	2,160.00 810.00	5.49%
Boston Properties LP Senior Unsecured Note 3.65% Due 02/01/26 Dated 01/20/16 Callable 11/01/25 10112RAX2 Bond Rating: BBB	65,000	61,909.90 95.25	64,064.65 98.56	0.77%	2,372.00 988.54	3.70%
BP Capital Markets America Senior Unsecured Note 3.543% Due 04/06/27 Dated 04/06/20 Callable 02/06/27 10373QBK5 Bond Rating: A-	100,000	95,707.00 95.71	97,668.00 97.67	1.17%	3,543.00 836.54	3.63%
Bristol-Myers Squibb Co Senior Note 5.2% Due 02/22/34 Dated 02/22/24 Callable 11/20/33 110122EH7 Bond Rating: A	75,000	75,457.50 100.61	74,906.25 99.88	0.90%	3,900.00 1,397.49	5.21%

**Ufcw & Employers KS/MO Hlth & Welf**  
 January 1, 2024 - December 31, 2024

**List of Assets**

Description	Shares	Cost/ Per Unit	Market Value/ Per Unit	Percent Of Assets	Projected Annual Income/ Accrued Income	Current Yield
Capital One Financial Corporation Senior Unsecured Note Variable Rate Due 07/26/30 Dated 07/26/24 Callable 07/26/29 14040HDG7 Bond Rating: BBB	45,000	45,000.00 100.00	45,131.85 100.29	0.54%	2,458.00 1,058.45	5.45%
Caterpillar Financial Services Corp Senior Unsecured Note 4.375% Due 08/16/29 Dated 08/16/24 14913UAQ3 Bond Rating: A	75,000	74,796.75 99.73	73,857.75 98.48	0.88%	3,281.00 1,230.46	4.44%
Charles Schwab Corporation Senior Unsecured Note Variable Rate Due 05/19/34 Dated 05/19/23 Callable 05/19/33 808513CE3 Bond Rating: A-	65,000	66,833.00 102.82	66,908.40 102.94	0.80%	3,804.00 443.85	5.69%
Citibank Na Senior Unsecured Note 5.57% Due 04/30/34 Dated 04/30/24 Callable 03/30/34 17325FBG2 Bond Rating: A+	75,000	76,896.00 102.53	75,877.50 101.17	0.91%	4,177.00 707.85	5.51%
Comcast Corp Senior Unsecured Note 3.3% Due 04/01/27 Dated 03/27/20 Callable 02/01/27 20030NDK4 Bond Rating: A-	100,000	95,228.00 95.23	97,145.00 97.15	1.16%	3,300.00 825.00	3.40%

**Ufcw & Employers KS/MO Hlth & Welf**  
 January 1, 2024 - December 31, 2024

**List of Assets**

Description	Shares	Cost/ Per Unit	Market Value/ Per Unit	Percent Of Assets	Projected Annual Income/ Accrued Income	Current Yield
CVS Health Corp Senior Unsecured Note 5.7% Due 06/01/34 Dated 05/09/24 Callable 03/01/34 126650ED8 Bond Rating: BBB	40,000	40,420.00 101.05	39,317.20 98.29	0.47%	2,280.00 189.99	5.80%
Eli Lilly and Company Senior Unsecured Note 4.2% Due 08/14/29 Dated 08/14/24 Callable 07/14/29 532457CQ9 Bond Rating: A+	75,000	74,835.75 99.78	73,429.50 97.91	0.88%	3,150.00 1,198.75	4.29%
Enable Midstream Partners LP Senior Unsecured Note 4.95% Due 05/15/28 Dated 05/10/18 Callable 02/15/28 292480AL4 Bond Rating: BBB	45,000	44,846.55 99.66	44,920.35 99.82	0.54%	2,227.00 284.62	4.96%
Enbridge Inc Senior Unsecured Note 1.6% Due 10/04/26 Dated 10/04/21 Callable 09/04/26 29250NBH7 Bond Rating: BBB+	60,000	53,277.00 88.80	56,792.40 94.65	0.68%	960.00 232.00	1.69%
Entergy Louisiana LLC Secured Note 4% Due 03/15/33 Dated 03/23/18 Callable 12/15/32 29364WBA5 Bond Rating: A	80,000	73,372.80 91.72	73,233.60 91.54	0.88%	3,200.00 942.22	4.37%

**Ufcw & Employers KS/MO Hlth & Welf**  
 January 1, 2024 - December 31, 2024

**List of Assets**

<i>Description</i>	<i>Shares</i>	<i>Cost/ Per Unit</i>	<i>Market Value/ Per Unit</i>	<i>Percent Of Assets</i>	<i>Projected Annual Income/ Accrued Income</i>	<i>Current Yield</i>
Essential Utilities Inc Senior Unsecured Note 4.8% Due 08/15/27 Dated 08/15/24 Callable 07/15/27 29670GAJ1 Bond Rating: BBB+	45,000	44,848.80 99.66	44,942.85 99.87	0.54%	2,160.00 816.00	4.81%
Florida Power & Light Co First Lien Note 5.05% Due 04/01/28 Dated 03/03/23 Callable 03/01/28 341081GK7 Bond Rating: A+	75,000	76,890.75 102.52	75,720.00 100.96	0.91%	3,787.00 946.87	5.00%
Gatx Corp Senior Unsecured Note 3.25% Due 09/15/26 Dated 09/13/16 Callable 06/15/26 361448AY9 Bond Rating: BBB	55,000	50,978.95 92.69	53,535.35 97.34	0.64%	1,787.00 526.31	3.34%
GE Healthcare Tech Inc Senior Unsecured Note 5.905% Due 11/22/32 Dated 05/22/23 Callable 08/22/32 36267VAK9 Bond Rating: BBB	40,000	41,778.40 104.45	41,557.60 103.89	0.50%	2,362.00 255.88	5.68%
General Motors Financial Company Senior Unsecured Note 5.4% Due 05/08/27 Dated 02/08/24 37045XEQ5 Bond Rating: BBB	75,000	74,751.75 99.67	75,783.75 101.05	0.91%	4,050.00 596.25	5.34%

**Ufcw & Employers KS/MO Hlth & Welf**  
 January 1, 2024 - December 31, 2024

**List of Assets**

<i>Description</i>	<i>Shares</i>	<i>Cost/ Per Unit</i>	<i>Market Value/ Per Unit</i>	<i>Percent Of Assets</i>	<i>Projected Annual Income/ Accrued Income</i>	<i>Current Yield</i>
Hewlett Packard Enterprise Company Senior Unsecured Note 4.85% Due 10/15/31 Dated 09/26/24 Callable 08/15/31 42824CBU2 Bond Rating: BBB	55,000	54,949.40 99.91	53,640.40 97.53	0.64%	2,667.00 703.92	4.97%
Hsbc Holdings PLC Senior Unsecured Note Variable Rate Due 05/24/32 Dated 05/24/21 Callable 05/24/31 404280CT4 Bond Rating: A-	75,000	64,441.50 85.92	63,726.75 84.97	0.76%	2,103.00 216.14	3.30%
Intel Corp Senior Unsecured Note 3.15% Due 05/11/27 Dated 05/11/17 Callable 02/11/27 458140AX8 Bond Rating: BBB	50,000	47,325.00 94.65	47,984.00 95.97	0.57%	1,575.00 218.75	3.28%
Intuit Inc Senior Unsecured Note 5.25% Due 09/15/26 Dated 09/15/23 Callable 08/15/26 46124HAE6 Bond Rating: A-	70,000	69,937.00 99.91	70,738.50 101.06	0.85%	3,675.00 1,082.08	5.20%
John Deere Capital Corp Senior Unsecured Note 1.3% Due 10/13/26 Dated 10/13/21 24422EYW6 Bond Rating: A	100,000	89,107.00 89.11	94,635.00 94.64	1.13%	1,300.00 281.66	1.37%

**Ufcw & Employers KS/MO Hlth & Welf**  
 January 1, 2024 - December 31, 2024  
 Schedule of Assets (Held at End of Year)

**List of Assets**

<i>Description</i>	<i>Shares</i>	<i>Cost/ Per Unit</i>	<i>Market Value/ Per Unit</i>	<i>Percent Of Assets</i>	<i>Projected Annual Income/ Accrued Income</i>	<i>Current Yield</i>
Jpmorgan Chase & Co Senior Unsecured Note Variable Rate Due 06/01/34 Dated 06/01/23 Callable 06/01/33 46647PDR4	75,000	75,709.50 100.95	74,947.50 99.93	0.90%	4,012.00 334.37	5.35%
Bond Rating: A						
Kinder Morgan Inc Senior Unsecured Note 5.1% Due 08/01/29 Dated 07/31/24 Callable 07/01/29 49456BAZ4	40,000	39,937.20 99.84	39,994.40 99.99	0.48%	2,040.00 855.66	5.10%
Bond Rating: BBB						
Lockheed Martin Corp Senior Unsecured Note 1.85% Due 06/15/30 Dated 05/20/20 Callable 03/15/30 539830BP3	75,000	65,514.00 87.35	64,285.50 85.71	0.77%	1,387.00 61.66	2.16%
Bond Rating: A-						
Loews Corporation Senior Unsecured Note 3.75% Due 04/01/26 Dated 03/22/16 Callable 01/01/26 54042AS7	85,000	83,942.60 98.76	84,059.05 98.89	1.01%	3,187.00 796.87	3.79%
Bond Rating: A						
Magna International Inc Senior Unsecured Note 4.15% Due 10/01/25 Dated 09/23/15 Callable 07/01/25 55922AR5	65,000	63,343.15 97.45	64,697.10 99.53	0.77%	2,697.00 674.37	4.17%
Bond Rating: A-						

**Ufcw & Employers KS/MO Hlth & Welf**  
 January 1, 2024 - December 31, 2024

**List of Assets**

<i>Description</i>	<i>Shares</i>	<i>Cost/ Per Unit</i>	<i>Market Value/ Per Unit</i>	<i>Percent Of Assets</i>	<i>Projected Annual Income/ Accrued Income</i>	<i>Current Yield</i>
Metlife Inc Senior Unsecured Note 6.375% Due 06/15/34 Dated 06/03/04 59156RAJ7 Bond Rating: A-	75,000	81,463.50 108.62	80,728.50 107.64	0.97%	4,781.00 212.50	5.92%
Morgan Stanley Senior Unsecured Note Variable Rate Due 07/21/34 Dated 07/21/23 Callable 07/21/33 61747YFG5 Bond Rating: A-	65,000	65,265.85 100.41	64,546.30 99.30	0.77%	3,525.00 1,566.93	5.46%
Mplx LP Senior Unsecured Note 4.125% Due 03/01/27 Dated 02/10/17 Callable 12/01/26 55336VAK6 Bond Rating: BBB	75,000	72,540.75 96.72	73,887.00 98.52	0.88%	3,093.00 1,031.25	4.19%
National Australia Bank Limited Senior Unsecured Note 5.087% Due 06/11/27 Dated 06/11/24 63253QAJ3 Bond Rating: AA-	90,000	90,000.00 100.00	91,039.50 101.16	1.09%	4,578.00 254.35	5.03%
National Rural Util Coop Secured Note 4.15% Due 12/15/32 Dated 08/17/22 Callable 09/15/32 637432NZ4 Bond Rating: A-	80,000	75,542.40 94.43	74,642.40 93.30	0.89%	3,320.00 147.55	4.45%

**Ufcw & Employers KS/MO Hlth & Welf**  
 January 1, 2024 - December 31, 2024

**List of Assets**

Description	Shares	Cost/ Per Unit	Market Value/ Per Unit	Percent Of Assets	Projected Annual Income/ Accrued Income	Current Yield
NSTAR Electric Co Senior Unsecured Note 2.7% Due 06/01/26 Dated 05/26/16 Callable 03/01/26 67021CAL1 Bond Rating: A-	75,000	70,773.00 94.36	72,944.25 97.26	0.87%	2,025.00 168.75	2.78%
Oklahoma Gas and Electric Company Senior Unsecured Note 5.4% Due 01/15/33 Dated 01/05/23 Callable 07/15/32 678858BX8 Bond Rating: A-	75,000	75,972.00 101.30	75,588.75 100.79	0.90%	4,050.00 1,867.50	5.36%
Oneok Inc Senior Unsecured Note 4.75% Due 10/15/31 Dated 09/24/24 Callable 08/15/31 682680CD3 Bond Rating: BBB	40,000	39,825.60 99.56	38,692.40 96.73	0.46%	1,900.00 511.94	4.91%
Pacificorp First Lien Note 5.45% Due 02/15/34 Dated 01/5/24 Callable 11/15/33 695114DD7 Bond Rating: A	75,000	75,201.75 100.27	74,513.25 99.35	0.89%	4,087.00 1,544.16	5.49%
Paypal Holdings Inc Senior Unsecured Note 2.65% Due 10/01/26 Dated 09/26/19 Callable 08/01/26 70450YAD5 Bond Rating: A-	85,000	78,596.10 92.47	82,329.30 96.86	0.98%	2,252.00 563.12	2.74%

**Ufcw & Employers KS/MO Hlth & Welf**  
 January 1, 2024 - December 31, 2024

**List of Assets**

Description	Shares	Cost/ Per Unit	Market Value/ Per Unit	Percent Of Assets	Projected Annual Income/ Accrued Income	Current Yield
Phillips 66 Company Senior Unsecured Note 5.25% Due 06/15/31 Dated 02/28/24 Callable 04/15/31 718547AU6 Bond Rating: BBB+	40,000	41,252.40 103.13	40,106.80 100.27	0.48%	2,100.00 93.33	5.24%
PNC Financial Services Senior Unsecured Note 2.6% Due 07/23/26 Dated 07/23/19 Callable 05/23/26 693475AX3 Bond Rating: A-	75,000	70,541.25 94.06	72,652.50 96.87	0.87%	1,950.00 855.83	2.68%
Prologis LP Senior Unsecured Note 5.125% Due 01/15/34 Dated 06/28/23 Callable 10/15/33 74340XCH2 Bond Rating: A	75,000	75,165.75 100.22	73,911.00 98.55	0.88%	3,843.00 1,772.39	5.20%
Realty Income Corp Senior Unsecured Note 4.625% Due 11/01/25 Dated 11/01/21 Callable 09/01/25 756109BE3 Bond Rating: A-	165,000	164,274.00 99.56	164,793.75 99.88	1.97%	7,631.00 1,271.87	4.63%
Reinsurance Group of America Senior Unsecured Note 6% Due 09/15/33 Dated 06/08/23 Callable 06/15/33 759351AR0 Bond Rating: A	45,000	46,918.35 104.26	46,249.20 102.78	0.55%	2,700.00 795.00	5.84%



**List of Assets**

Description	Shares	Cost/ Per Unit	Market Value/ Per Unit	Percent Of Assets	Projected Annual Income/ Accrued Income	Current Yield
Salesforce.Com Inc	85,000	70,567.85	71,338.80	0.85%	1,657.00	2.32%
Senior Unsecured Note		83.02	83.93		764.29	
1.95% Due 07/15/31 Dated 07/12/21						
Callable 04/15/31						
79466LAJ3						
Bond Rating: A+						
The Goldman Sachs Group Inc	40,000	39,954.40	39,762.40	0.48%	2,019.00	5.08%
Senior Unsecured Note		99.89	99.41		886.38	
Variable Rate						
Due 07/23/30 Dated 07/23/24						
Callable 07/23/29						
38141GB29						
Bond Rating: BBB+						
Toronto-Dominion Bank	100,000	87,966.00	94,473.00	1.13%	1,250.00	1.32%
Senior Unsecured Note		87.97	94.47		385.41	
1.25% Due 09/10/26 Dated 09/10/21						
89114TZG0						
Bond Rating: A-						
Truist Financial Corporation	50,000	50,000.00	49,415.00	0.59%	2,576.00	5.21%
Senior Unsecured Note		100.00	98.83		1,044.91	
Variable Rate						
Due 08/05/32 Dated 08/05/24						
89788MAT9						
Bond Rating: A-						
Unitedhealth Group Incorporated	70,000	69,841.10	69,210.40	0.83%	3,465.00	5.01%
Senior Unsecured Note		99.77	98.87		1,501.50	
4.95% Due 01/15/32 Dated 07/25/24						
Callable 11/15/31						
91324PFH0						
Bond Rating: A+						

**Ufcw & Employers KS/MO Hlth & Welf**  
 January 1, 2024 - December 31, 2024  
 Schedule of Assets (Held at End of Year)

**List of Assets**

Description	Shares	Cost/ Per Unit	Market Value/ Per Unit	Percent Of Assets	Projected Annual Income/ Accrued Income	Current Yield
US Bancorp Senior Unsecured Note Variable Rate Due 07/23/30 Dated 07/23/24 Callable 07/23/29 91159HJS0 Bond Rating: A	75,000	75,000.00 100.00	74,907.75 99.88	0.90%	3,825.00 1,678.75	5.11%
Wells Fargo & Company Senior Unsecured Note Variable Rate Due 04/24/34 Dated 04/24/23 Callable 04/24/33 95000U3D3 Bond Rating: BBB+	60,000	60,376.80 100.63	59,332.20 98.89	0.71%	3,233.00 601.77	5.45%
<b>Total Credit</b>		<b>\$ 3,954,617.60</b>	<b>\$ 3,975,337.25</b>	<b>47.55%</b>	<b>\$ 171,599.00</b> <b>\$ 43,230.18</b>	<b>4.32%</b>
<b>Treasury</b>						
United States Treasury Note 1.75% Due 01/31/29 Dated 01/31/22 91282CDW8 Bond Rating: AAA	175,000	157,602.54 90.06	158,058.25 90.32	1.89%	3,062.00 1,281.58	1.94%
United States Treasury Note 2.75% Due 05/31/29 Dated 05/31/22 91282CES6 Bond Rating: AAA	200,000	188,273.44 94.14	187,042.00 93.52	2.24%	5,500.00 483.51	2.94%
United States Treasury Note 2.75% Due 07/31/27 Dated 07/31/22 91282CFB2 Bond Rating: AAA	165,000	158,889.84 96.30	158,939.55 96.33	1.90%	4,537.00 1,898.84	2.85%

**Ufcw & Employers KS/MO Hlth & Welf**  
 January 1, 2024 - December 31, 2024

**List of Assets**

<i>Description</i>	<i>Shares</i>	<i>Cost/ Per Unit</i>	<i>Market Value/ Per Unit</i>	<i>Percent Of Assets</i>	<i>Projected Annual Income/ Accrued Income</i>	<i>Current Yield</i>
United States Treasury Note 3.875% Due 09/30/29 Dated 09/30/22 91282CFL0 Bond Rating: AAA	115,000	116,783.41 101.55	112,526.35 97.85	1.35%	4,456.00 1,138.54	3.96%
United States Treasury Note 3.875% Due 11/30/27 Dated 11/30/22 91282CFZ9 Bond Rating: AAA	200,000	200,789.06 100.40	197,774.00 98.89	2.37%	7,750.00 681.31	3.92%
United States Treasury Note 3.875% Due 08/15/33 Dated 08/15/23 91282CHT1 Bond Rating: AAA	200,000	194,570.31 97.29	190,406.00 95.20	2.28%	7,750.00 2,927.30	4.07%
United States Treasury Note 4.375% Due 11/30/30 Dated 11/30/23 91282CJM4 Bond Rating: AAA	200,000	202,835.94 101.42	199,320.00 99.66	2.38%	8,750.00 769.23	4.39%
United States Treasury Note 4.25% Due 03/15/27 Dated 03/15/24 91282CKE0 Bond Rating: AAA	200,000	199,242.19 99.62	199,980.00 99.99	2.39%	8,500.00 2,535.91	4.25%
United States Treasury Note 3.5% Due 09/30/26 Dated 09/30/24 91282CLP4 Bond Rating: AAA	150,000	147,826.17 98.55	148,134.00 98.76	1.77%	5,250.00 1,341.34	3.54%
United States Treasury Notes 4% Due 02/15/34 Dated 02/15/24 91282CJZ5 Bond Rating: AAA	200,000	197,007.81 98.50	191,534.00 95.77	2.29%	8,000.00 3,021.73	4.18%
United States Treasury Notes 3.75% Due 08/31/31 Dated 08/31/24 91282CLJ8 Bond Rating: NA	80,000	77,753.13 97.19	76,665.60 95.83	0.92%	3,000.00 1,019.33	3.91%

**List of Assets**

Description	Shares	Cost/ Per Unit	Market Value/ Per Unit	Percent Of Assets	Projected Annual Income/ Accrued Income	Current Yield
<b>Total Treasury</b>		<b>\$ 1,841,573.84</b>	<b>\$ 1,820,379.75</b>	<b>21.77%</b>	<b>\$ 66,555.00</b> <b>\$ 17,098.62</b>	<b>3.66%</b>
<b>Agencies</b>						
Space Coast Credit Union Marketable Certificate of Deposit 5.15% Due 12/16/25 Dated 12/16/22 Ncua #67297 84614AAG4 Bond Rating: NA	250,000	250,000.00 100.00	252,387.50 100.96	3.02%	12,875.00 572.22	5.10%
<b>Total Agencies</b>		<b>\$ 250,000.00</b>	<b>\$ 252,387.50</b>	<b>3.02%</b>	<b>\$ 12,875.00</b> <b>\$ 572.22</b>	<b>5.10%</b>
<b>Asset Backed Securities</b>						
Ally Auto Receivables Trust Series 2022-2 Class A3 4.76% Due 05/17/27 Dated 10/12/22 0208MAC3 Bond Rating: AAA	92,003.77	92,002.63 100.00	92,082.17 100.09	1.10%	4,379.00 195.64	4.76%
Bmw Vehicle Owner Trust Series 2023-A Class A2a 5.72% Due 04/27/26 Dated 07/18/23 05592XAB6 Bond Rating: AAA	9,898.37	9,897.92 100.00	9,911.49 100.13	0.12%	566.00 10.16	5.71%
Carmax Auto Owner Trust Series 2021-3 Class A4 0.74% Due 01/15/27 Dated 07/28/21 14317DAD2 Bond Rating: AAA	200,000	182,000.00 91.00	195,018.78 97.51	2.33%	1,480.00 65.77	0.76%

**Ufcw & Employers KS/MO Hlth & Welf**  
January 1, 2024 - December 31, 2024

**List of Assets**

Description	Shares	Cost/ Per Unit	Market Value/ Per Unit	Percent Of Assets	Projected Annual Income/ Accrued Income	Current Yield
First National Master Note Trust Series 2023-1 Class A 5.13% Due 04/16/29 Dated 04/27/23 32113CBV1 Bond Rating: AAA	200,000	199,982.88 99.99	201,164.54 100.58	2.41%	10,260.00 456.00	5.10%
Ford Credit Auto Owner Trust Series 2022-C Class A3 4.48% Due 12/15/26 Dated 09/23/22 34535AAD2 Bond Rating: AAA	75,018.09	75,013.75 99.99	74,973.84 99.94	0.90%	3,360.00 150.28	4.48%
<b>Total Asset Backed Securities</b>		<b>\$ 558,897.18</b>	<b>\$ 573,150.82</b>	<b>6.86%</b>	<b>\$ 20,045.00</b> <b>\$ 877.85</b>	<b>3.50%</b>
<b>Taxable Municipal Bonds</b>						
Carmel In Waterworks Taxable Revenue Refunding 5.137% Due 05/01/31 Dated 07/29/24 14332IKQ9 Bond Rating: AA	70,000	70,000.00 100.00	69,694.80 99.56	0.83%	3,595.00 599.31	5.16%
University of South Alabama AL Taxable Facilities Revenues 5.083% Due 04/01/26 Dated 07/22/24 914845UC4 Bond Rating: AA	100,000	100,000.00 100.00	100,705.00 100.71	1.20%	5,083.00 1,270.74	5.05%
<b>Total Taxable Municipal Bonds</b>		<b>\$ 170,000.00</b>	<b>\$ 170,399.80</b>	<b>2.04%</b>	<b>\$ 8,678.00</b> <b>\$ 1,870.05</b>	<b>5.09%</b>
<b>Total Fixed Income Investments</b>		<b>\$ 8,282,094.66</b>	<b>\$ 8,270,022.01</b>	<b>98.92%</b>	<b>\$ 346,839.00</b> <b>\$ 69,239.88</b>	<b>4.19%</b>

List of Assets	Shares	Cost/ Per Unit	Market Value/ Per Unit	Percent Of Assets	Projected Annual Income/ Accrued Income	Current Yield
Net Assets and Liabilities		\$ 8,372,315.66	\$ 8,360,243.01	100.00%	\$ 350,801.00 \$ 71,068.55	4.20%

SCHEDULE C OTHER SERVICE PROVIDER SERVICE CODES STATEMENT 1

NAME	SERVICE CODES
CIGNA HEALTH & LIFE INSURANCE COMPA	12
CIGNA HEALTH & LIFE INSURANCE COMPA	13
CIGNA HEALTH & LIFE INSURANCE COMPA	38
CIGNA HEALTH & LIFE INSURANCE COMPA	49
CIGNA HEALTH & LIFE INSURANCE COMPA	56
CIGNA HEALTH & LIFE INSURANCE COMPA	62
NATIONAL EMPLOYEE BENEFIT ADMINISTR	12
NATIONAL EMPLOYEE BENEFIT ADMINISTR	13
NATIONAL EMPLOYEE BENEFIT ADMINISTR	14
NATIONAL EMPLOYEE BENEFIT ADMINISTR	36
NATIONAL EMPLOYEE BENEFIT ADMINISTR	49

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H OTHER RECEIVABLES STATEMENT 2

DESCRIPTION	BEGINNING	ENDING
PRESCRIPTION DRUG REBATES	357,136.	410,107.
ACCRUED INTEREST AND DIVIDENDS	64,764.	71,069.
PREPAID EXPENSES	19,961.	17,002.
DEPOSIT WITH INSURANCE COMPANY	77,000.	77,000.
STOP-LOSS REFUNDS	0.	39,893.
TOTAL TO SCHEDULE H, LINE 1B(3)	518,861.	615,071.

SCHEDULE H OTHER GENERAL INVESTMENTS STATEMENT 3

DESCRIPTION	BEGINNING	ENDING
MUNICIPAL OBLIGATIONS	116,093.	170,400.
TOTAL TO SCHEDULE H, LINE 1C(15)	116,093.	170,400.

SCHEDULE H		OTHER INCOME	STATEMENT 4
DESCRIPTION			AMOUNT
PRESCRIPTION DRUG REBATES			476,736.
TOTAL TO SCHEDULE H, LINE 2C			476,736.

SCHEDULE H		OTHER PAYMENTS TO PROVIDE BENEFITS	STATEMENT 5
DESCRIPTION			AMOUNT
BENEFIT PROVIDER ADMINISTRATION FEES			455,787.
TOTAL TO SCHEDULE H, LINE 2E(3)			455,787.

SCHEDULE H		OTHER ADMINISTRATIVE EXPENSES	STATEMENT 6
DESCRIPTION			AMOUNT
FEES MANDATED BY ACA			5,687.
INSURANCE			25,672.
OFFICE EXPENSES			638.
PRINTING AND POSTAGE			52,622.
CONSULTING FEES			41,008.
TOTAL TO SCHEDULE H, LINE 2I(11)			125,627.

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**

For calendar plan year 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.)

**B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)

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

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

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

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

<p><b>1a</b> Name of plan <b>U.F.C.W. AND EMPLOYERS KANSAS AND MISSOURI HEALTH AND WELFARE TRUST FUND</b></p>	<p><b>1b</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>TRUSTEES OF U.F.C.W. &amp; EMPLOYERS KANSAS AND MISSOURI</b></p> <p><b>2010 N.W. 150TH AVENUE SUITE 200 PEMBROKE PINES FL 33028</b></p>	<p><b>1c</b> Effective date of plan <b>05/01/1991</b></p> <p><b>2b</b> Employer Identification Number (EIN) <b>43-0797957</b></p> <p><b>2c</b> Plan Sponsor's telephone number <b>954-266-6322</b></p> <p><b>2d</b> Business code (see instructions) <b>445110</b></p>	

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

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

DocuSigned by:

SIGN HERE	<i>Martin A. Rosas</i>	10/13/2025	<b>MARTIN A. ROSAS</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Jon T. McCormick</i>	10/14/2025	<b>JON T. MCCORMICK</b>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1,260
<b>6</b> 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).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	1,260
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	1,186
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....	<b>6d</b>	1,186
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e .....	<b>6f</b>	
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	12

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

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

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

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached <u>  3  </u> (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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Plan Name U.F.C.W. AND EMPLOYERS KANSAS AND MISSOURI HEALTH AND WELFARE TRUST FUN  
 Plan Sponsor TRUSTEES OF U.F.C.W. AND EMPLOYERS KANSAS AND MISSOURI HEALTH AND WELFARE TRUST FUN

Plan No. 501  
 EIN: 43-0797957  
 Y/E 12/31/24

Plan assets at

Individual transactions - purchases and sales on separate lines

a. Identity of party involved*	b. Description of asset (Include interest rate & maturity in case of a loan)	c. Purchase price	d. Selling price	e. Lease rental	f. Expense incurred with transaction	g. Cost of asset**	h. Current value of asset on trans. date	i. Net gain or (loss)
	BAIRD INTERMEDIATE BOND FUND INSTL	7,650,000	0	0	0	7,650,000	7,650,000	0
	BAIRD INTERMEDIATE BOND FUND INSTL	7,000,000	0	0	0	7,000,000	7,000,000	0
	BAIRD INTERMEDIATE BOND FUND INSTL	0	8,000,000	0	0	8,002,261	8,000,000	(2,261)
	BAIRD SHORT-TERM BOND FUND	0	7,200,000	0	0	7,177,119	7,200,000	22,881
	BAIRD SHORT-TERM BOND FUND	0	7,353,128	0	0	7,321,787	7,353,128	31,341
	GS FINANCIAL SQUARE GOVERNMENT FUND	2,250,000	0	0	0	2,250,000	2,250,000	0
	GS FINANCIAL SQUARE GOVERNMENT FUND	7,200,000	0	0	0	7,200,000	7,200,000	0
	GS FINANCIAL SQUARE GOVERNMENT FUND	8,000,000	0	0	0	8,000,000	8,000,000	0
	GS FINANCIAL SQUARE GOVERNMENT FUND	0	2,250,000	0	0	2,250,000	2,250,000	0
	GS FINANCIAL SQUARE GOVERNMENT FUND	0	7,000,000	0	0	7,000,000	7,000,000	0
	GS FINANCIAL SQUARE GOVERNMENT FUND	0	8,000,000	0	0	8,000,000	8,000,000	0

\* Not applicable for purchases or sales of marketable securities.

\*\* Book value is current value at end of prior year or at purchase date if purchased during the reporting period.

Series of securities transactions - include all purchases and sales of one security on same line and apply 5% test to total.

a. Description of security	b. Total number of purchases	c. Total number of sales	d. Total value of purchases	Sales	
				e. Total value	f. Incr (decr) by
BAIRD INTERMEDIATE BOND FUND INSTL	10	1	16,167,946	8,000,000	(2,261)
BAIRD SHORT-TERM BOND FUND	10	2	2,532,224	14,553,128	54,222
VANGUARD TOTAL STOCK MARKET INDEX	6	0	1,825,493	0	0
GS FINANCIAL SQUARE GOVERNMENT FUND	22	11	20,947,038	20,982,522	0
GS FINANCIAL SQ TRSY SOLUTIONS CAPITAL	86	171	13,415,025	13,894,947	0

**5% Transactions**

<i>Description</i>	<i>Number of Transactions</i>	<i>Unit Price</i>	<i>Transaction Cost</i>	<i>Cash</i>	<i>Total Costs</i>	<i>Realized Gain/Loss</i>
<b>Financial Square Tr Government</b>						
Purchases	80	1.000	0.00	8,054,606.64	8,054,606.64	0.00
Sales	34	1.000	0.00	8,005,380.55	8,005,380.55	0.00

Transactions noted by a "\*" are in themselves greater than 5%

**5% Transactions**

<i>Description</i>	<i>Number of Transactions</i>	<i>Unit Price</i>	<i>Transaction Cost</i>	<i>Cash</i>	<i>Total Costs</i>	<i>Realized Gain/Loss</i>
<b>United States Treasury Note</b>						
<b>1.875% Due 02/28/27 Dated 02/28/22</b>						
Purchased 500000 03/13/24 From RBC Capital Markets Corporation @ 93.05859375	*	93.058	0.00	465,292.97	465,292.97	0.00
Sold 500000 07/16/24 To Bmo-Chicago Branch @ 94.046875	*	93.244	0.00	466,221.08	465,292.97	928.11
Purchases	1	93.058	0.00	465,292.97	465,292.97	0.00
Sales	1	93.244	0.00	466,221.08	465,292.97	928.11
<b>United States Treasury Note</b>						
<b>4.25% Due 10/15/25 Dated 10/15/22</b>						
Sold 500000 07/16/24 To Bmo-Chicago Branch @ 99.390625	*	99.390	0.00	496,953.13	502,851.56	-5,898.43
Sales	1	99.390	0.00	496,953.13	502,851.56	-5,898.43
<b>United States Treasury Note</b>						
<b>4.5% Due 07/15/26 Dated 07/15/23</b>						
Sold 400000 07/16/24 To Deutsche Bank Securities, Inc. @ 100.08203125		100.082	0.00	400,328.13	402,343.75	-2,015.62
<b>Transactions noted by a "*" are in themselves greater than 5%</b>						

**5% Transactions**

Description	Number of Transactions	Unit Price	Transaction Cost	Cash	Total Costs	Realized Gain/Loss
Sold 100000 07/26/24 To Wells Fargo Securities, LLC @ 100.171875		100.171	0.00	100,171.88	100,585.94	-414.06
Sales	2	100.100	0.00	500,500.01	502,929.69	-2,429.68
<b>United States Treasury Note 4.625% Due 09/15/26 Dated 09/15/23</b>						
Sold 500000 07/16/24 To Citigroup Global Mkts Inc/Salom @ 100.42578125	*	100.187	0.00	500,937.03	495,527.34	5,409.69
Sales	1	100.187	0.00	500,937.03	495,527.34	5,409.69
<b>United States Treasury Note 4.375% Due 11/30/30 Dated 11/30/23</b>						
Purchased 400000 07/26/24 From J.P. Morgan Chase @ 101.41796875		101.417	0.00	405,671.88	405,671.88	0.00
Sold 200000 10/23/24 To Bmo-Chicago Branch @ 101.390625		101.390	0.00	202,781.25	202,835.94	-54.69
Purchases	1	101.417	0.00	405,671.88	405,671.88	0.00
Sales	1	101.390	0.00	202,781.25	202,835.94	-54.69

Transactions noted by a "\*" are in themselves greater than 5%

**5% Transactions**

Description	Number of Transactions	Unit Price	Transaction Cost	Cash	Total Costs	Realized Gain/Loss
<b>United States Treasury Note</b>						
<b>4.375% Due 12/15/26 Dated 12/15/23</b>						
Sold 440000 07/16/24 To Goldman-Sachs @ 100.07421875	*	100.074	0.00	440,326.56	440,017.19	309.37
Sales	1	100.074	0.00	440,326.56	440,017.19	309.37
<b>United States Treasury Note</b>						
<b>4.25% Due 03/15/27 Dated 03/15/24</b>						
Purchased 400000 03/28/24 From Bmo-Chicago Branch @ 99.62109375		99.621	0.00	398,484.38	398,484.38	0.00
Sold 200000 07/26/24 To Nomura Securities Intl., Fixed @ 100		100.000	0.00	200,000.00	199,242.19	757.81
Purchases	1	99.621	0.00	398,484.38	398,484.38	0.00
Sales	1	100.000	0.00	200,000.00	199,242.19	757.81
<b>Transactions noted by a "*" are in themselves greater than 5%</b>						