

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... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1969
2a Plan sponsor's name (employer, if for a single-employer plan): KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND
2b Employer Identification Number (EIN): 48-6171387
2c Plan Sponsor's telephone number: 785-267-0140
2d Business code (see instructions): 238900

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	8550
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	790
	6a(2)	768
	6b	1942
	6c	3876
	6d	6586
	6e	498
	6f	7084
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	88

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND</u>	D Employer Identification Number (EIN) <u>48-6171387</u>	

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	<u>154446495</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>161751812</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>250160691</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	<u>250160691</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>416017186</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>4585638</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>21996693</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>22301347</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	Date
	<u>PIERCE MARTIN, EA, MAAA</u>	<u>23-09045</u>
	Type or print name of actuary	Most recent enrollment number
	<u>UNITED ACTUARIAL SERVICES, INC.</u>	<u>317-580-8670</u>
	Firm name	Telephone number (including area code)
	<u>11590 N. MERIDIAN ST, SUITE 610 CARMEL, IN 46032-4529</u>	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	154446495
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2444	241783872
(2) For terminated vested participants	3963	101269895
(3) For active participants:		
(a) Non-vested benefits		1794065
(b) Vested benefits		71169354
(c) Total active	861	72963419
(4) Total	7268	416017186
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	37.13 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
12/31/2024	7242754					
			Totals ▶	3(b)	7242754	
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)	290722

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	64.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	D
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	2052

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input checked="" type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> Other (specify):			
j If box h is checked, enter period of use of shortfall method			5j
k Has a change been made in funding method for this plan year?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?			<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method			5m

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.77 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.25 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.25 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.7 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	675513
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-2718161	-282675
4	19307	2008

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	39074636
b Employer's normal cost for plan year as of valuation date.....	9b	2537658

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	98740007	14509526
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		4068830
e Total charges. Add lines 9a through 9d.....	9e		60190650
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		0
g Employer contributions. Total from column (b) of line 3.....	9g		7242754
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	49405764	9302869
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		937008
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	105376001	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	219035299	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		17482631
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		42708019
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		
(3) Total as of valuation date.....	9o(3)		
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		42708019
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

A Name of plan KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND	D Employer Identification Number (EIN) 48-6171387	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

MARQUETTE ASSOCIATES

180 N LASALLE ST SUITE 3500
CHICAGO, IL 60601

36-3485298

(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 51	INVESTMENT CONSULTANT	195000	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)

KBT HEALTH & WELFARE

4101 SOUTHGATE DRIVE
TOPEKA, KS 66609

48-0691769

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	N/A	182651	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)

SIGULER GUFF ADVISERS, LLC

13-3855629

(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?
28 51	N/A	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

FEDERAL INSURANCE COMPANY

13-1963496

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	N/A	81613	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)

AMERICAN REALTY ADVISORS

515 S FLOWER ST, 49TH FLOOR
LOS ANGELES, CA 90017

33-0123114

(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?
28 51	N/A	77503	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)

UNITED ACTUARIAL SERVICES, INC.

11590 N MERIDIAN ST STE 610
CARMEL, IN 46032-4529

35-2156428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	PLAN ACTUARY	71159	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)

GARY MUCKENTHALER

4101 SOUTHGATE DRIVE
TOPEKA, KS 66609

48-6171387

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PLAN ADMINISTRATOR	66220	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)

H.I.G WHITEHORSE PRINCIPAL LENDING

1450 BRICKELL AVE 31ST FLOOR
MIAMI, FL 33131

83-1516856

(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	INVESTMENT MANAGERS	54789	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)

MIZE CPAS INC.

120 SE 6TH AVE, SUITE 200
TOPEKA, KS 66603

48-0882363

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	PLAN AUDITOR	53700	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)

PGIM CAPITAL PARTNERS VI, L.P.

150 N RIVERSIDE PLAZA, SUITE 2100
CHICAGO, IL 60601

85-0902041

(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?
28 51	N/A	8552	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

THE BANK OF NEW YORK MELLON

225 LIBERTY STREET
NEW YORK, NY 10286

95-3571558

(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?
28 51	N/A	46863	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)

MIDWEST INSTITUTIONAL TRUST COMPANY

10700 W RESEARCH DR, SUITE 205
MILWAUKEE, WI 53226

48-1138946

(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?
28 51	N/A	26618	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)

ARNOLD NEWBOLD WINTER & JACKSON

1125 GRAND BLVD SUITE 1600
KANSAS CITY, MO 64106

43-1174269

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	PLAN LEGAL COUNSEL	24684	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)

DIAMOND PRINTING

2011 SE 10TH AVE
TOPEKA, KS 66607

20-2115130

(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?
49 50	N/A	14030	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)

BRIDGEWAY BENEFIT TECHNOLOGIES

3000 S LENOLA RD
MAPLE SHADE, NJ 08052

(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	DATA PROCESSING	9500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

BMO HARRIS BANK

111 W MONROE ST
CHICAGO, IL 60603

36-2085229

(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?
18 19 50	N/A	9423	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)

THE CINCINNATI INSURANCE COMPANY

6200 S GILMORE ROAD
FAIRFIELD, OH 45014-5141

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	N/A	6761	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name: MIZE CPAS INC.	b EIN: 48-0882363
c Position: PLAN AUDITOR	
d Address: 120 SE 6TH AVE, SUITE 200 TOPEKA, KS 66603	e Telephone: 785-233-0536

Explanation: CHANGE IN AUDITOR WAS THE RESULT OF A ROUTINE RFP VENDOR SEARCH PROCESS.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND</u>	D Employer Identification Number (EIN) <u>48-6171387</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BUILDING INVESTMENT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>AFL-CIO</u>		
c EIN-PN <u>52-6328901-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2644588</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM MELLON DB AGGREGATE BOND INDEX</u>		
b Name of sponsor of entity listed in (a): <u>BNY MELLON</u>		
c EIN-PN <u>25-6078093-056</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7894566</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM MELLON DB SL ACWI EX-U.S. FUND</u>		
b Name of sponsor of entity listed in (a): <u>BNY MELLON</u>		
c EIN-PN <u>25-6078093-193</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13947275</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM MELLON DB BROAD MARKET STOCK I</u>		
b Name of sponsor of entity listed in (a): <u>BNY MELLON</u>		
c EIN-PN <u>25-6078093-106</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>76735947</u>
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)

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND	D Employer Identification Number (EIN) 48-6171387

Part I	Asset and Liability Statement
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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
a Total noninterest-bearing cash	1a	1737929	2267244
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	687178	687178
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	778509	466017
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2097420	6078282
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	90509987	101201809
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11903579	25875910
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	47108958	66022703

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	154823560	202599143
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	195377	86662
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	181688	266470
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	377065	353132
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	154446495	202246011

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	50347550	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		50347550
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2164757	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2164757
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	922254	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		922254
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	119797287	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	119179256	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		618031
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		13218255
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-153451
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		67117396

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18147305	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		18147305
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	66220	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	387512	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	71159	
(8) Legal fees	2i(8)	24684	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	621000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1170575
j Total expenses. Add all expense amounts in column (b) and enter total	2j		19317880

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		47799516
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: RUBINBROWN LLP

(2) EIN: 43-0765316

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 563093.

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

A Name of plan <u>KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND</u>	D Employer Identification Number (EIN) <u>48-6171387</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **WOLF CONSTRUCTION, INC**

b EIN **48-0955383**

c Dollar amount contributed by employer

366720

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **08** Day **31** Year **2026**

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

(1) Contribution rate (in dollars and cents) **2.00**

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

a Name of contributing employer **BETTIS ASPHALT & CONSTRUCTION INC**

b EIN **48-0883504**

c Dollar amount contributed by employer

357382

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2026**

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

(1) Contribution rate (in dollars and cents) **2.00**

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

a Name of contributing employer **CENTRAL MECHANICAL CONSTRUCTION**

b EIN **48-1206717**

c Dollar amount contributed by employer

218110

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **08** Day **31** Year **2026**

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

(1) Contribution rate (in dollars and cents) **2.00**

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

a Name of contributing employer **SENNE COMPANY INC**

b EIN **48-1062927**

c Dollar amount contributed by employer

193783

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **08** Day **31** Year **2026**

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

(1) Contribution rate (in dollars and cents) **2.00**

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

a Name of contributing employer **NORTHERN PIPELINE**

b EIN **88-6003998**

c Dollar amount contributed by employer

187631

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2029**

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

(1) Contribution rate (in dollars and cents) **1.50**

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

a Name of contributing employer **KBS CONSTRUCTORS INC**

b EIN **48-1074004**

c Dollar amount contributed by employer

161349

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **08** Day **31** Year **2026**

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

(1) Contribution rate (in dollars and cents) **2.00**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer ASSOCIATED INSULATION

b EIN **c** Dollar amount contributed by employer 105760

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 08 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 2.00

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

a Name of contributing employer KENDALL CONSTRUCTION

b EIN 48-1198261 **c** Dollar amount contributed by employer 105118

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 08 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 2.00

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

a Name of contributing employer KISSICK CONSTRUCTION CO

b EIN 43-1684835 **c** Dollar amount contributed by employer 102266

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 08 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 3.25

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

a Name of contributing employer BETTIS CONTRACTORS INC

b EIN 46-4323965 **c** Dollar amount contributed by employer 100188

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 08 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 2.00

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

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 50.0 % Private Equity: 9.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 27.0 %
 High-Yield Debt: _____ % Real Assets: 5.0 % Cash or Cash Equivalents: 4.0 % Other: 5.0 %

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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

***KANSAS CONSTRUCTION TRADES
OPEN END PENSION TRUST FUND***

FINANCIAL STATEMENTS

DECEMBER 31, 2024

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Independent Auditors' Report

Joint Board of Trustees
Kansas Construction Trades
Open End Pension Trust Fund
Kansas City, Missouri

Opinion

We have audited the financial statements of Kansas Construction Trades Open End Pension Trust Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year 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 of Kansas Construction Trades Open End Pension Trust Fund as of December 31, 2024, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis For Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. 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 Kansas Construction Trades Open End Pension Trust Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis Of Matter

As discussed in Note 10 to the financial statements, on February 9, 2024, Kansas Construction Trades Open End Pension Trust Fund filed for Special Financial Assistance (SFA) from the Pension Benefit Guaranty Corporation (PBGC), which is available for multiemployer plans under the Emergency Pension Plan Relief Act portion of the American Rescue Plan Act of 2021. The application was approved on June 28, 2024, and Kansas Construction Trades Open End Pension Trust Fund received \$40,685,844 and interest of \$2,418,895 on July 29, 2024. This funding is not a loan and there is no requirement to pay back any financial assistance received. Our opinion is not modified with respect to this matter.

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 Kansas Construction Trades Open End Pension Trust Fund's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

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 auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, 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 Kansas Construction Trades Open End Pension Trust Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Kansas Construction Trades Open End Pension Trust Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required By ERISA

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

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.

Other Matter

The financial statements of Kansas Construction Trades Open End Pension Trust Fund as of and for the year ended December 31, 2023, were audited by other auditors whose report dated October 15, 2024, expressed an unmodified opinion on those statements. We were not engaged to audit, review, or apply any procedures to the 2023 financial statements of Kansas Construction Trades Open End Pension Trust Fund and, accordingly, we do not express an opinion or any form of assurance on the 2023 financial statements as a whole.

RubinBrown LLP

January 23, 2026

**KANSAS CONSTRUCTION TRADES
OPEN END PENSION TRUST FUND**

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
Assets		
Investments - At Fair Value		
Mutual funds	\$ 25,875,910	\$ 22,235,380
Common/collective trusts	101,222,376	90,509,987
Limited partnerships and limited liability companies	35,015,610	36,776,575
Fixed income securities	10,272,814	—
U.S. Government and agencies securities	20,734,279	—
Money market funds	6,078,282	2,098,002
Total Investments - At Fair Value	199,199,271	151,619,944
Receivables		
Employer contributions	687,178	687,178
Due from broker for securities sold	84,760	668,845
Interest and dividends	367,445	99,362
Total Receivables	1,139,383	1,455,385
Cash	2,267,244	1,737,929
Other Assets		
Prepaid expenses	13,812	10,302
Total Assets	202,619,710	154,823,560
Liabilities		
Accounts payable and accrued expenses	86,662	195,377
Due to Kansas Building Trades Open End Health and Welfare Fund	266,470	181,688
Total Liabilities	353,132	377,065
Net Assets Available For Benefits	\$ 202,266,578	\$ 154,446,495

**KANSAS CONSTRUCTION TRADES
OPEN END PENSION TRUST FUND**

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

	For The Years Ended December 31,	
	2024	2023
Additions To Net Assets Available For		
Benefits Attributed To:		
Employer contributions	\$ 7,315,271	\$ 7,124,375
Less: reciprocity transfers out	(363,239)	(284,518)
PBGC Special Financial Assistance	43,104,739	—
Withdrawal liability income	290,722	—
Miscellaneous income	57	—
Total Additions	50,347,550	6,839,857
Deductions From Net Assets Available For		
Benefits Attributed To:		
Benefits paid	18,147,305	17,814,759
Expenses		
Investment expenses	387,512	720,070
PBGC insurance	266,030	263,025
Shared expenses	182,651	137,047
Professional fees	149,543	173,299
Insurance	88,374	84,186
Salaries	66,220	63,731
Printing	14,030	10,367
Data processing	9,500	26,512
Payroll taxes	5,130	4,941
Postage	1,273	2,296
Miscellaneous	312	7
Total Expenses	1,170,575	1,485,481
Total Deductions	19,317,880	19,300,240
Investment Income		
Net change in fair value of investments	13,703,402	17,461,884
Interest and dividends	3,087,011	1,280,472
Net Investment Income	16,790,413	18,742,356
Net Increase	47,820,083	6,281,973
Net Assets Available For Benefits - Beginning Of Year	154,446,495	148,164,522
Net Assets Available For Benefits - End Of Year	\$ 202,266,578	\$ 154,446,495

KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 And 2023

1. General Information

Description Of The Plan

The following description of the Kansas Construction Trades Open End Pension Trust Fund (the Fund) provides only general information. Participants should refer to the Fund Document for a more complete description of the Fund's provisions.

General

The Fund is a defined benefit pension plan created to provide pension, disability and accidental death benefits to eligible employees. The Fund is administered by a Joint Board of Trustees (Trustees) representing both labor and management in the construction industry. The Trustees have overall responsibility for the operation and administration of the Fund. The Trustees also determine the appropriateness of the Fund's investment offerings and monitor investment performance.

The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Participation in the Fund is immediate for all covered employees. Five hundred hours in a calendar year are required to earn a vested year. Five-year break in service rules as required under ERISA have been adopted for participants with one through four vested years. Participants vest ratably and are fully vested after five years of credited service. Once a participant earns five vested years or becomes 100% vested, he is eligible for future benefits based on his benefit accrual account.

Pension Benefits

Upon normal, early, or late retirement, the participant is entitled to annual pension benefits. The types of benefit payment options available are lump-sum payment if benefit is \$5,000 or less, three-year and ten-year-certain annuities, and joint-and-survivor annuity. The Fund legally presumes that, unless the participant specifies differently, a joint-and-survivor benefit is selected. Each is determined actuarially and paid on a monthly basis. Past service credit is awarded to participants who qualify and is limited to a maximum of \$30 additional pension benefit per month.

KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND

Notes To Financial Statements (*Continued*)

Death And Disability Benefits

If a participant shall be deceased prior to taking a normal, early or late pension, his designated beneficiaries, if any, or otherwise his lawful heirs, shall receive an amount equal to the value of the benefit accrual account, minus the actuarial value of any disability benefits paid, subject to all other provisions of the Fund. A benefit shall be paid to the surviving spouse on the earliest date that the deceased participant would have been eligible for a retirement benefit. Disability benefits are equal to accrued vested benefits and are payable at the latter of disability or age 55.

Contributions

Employers of participants contribute to the Fund for each hour worked by the participants in covered employment and at rates negotiated through collective bargaining agreements. Effective April 1, 2024, the contribution rate ranged from \$2.15 to 9.65 for each hour worked. The contribution rate from April 1, 2023 to March 31, 2024 ranged from \$2.15 to \$9.67 for each hour worked. The contribution rate prior to April 1, 2023 ranged from \$2.15 to \$9.65 for each hour worked.

The Fund's actuary has determined that the minimum annual contribution from the employers for the years ended December 31, 2024 and 2023 is \$50,213,323 and \$46,162,417, respectively. For the years ended December 31, 2024 or 2023, contributions did not meet the minimum funding requirements of ERISA.

2. Summary Of Significant Accounting Policies

Basis Of Accounting

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

Reclassifications

Certain comparative amounts have been reclassified to conform to the current year presentation. These reclassifications had no effect on the reported net assets available for benefits at December 31, 2023 or the change in net assets available for benefits for the year ended December 31, 2023.

KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND

Notes To Financial Statements (*Continued*)

Estimates And Assumptions

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein; disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein, and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Investment Valuation And Revenue Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for further discussion on fair value measurements. Net change in fair value of investments includes the Fund's gains and losses on investments bought and sold, as well as held during the year.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Contributions Receivable And Credit Loss Policy

Amounts due for employer contributions are stated at the amount management expects to collect from outstanding balances less an allowance for expected credit losses. The expected credit losses amount reflects management's best estimate of amounts that will not be collected. This assessment considers historical experience, current conditions and, when appropriate, reasonable and supportable forecasts. The Fund has concluded that no allowance for current expected credit losses was necessary at December 31, 2024 or 2023.

Actuarial Present Value Of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Fund's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Fund are based on pension credits accumulated, which are determined based on annual hours worked. Benefits payable under all circumstances (retirement, death, disability or termination of employment) are included to the extent they are deemed attributable to participant service rendered to the valuation date.

KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND

Notes To Financial Statements (*Continued*)

The actuarial present value of accumulated plan benefits is determined by the Fund's independent actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant assumptions underlying the actuarial computations as of December 31, 2023 and 2022 are as follows:

	2023	2022
Investment Rate Of Return	7.25%	7.25%
Mortality	105% of the PRI-2012 Blue Collar Mortality Tables for male employees and healthy annuitants and 110% of the PRI-2012 Blue Collar Mortality Tables for female employees and healthy annuitants projected forward using the MP-2021 projection scale.	105% of the PRI-2012 Blue Collar Mortality Tables for Employees and Retirees projected forward using the MP-2021 projection scale.
Average Expected Retirement Age	58.7	59.2

The valuations reflect deductions of \$675,000 and \$631,000 for anticipated administrative expenses associated with providing benefits for 2024 and 2023, respectively. The foregoing actuarial assumptions are based on the presumption that the Fund will continue. Were the Fund to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, there would be no material differences.

Payment Of Benefits

Benefit payments to participants are recorded upon when paid.

KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND

Notes To Financial Statements (*Continued*)**3. Actuarial Present Value Of Accumulated Plan Benefits**

The actuarial present value of accumulated plan benefits as of December 31, 2023 is as follows:

Actuarial present value of accumulated plan benefits:	
Vested participants currently receiving payments	\$ 171,970,711
Other vested benefits	86,598,816
Total vested benefits	<u>258,569,527</u>
Non-vested benefits	<u>972,190</u>
 Total actuarial present value of accumulated plan benefits	 <u>\$ 259,541,717</u>

The changes in the actuarial present value of the accumulated plan benefits during the year ended December 31, 2023 are as follows:

Actuarial present value of accumulated plan benefits, beginning of year	\$ 259,271,408
Factors that affected change in the actuarial present value of accumulated plan benefits:	
Benefits accumulated, actuarial experience, changes in data	(592,083)
Interest	18,797,177
Changes in actuarial assumptions	645,385
Benefits paid	(17,814,759)
Operational expenses paid	<u>(765,411)</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 259,541,717</u>

The actuarial certification issued on March 29, 2024 classified the Fund status as of January 1, 2024, as Critical and Declining (Deep Red Zone). The Fund has been in Critical and Declining Status since 2023. The Fund will now be deemed to be in Critical (Red Zone) status through 2051 as a condition of receiving Special Financial Assistance (see Note 10).

KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND

Notes To Financial Statements (*Continued*)

The Board of Trustees adopted an Amended and Restated Rehabilitation Plan, on June 9, 2010, effective March 31, 2010. The following list represents the benefit changes put into place in accordance with the Amended and Restated Rehabilitation Plan. These changes affected benefits accrued after December 31, 2012, and do not change benefits accrued before January 1, 2012:

- The normal payment form for an unmarried participant will be payable for the participant's life only with no survivor benefit payable to a beneficiary.
- The normal payment form for a married participant no longer includes a subsidy from the Fund.
- Early Retirement benefit reduction is changed from 1.5% for each full year a participant begins receiving the benefit before the Normal Retirement Date to 6% for each year a participant begins receiving the benefit before his/her Normal Retirement Date.
- No lump sum death benefits will be payable.
- Disability Benefits will be actuarially reduced from the Normal Retirement Age.
- The qualified pre-retirement survivor's annuity was reduced from an 85% joint and survivor's annuity to a 50% joint and survivor's annuity.
- The Benefit Accrual Rate is 1.5% of contributions required to be made as of January 1, 2010, for each Participant.

4. Tax Status

The Trust established under the Fund, to hold the Fund's assets, is qualified pursuant to the appropriate section of the Internal Revenue Code (the IRC) and, accordingly, the Trust's net investment income is exempt from income taxes. The Fund obtained its latest determination letter dated April 16, 2016, in which the Internal Revenue Service (IRS) states that the Fund, as then designed, was in compliance with the applicable requirements of the IRC. The Fund has been amended since receiving the determination letter. However, the Plan Administrator and the Fund's counsel believe that the Fund is designed and continues to operate in compliance with the applicable requirements of the IRC.

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

5. Fair Value Measurements

The Fund utilizes an established framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND

Notes To Financial Statements (*Continued*)

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

Money Market Funds And Mutual Funds

Valued at the daily closing price as reported by the individual funds. The money market funds and mutual funds held by the Fund are open end investment companies that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The money market funds and mutual funds held by the Fund are deemed to be actively traded.

Common/Collective Trusts And Limited Partnerships And Limited Liability Companies

Valued at the unit value or NAV (or NAV equivalent) of units of the individual funds. The NAV (or NAV equivalent), as provided by the trustee of each of the invested funds is used as a practical expedient to estimate fair value. The NAV (or NAV equivalent) is based on the fair value 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 NAV (or NAV equivalent).

Fixed Income Securities And U.S. Government And Agencies Securities

Valued at either the closing price reported on the active market on which the individual securities are traded or valued by a pricing service which determines the valuation of normal institutionalized trading units of such securities using methods based upon market transactions for comparable securities and various relationships between securities which are generally recognized by institutional traders.

KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND

Notes To Financial Statements *(Continued)*

There have been no changes in the methodologies used at December 31, 2024 or 2023.

The following table sets forth by level, within the fair value hierarchy, the Fund's assets at fair value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 25,875,910	\$ —	\$ —	\$ 25,875,910
Money market funds	6,078,282	—	—	6,078,282
Fixed income securities	—	10,272,814	—	10,272,814
U.S. Government and agencies securities	—	20,734,279	—	20,734,279
Total Assets In The Fair Value Hierarchy	\$ 31,954,192	\$ 31,007,093	\$ —	62,961,285
Limited partnerships and limited liability companies measured at net asset value (a)				35,015,610
Common/collective trusts measured at net asset value (a)				101,222,376
				\$ 199,199,271

The following table sets forth by level, within the fair value hierarchy, the Fund's assets at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 22,235,380	\$ —	\$ —	\$ 22,235,380
Money market funds	2,098,002	—	—	2,098,002
Total Assets In The Fair Value Hierarchy	\$ 24,333,382	\$ —	\$ —	24,333,382
Limited partnerships and limited liability companies measured at net asset value (a)				36,776,575
Common/collective trusts measured at net asset value (a)				90,509,987
				\$ 151,619,944

- (a) Certain investments that are measured at fair value using the net asset value per share/unit (or its equivalent) as practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND

Notes To Financial Statements (*Continued*)

Included within the investments in common/collective trusts are the following:

- (a) BNY Mellon Barclay's Aggregate Index Fund, BNY Mellon MCSI ACWI Ex. US Index, and BNY Mellon Russell 3000 Index Fund, all of which are able to be redeemed daily.
- (b) AFL-CIO Building Investment Trust, which is able to be redeemed quarterly.

All of the common/collective trusts held by the Fund file an annual report on Form 5500 as a direct filing entity, and none of the common/collective trusts have an unfunded capital commitment.

Included within the investments in limited partnerships and limited liability companies are the following:

- (a) H.I.G WhiteHorse Principal Lending Offshore Feeder Fund LP - This fund operates as a “feeder” fund in a “master-feeder” type structure. Under the master-feeder structure, the sole purpose of the fund is to acquire and hold a limited partner interest in H.I.G. WhiteHorse Principal Lending Offshore Fund, L.P. as a feeder entity. The term of the Partnership shall continue until as soon as reasonably practicable after the final liquidating distribution of the master fund, unless sooner dissolved or extended under the terms of the fund’s limited partnership agreement.
- (b) American Realty Advisors Core Realty Fund - This fund invests primarily in core stable institutional quality office, retail, industrial, and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence. Redemption requests may be made quarterly and will be paid as soon as practicable based on available cash flow.
- (c) PEG Global PE X Fund, LP - This fund generates capital returns through investing in limited partnerships or other pooled and direct investment vehicles which, in turn, make investments in management buy-in, management buy-out, and leveraged buy-out transactions through the fund. This fund does not accept redemptions. Distributions are sent to investors at the manager’s discretion.

KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND

Notes To Financial Statements (*Continued*)

- (d) Siguler Guff Small Buyout Opportunities Fund V, LP - This fund invests in “best in class” small and lower middle market companies through commitments to private equity funds and equity co-investments alongside fund managers and deal sponsors. This fund does not accept redemptions. Distributions are sent to investors at the manager’s discretion.
- (e) Siguler Guff Small Buyout Opportunities Fund III - This fund invests in diversified portfolios that invest in small buyout funds (funds capitalized with less than \$250 million) and small-lower middle market companies (companies with \$3-15 million of EBITDA). The program targets specialized, small, yet well established, companies that are typically family-owned, founder-owned, and/or owner-operated. This fund does not accept redemptions. Distributions are sent to investors at the manager’s discretion.
- (f) Siguler Guff Buyout Opportunities Fund IV - This fund invests in pooled investments vehicles managed by investment managers and direct investments primarily focused on buyout, recapitalization, and growth equity transactions. Portfolio investments typically involve direct or indirect securities of private companies doing business in the United States and Canada generally with less than \$150 million of revenue and \$15 million of EBITA. This fund does not accept redemptions. Distributions are sent to investors at the manager’s discretion.
- (g) Capital Dynamics Global Secondaries IV Feeder (Cayman), L.P. Fund - The fund operates as a “feeder” fund in a “master-feeder” type structure. Under the master-feeder structure, the sole purpose of the fund is to acquire and hold a limited partner interest in Capital Dynamics Global Secondaries IV, L.P. as a feeder entity. The term of the fund shall continue until as soon as reasonably practicable after the final liquidating distribution of the master fund, unless sooner dissolved or extended under the terms of the fund’s limited partnership agreement.
- (h) Landmark Equity Partners XVI Offshore, L.P. Fund - The fund was formed to acquire and hold an interest in Landmark Equity Partners XVI, L.P. (LEP XVI). LEP XVI was formed to acquire a portfolio of limited partnership interests primarily through secondary market transactions. This fund does not accept redemptions. Distributions are sent to investors at the manager’s discretion.

KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND

Notes To Financial Statements (*Continued*)

- (i) Prudential Capital Partners V, L.P. Fund - The fund's objective is to provide investors an opportunity to earn investment returns through mezzanine and private equity investments with a focus on mezzanine investments in middle market companies. This fund is a closed end fund; distributions will be made when the fund terminates.
- (j) Prudential Capital Partners VI, L.P. Fund - The Partnership's objective is to provide investors an opportunity to earn investment returns through mezzanine and private equity investments with a focus on mezzanine investments in middle market companies. This fund is a closed end fund; distributions will be made when the fund terminates.

Commitments

The Fund's investments in the investment funds noted above may include contractual commitments to provide capital contributions over periods of time. As of December 31, 2024, the remaining unfunded capital commitments of the Fund total approximately \$8.4 million on 9 individual contracts.

6. Plan Termination

Although the Trustees have not expressed any intention do so, they have the right to discontinue or terminate the Fund, subject to the provisions set forth in ERISA. In the event the Fund terminates, the net assets of the Fund will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that participants or their beneficiaries have been receiving for at least three years, or annuity benefits that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of an annuity under the Fund. The priority amount is limited to the lowest benefit that was payable, or would have been payable, during those three years. The amount is further limited to the lowest benefit that would be payable under Fund provisions in effect at any time during the five years preceding Fund termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations.
- c. All other vested benefits not insured by PBGC.
- d. All nonvested benefits under the Fund.

KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND

Notes To Financial Statements (*Continued*)

Certain benefits under the Fund are insured by the PBGC if the Fund terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Fund are guaranteed at the level in effect on the date of the Fund's termination.

Whether all participants receive their benefits should the Fund terminate at some future time will depend on the sufficiency, at that time, of the Fund's net assets to provide for accumulated benefit obligations and the level of benefits guaranteed by the PBGC. In no event would any of the assets of the Fund revert to contributing employers.

7. Related Party Transactions

The Fund has an agreement with the Kansas Building Trades Open End Health and Welfare Fund (Health and Welfare Fund) whereby the Health and Welfare Fund incurs expense of general administration of the Fund and of the Kansas Construction Industry Open End Savings Trust Fund (Savings Fund) and, in return, receives reimbursement for a portion of shared services from the Fund and from the Savings Fund.

On the statement of net assets available for benefits, amounts reported as Due to Kansas Building Trades Open End Health and Welfare Fund represent the unreimbursed portion of shared services and other expenses paid by the Health and Welfare Fund on behalf of the Plan.

8. Administrative Agreements And Party In Interest Transactions

The Fund has an agreement with BT & Co. P.A. to provide accounting services.

The Fund has an agreement with Marquette Associates, Inc. to act as an independent Fund consultant.

The Fund has an agreement with United Actuarial Services to act as an independent actuary.

The Fund also has numerous agreements with investment advisors and investment managers.

KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND

Notes To Financial Statements (*Continued*)

The Fund had an asset custody agreement with BMO Harris Bank, N.A. Effective January 1, 2024, BMO Harris Bank, N.A. transitioned its custodial business to Midwest Institutional Trust Company.

These transactions qualified as exempt party in interest transactions.

9. Risks And Uncertainties

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

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

10. Special Financial Assistance

The American Rescue Plan Act of 2021 (ARPA) was signed into law on March 11, 2021, which contains the Emergency Pension Plan Relief Act (EPPRA). This new law allowed the Fund to apply for Special Financial Assistance (SFA) from the PBGC on February 29, 2024 to forestall the Fund's projected insolvency date and allow for the continuation of pension benefits that would otherwise have been reduced upon insolvency. The application was approved on June 28, 2024, and the Fund received \$40,685,844 and interest of \$2,428,895 on July 29, 2024. This funding is not a loan and there is no requirement to pay back the financial assistance. The total amount of \$43,104,739 was recognized as PBGC Special Financial Assistance for the year ended December 31, 2024 in the statement of changes in net assets available for benefits.

11. Concentration Of Credit Risk

The Fund maintains cash accounts at BMO Bank N.A. The balance is insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 (without regard to outstanding items). At various times during the year ended December 31, 2024, the Fund's cash balances exceeded FDIC limits.

12. Significant Contributing Employers

For the year ended December 31, 2024, contributions from two employers represented approximately 21% of total employer contributions. Total contributions receivable from these two employers totaled \$82,135 at December 31, 2024.

For the year ended December 31, 2023, contributions from two employers represented approximately 23% of total employer contributions. Total contributions receivable from these two employers totaled \$103,731 at December 31, 2023.

13. Subsequent Events

Management of the Fund has evaluated subsequent events through the date which the financial statements were available for issue, which is the date of the Independent Auditors' Report.

Supplemental Schedules

KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND

EIN: 48-6171387 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2024
Page 1 Of 3

Description Of Investment	Shares/Units/ Par Value	Cost	Current Value
Mutual Funds			
Fidelity Global Ex US Index Fund	658,412	\$ 10,098,932	\$ 9,494,300
Baird Core Plus Bond Fund	1,636,524	17,621,824	16,381,610
Total Mutual Funds		<u>27,720,756</u>	<u>25,875,910</u>
Common / Collective Trusts			
BNY Mellon Russell 3000 Index Commingled Fund	102,637	25,767,323	76,735,947
Afl-Cio Building Investment Trust	484	891,206	2,644,588
BNY Mellon MCSI Aewi Ex US Index Commingled Fund	81,060	8,734,454	13,947,275
BNY Mellon Barclay's Aggregate Bond Index Bond	14,446	7,984,305	7,894,566
Total Common / Collective Trusts		<u>43,377,288</u>	<u>101,222,376</u>
Limited Partnerships And Limited Liability Companies			
Capital Dynamics Global Secondaries IV	N/A	1,482,981	1,603,684
Landmark Equity Partners XVI Offshore Fund	N/A	1,500,387	1,913,320
Landmark Equity Partners XIV Fund	N/A	1,827	19,373
PGIM Capital Partners VI, L.P	N/A	1,712,813	1,874,156
Siguler Guff Small Buyout Opportunities Fund III	N/A	1,011,421	1,280,087
Siguler Guff Small Buyout Opportunities Fund IV	N/A	2,943,506	4,164,865
HIG Whitehorse Principal Lending Offshore Feeder Fund LP	N/A	11,909,975	9,917,754
PEG Global PE X Fund LP	N/A	1,138,188	1,394,841
PEG Global PE XI Fund LP	N/A	393,750	476,857
RCP Multi Strategy Cayman Feeder II LP	N/A	562,500	598,329
Siguler Fuff Small Buyout Opportunities Fund V, LP	N/A	2,738,473	3,307,397
Oaktree Mezzanine Fund IV, LP	N/A	200,390	254,068
Prudential Capital Partners V Cayman Aiv LP	N/A	1,769,366	1,576,999
American Core Realty Fund	N/A	7,979,292	6,633,880
Total Limited Partnerships And Limited Liability Companies		<u>35,344,869</u>	<u>35,015,610</u>
Fixed Income Securities			
AMERICAN EXPRESS CO	309,000	299,937	302,684
ASTRAZENECA FINANCE LLC SR NT	321,000	301,284	306,837
BANK AMER CORP FR	306,000	299,005	301,431
BANK NEW YORK MELLON CORP FR	319,000	300,437	306,444
BRISTOL MYERS SQUIBB CO SR GLBL	142,000	138,047	139,481
CITIGROUP INC SR NT	307,000	301,391	303,933
COMMONWEALTH EDISON CO 1M GLBL 120	313,000	300,392	304,014
DISNEY WALT CO NEW MEDIUM TERM NTS	145,000	136,984	139,210
GOLDMAN SACHS GROUP INC SR VAR NT	302,000	296,440	298,666
INTEL CORP SR GLBL	312,000	299,891	302,503
INTERNATIONAL BUSINESS MACHS SR	303,000	296,673	298,964
JPMORGAN CHASE & CO SR NT	309,000	300,017	303,151

KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND

EIN: 48-6171387 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2024
Page 2 Of 3

Description Of Investment	Par Value	Cost	Current Value
Fixed Income Securities (Continued)			
NATIONAL RURAL UTILS COOP FIN FR	\$ 324,000	\$ 301,819	\$ 307,534
PNC FINL SVCS GROUP INC SR GLBL	316,000	301,837	306,109
PHILIP MORRIS INTL INC SR GLBL NT	308,000	297,845	301,378
PIONEER NAT RES CO SR NT	394,000	395,430	396,715
PROLOGIS L P GLBL NT	310,000	301,227	304,194
PUBLIC STORAGE SR NT	129,000	121,359	123,799
REALTY INCOME CORP SR GLBL NT	300,000	299,214	300,726
ROSS STORES INC SR NT	322,000	300,468	306,605
SCHWAB CHARLES CORP SR GLBL NT	323,000	301,527	308,400
SIMON PPTY GROUP LP SR GLBL	251,000	244,843	247,760
SOUTHERN CALIF EDISON CO SR SEC GLBL	318,000	300,446	306,409
STATE STR CORP SR GLBL NT	133,000	128,241	129,735
TRUIST FINL CORP SR NT	313,000	300,458	306,696
U S BANCORP MTNS BK ENT FR	316,000	301,549	305,471
VIRGINIA ELEC & PWR CO SR NT	309,000	301,263	304,390
WELLS FARGO & CO NEW MEDIUM TERM SR	300,000	294,885	297,582
BHP BILLITON FIN USA LTD SR NT	296,000	295,873	296,897
HSBC HLDGS PLC SR GLBL	306,000	299,852	302,551
ROYAL BK SCOTLAND GROUP PLC SR NT	299,000	297,439	298,901
ROYAL BK CDA FR	321,000	301,329	307,110
SUMITOMO MITSUI FINL GROUP INC SR	315,000	301,203	305,238
TORONTO DOMINION BANK SR NT	298,000	300,920	301,463
UBS GROUP AG SR GLBL COCO	301,000	297,996	299,943
Total Fixed Income Securities		10,154,126	10,272,814
U.S. Government And Agencies Securities			
US TREASURY NOTE	2,165,500	2,107,140	2,132,693
US TREASURY NOTE	1,305,500	1,258,537	1,274,181
US TREASURY NOTE	843,400	819,943	831,744
US TREASURY NOTE	1,155,200	1,120,548	1,135,550
US TREASURY NOTE	42,000	40,182	40,807
US TREASURY NOTE	1,608,900	1,605,889	1,612,858
US TREASURY NOTE	2,113,900	2,112,909	2,119,840
US TREASURY NOTE	1,634,300	1,639,093	1,642,962
US TREASURY NOTE	1,832,400	1,839,134	1,843,120
US TREASURY NOTE	149,200	150,162	150,383
US TREASURY BILL DUE 01/23/2025	1,607,100	1,568,090	1,568,969
US TREASURY BILL DUE 02/20/2025	1,664,300	1,618,681	1,620,388
US TREASURY BILL DUE 03/20/2025	1,634,300	1,584,824	1,586,858
US TREASURY BILL DUE 04/17/2025	1,618,700	1,563,549	1,566,426
US TREASURY BILL DUE 05/15/2025	1,666,400	1,603,934	1,607,500
Total U.S. Government And Agencies Securities		20,632,615	20,734,279

**KANSAS CONSTRUCTION TRADES
OPEN END PENSION TRUST FUND**

**EIN: 48-6171387 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2024
Page 3 Of 3**

Description Of Investment	Units	Cost	Current Value
Money Market Funds			
GS Fin Sq Gov #466	3,416,044	\$ 3,416,044	\$ 3,416,044
GS Fin Sq Gov #465	2,662,238	2,662,238	2,662,238
Total Money Market Funds		<u>6,078,282</u>	<u>6,078,282</u>
Total Investments		<u>\$ 143,307,936</u>	<u>\$ 199,199,271</u>

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.

**KANSAS CONSTRUCTION TRADES
OPEN END PENSION TRUST FUND**

**EIN: 48-6171387 PLAN NUMBER: 001
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended December 31, 2024**

<u>Type Of Investment</u>	<u>Number Of Purchase Transactions</u>	<u>Number Of Sales Transactions</u>	<u>Total Value Of Purchases</u>	<u>Total Net Selling Price</u>	<u>Expenses Incurred In Transactions</u>	<u>Total Cost Of Assets Sold</u>	<u>Total Current Value Of Assets On Transaction Date</u>	<u>Net Loss</u>
Series Of Transactions In Excess Of 5%								
GS Fin Sq Gov #466	55	—	\$ 62,554,144	\$ —	\$ —	\$ —	\$ 62,554,144	\$ —
GS Fin Sq Gov #466	—	34	—	59,138,100	—	59,138,100	59,138,100	—
GS Fin Sq Gov #465	132	—	\$ 21,123,693	\$ —	\$ —	\$ —	\$ 21,123,693	\$ —
GS Fin Sq Gov #465	—	73	—	20,558,875	—	20,558,875	20,558,875	—
Fidelity Global Ex US Index Fund	3	—	\$ 10,098,932	\$ —	\$ —	\$ —	\$ 10,098,932	\$ —

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4j.

KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND

EIN: 48-6171387 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2024
Page 1 Of 3

Description Of Investment	Shares/Units/ Par Value	Cost	Current Value
Mutual Funds			
Fidelity Global Ex US Index Fund	658,412	\$ 10,098,932	\$ 9,494,300
Baird Core Plus Bond Fund	1,636,524	17,621,824	16,381,610
Total Mutual Funds		27,720,756	25,875,910
Common / Collective Trusts			
BNY Mellon Russell 3000 Index Commingled Fund	102,637	25,767,323	76,735,947
Afl-Cio Building Investment Trust	484	891,206	2,644,588
BNY Mellon MCSI Aewi Ex US Index Commingled Fund	81,060	8,734,454	13,947,275
BNY Mellon Barclay's Aggregate Bond Index Bond	14,446	7,984,305	7,894,566
Total Common / Collective Trusts		43,377,288	101,222,376
Limited Partnerships And Limited Liability Companies			
Capital Dynamics Global Secondaries IV	N/A	1,482,981	1,603,684
Landmark Equity Partners XVI Offshore Fund	N/A	1,500,387	1,913,320
Landmark Equity Partners XIV Fund	N/A	1,827	19,373
PGIM Capital Partners VI, L.P	N/A	1,712,813	1,874,156
Siguler Guff Small Buyout Opportunities Fund III	N/A	1,011,421	1,280,087
Siguler Guff Small Buyout Opportunities Fund IV	N/A	2,943,506	4,164,865
HIG Whitehorse Principal Lending Offshore Feeder Fund LP	N/A	11,909,975	9,917,754
PEG Global PE X Fund LP	N/A	1,138,188	1,394,841
PEG Global PE XI Fund LP	N/A	393,750	476,857
RCP Multi Strategy Cayman Feeder II LP	N/A	562,500	598,329
Siguler Fuff Small Buyout Opportunities Fund V, LP	N/A	2,738,473	3,307,397
Oaktree Mezzanine Fund IV, LP	N/A	200,390	254,068
Prudential Capital Partners V Cayman Aiv LP	N/A	1,769,366	1,576,999
American Core Realty Fund	N/A	7,979,292	6,633,880
Total Limited Partnerships And Limited Liability Companies		35,344,869	35,015,610
Fixed Income Securities			
AMERICAN EXPRESS CO	309,000	299,937	302,684
ASTRAZENECA FINANCE LLC SR NT	321,000	301,284	306,837
BANK AMER CORP FR	306,000	299,005	301,431
BANK NEW YORK MELLON CORP FR	319,000	300,437	306,444
BRISTOL MYERS SQUIBB CO SR GLBL	142,000	138,047	139,481
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KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST FUND

EIN: 48-6171387 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2024
Page 2 Of 3

Description Of Investment	Par Value	Cost	Current Value
Fixed Income Securities (Continued)			
NATIONAL RURAL UTILS COOP FIN FR	\$ 324,000	\$ 301,819	\$ 307,534
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ROYAL BK CDA FR	321,000	301,329	307,110
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UBS GROUP AG SR GLBL COCO	301,000	297,996	299,943
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U.S. Government And Agencies Securities			
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US TREASURY NOTE	1,305,500	1,258,537	1,274,181
US TREASURY NOTE	843,400	819,943	831,744
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US TREASURY NOTE	1,832,400	1,839,134	1,843,120
US TREASURY NOTE	149,200	150,162	150,383
US TREASURY BILL DUE 01/23/2025	1,607,100	1,568,090	1,568,969
US TREASURY BILL DUE 02/20/2025	1,664,300	1,618,681	1,620,388
US TREASURY BILL DUE 03/20/2025	1,634,300	1,584,824	1,586,858
US TREASURY BILL DUE 04/17/2025	1,618,700	1,563,549	1,566,426
US TREASURY BILL DUE 05/15/2025	1,666,400	1,603,934	1,607,500
Total U.S. Government And Agencies Securities		20,632,615	20,734,279

**KANSAS CONSTRUCTION TRADES
OPEN END PENSION TRUST FUND**

**EIN: 48-6171387 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2024
Page 3 Of 3**

<u>Description Of Investment</u>	<u>Units</u>	<u>Cost</u>	<u>Current Value</u>
Money Market Funds			
GS Fin Sq Gov #466	3,416,044	\$ 3,416,044	\$ 3,416,044
GS Fin Sq Gov #465	2,662,238	2,662,238	2,662,238
Total Money Market Funds		<u>6,078,282</u>	<u>6,078,282</u>
Total Investments		<u>\$ 143,307,936</u>	<u>\$ 199,199,271</u>

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.

*Schedule MB, Line 8b(2) - Schedule of Active Participant Data
 Kansas Construction Trades Pension Fund EIN: 48-6171387/PN: 001
 January 1, 2024*

Attained age	Years of Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	0	138	11	0	0	0	0	0	0	0
25 to 29	0	91	26	1	0	0	0	0	0	0
30 to 34	0	43	31	16	1	0	0	0	0	0
35 to 39	0	47	24	15	9	1	0	0	0	0
40 to 44	0	31	25	14	14	8	2	0	0	0
45 to 49	0	24	15	16	12	7	10	0	0	0
50 to 54	0	20	20	18	7	15	10	2	3	0
55 to 59	0	16	15	12	15	10	10	2	0	0
60 to 64	0	15	10	3	5	5	3	0	0	0
65 to 69	0	7	4	2	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0

May contain values based on estimated data

**KANSAS CONSTRUCTION TRADES OPEN END
PENSION TRUST FUND
EIN: 48-6171387/PN: 001
ATTACHMENT TO 2024 SCHEDULE MB: LINE 3
STATEMENT BY ENROLLED ACTUARY**

Schedule MB, line 3(d) – Withdrawal Liability Amounts

The employer contributions shown in line 3 of the Schedule MB were contributed or accrued throughout the plan year for work performed during the plan year with the exception of the below amounts which were owed for withdrawal liability.

<i>Date</i>	<i>Withdrawal Liability Periodic Amounts</i>	<i>Withdrawal Liability Lump Sum Amounts</i>	<i>Total Amounts</i>
01/31/2024	0	290,722	290,722
02/29/2024	0	0	0
03/31/2024	0	0	0
04/30/2024	0	0	0
05/31/2024	0	0	0
06/30/2024	0	0	0
07/31/2024	0	0	0
08/31/2024	0	0	0
09/30/2024	0	0	0
10/31/2024	0	0	0
11/30/2024	0	0	0
12/31/2024	0	0	0

**KANSAS CONSTRUCTION TRADES
OPEN END PENSION TRUST FUND**

**EIN: 48-6171387 PLAN NUMBER: 001
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended December 31, 2024**

<u>Type Of Investment</u>	<u>Number Of Purchase Transactions</u>	<u>Number Of Sales Transactions</u>	<u>Total Value Of Purchases</u>	<u>Total Net Selling Price</u>	<u>Expenses Incurred In Transactions</u>	<u>Total Cost Of Assets Sold</u>	<u>Total Current Value Of Assets On Transaction Date</u>	<u>Net Loss</u>
Series Of Transactions In Excess Of 5%								
GS Fin Sq Gov #466	55	—	\$ 62,554,144	\$ —	\$ —	\$ —	\$ 62,554,144	\$ —
GS Fin Sq Gov #466	—	34	—	59,138,100	—	59,138,100	59,138,100	—
GS Fin Sq Gov #465	132	—	\$ 21,123,693	\$ —	\$ —	\$ —	\$ 21,123,693	\$ —
GS Fin Sq Gov #465	—	73	—	20,558,875	—	20,558,875	20,558,875	—
Fidelity Global Ex US Index Fund	3	—	\$ 10,098,932	\$ —	\$ —	\$ —	\$ 10,098,932	\$ —

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4j.

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

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

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan KANSAS CONSTRUCTION TRADES OPEN END PENSION TRUST	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KANSAS CONSTRUCTION TRADES OPEN END	D Employer Identification Number (EIN) 48-6171387

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 1 Day 1 Year 2024

b Assets

(1) Current value of assets	1b(1)	154,446,495
(2) Actuarial value of assets for funding standard account	1b(2)	161,751,812
c (1) Accrued liability for plan using immediate gain methods	1c(1)	250,160,691
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	250,160,691
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	416,017,186
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	4,585,638
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	21,996,693
(3) Expected plan disbursements for the plan year	1d(3)	22,301,347

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>10/13/2025</u>
	Signature of actuary	Date
	Pierce Martin, EA, MAAA	23-09045
	Type or print name of actuary	Most recent enrollment number
	United Actuarial Services, Inc.	(317) 580-8670
	Firm name	Telephone number (including area code)
	11590 N. Meridian Street, Suite 610 Carmel IN 46032-4529	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	154,446,495
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2,444	241,783,872
(2) For terminated vested participants	3,963	101,269,895
(3) For active participants:		
(a) Non-vested benefits		1,794,065
(b) Vested benefits		71,169,354
(c) Total active	861	72,963,419
(4) Total	7,268	416,017,186
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	37.13%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2024	7,242,754				
Totals ▶			3(b)	7,242,754	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 290,722

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	64.7%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	D
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	2052

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- | | | | |
|--|--|--|---|
| a <input type="checkbox"/> Attained age normal | b <input type="checkbox"/> Entry age normal | c <input checked="" type="checkbox"/> Accrued benefit (unit credit) | d <input type="checkbox"/> Aggregate |
| e <input type="checkbox"/> Frozen initial liability | f <input type="checkbox"/> Individual level premium | g <input type="checkbox"/> Individual aggregate | h <input type="checkbox"/> Shortfall |
| i <input type="checkbox"/> Other (specify): | | | |

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.77 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.25 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.25%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	7.7%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.7%
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	675,513
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-2,718,161	-282,675
4	19,307	2,008

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	39,074,636
b Employer's normal cost for plan year as of valuation date.....	9b	2,537,658

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	98,740,007	14,509,526
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		4,068,830
e Total charges. Add lines 9a through 9d.....	9e		60,190,650
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		0
g Employer contributions. Total from column (b) of line 3.....	9g		7,242,754
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	49,405,764	9,302,869
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		937,008
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	105,376,001	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	219,035,299	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		17,482,631
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		42,708,019
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		42,708,019
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No