

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan EVERGY, INC. JOINT TRUSTEED RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 10/01/1931
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) EVERGY, INC. P. O. BOX 418679 KANSAS CITY, MO 64141-9679
2b	Employer Identification Number (EIN) 82-2733395
2c	Plan Sponsor's telephone number 816-556-2200
2d	Business code (see instructions) 221100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2026	THERESA DODSON,HR COMPLIANCE SR MAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2026	THERESA DODSON,HR COMPLIANCE SR MAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor EVERGY, INC. JOINT BOARD OF TRUSTEES P.O. BOX 418679 KANSAS CITY, MO 64141-9679	3b Administrator's EIN 82-2733395 3c Administrator's telephone number 816-556-2200
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2090
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) 1181 6a(2) 1181 6b 322 6c 413 6d 1916 6e 153 6f 2069 6g(1) 6g(2) 6h 10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1C 3H

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

a Pension Schedules

- (1) ☒ **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 0
- (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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit 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 10/01/2024 and ending 09/30/2025	
▶ 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 EVERGY, INC. JOINT TRUSTEED RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF EVERGY, INC.	D Employer Identification Number (EIN) 82-2733395
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 10 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	200996222	
b	Actuarial value	2b	186888682	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	503	39946857	39946857
b	For terminated vested participants	406	22330391	22330391
c	For active participants	1181	146169602	152887251
d	Total	2090	208446850	215164499
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.47 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	14491165	
b	Expected plan-related expenses	6b	1730000	
c	Target normal cost	6c	16221165	

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 JOHN M. CHMIELEWSKI Type or print name of actuary MILLIMAN, INC. Firm name 17335 GOLF PARKWAY, SUITE 100 BROOKFIELD, WI 53045-6043 Address of the firm	06/11/2026 Date 26-07661 Most recent enrollment number 262-796-3379 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	229360	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	229360	0
10 Interest on line 9 using prior year's actual return of <u>16.51</u> %	37867	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1331
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.47</u> %		73
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		1404
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	267227	0

Part III Funding Percentages

14 Funding target attainment percentage	14	86.73 %
15 Adjusted funding target attainment percentage	15	86.73 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.37 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** 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
12/27/2024	15357		08/05/2025	5999	
01/15/2025	4327000		08/05/2025	32617	
03/11/2025	29500		08/29/2025	33542	
04/11/2025	4327000		09/08/2025	25000	
06/11/2025	29500		10/09/2025	4269226	
07/09/2025	4269226		05/27/2026	2410000	
Totals ▶			18(b)	19773967	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	18980961

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... ☒ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21	Discount rate:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">a Segment rates:</td> <td style="width: 33%;">1st segment: 4.93 %</td> <td style="width: 33%;">2nd segment: 5.27 %</td> <td style="width: 33%;">3rd segment: 5.59 %</td> <td style="width: 33%;">☐ N/A, full yield curve used</td> </tr> </table>	a Segment rates:	1st segment: 4.93 %	2nd segment: 5.27 %	3rd segment: 5.59 %	☐ N/A, full yield curve used		
a Segment rates:	1st segment: 4.93 %	2nd segment: 5.27 %	3rd segment: 5.59 %	☐ N/A, full yield curve used					
	b Applicable month (enter code)	21b	4						
22	Weighted average retirement age	22	63						
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute								

Part VI	Miscellaneous Items
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24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes	☒ No
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes	☒ No
26	Demographic and benefit information		
	a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
	b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☒ Yes	☐ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
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28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII	Minimum Required Contribution For Current Year
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31	Target normal cost and excess assets (see instructions):		
	a Target normal cost (line 6c)	31a	16221165
	b Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
	a Net shortfall amortization installment	28543044	2753172
	b Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	18974337
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)	36	18974337
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	18980961
38	Present value of excess contributions for current year (see instructions)		
	a Total (excess, if any, of line 37 over line 36)	38a	6624
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan EVERGY, INC. JOINT TRUSTEED RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 EVERGY, INC.	D Employer Identification Number (EIN) 82-2733395	

Part I	Service Provider Information (see instructions)
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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
SEI INVESTMENTS
23-1707341

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
SEI TRUST COMPANY
06-1271230

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
COMMERCE BANK
48-0962626

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

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

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)

SEI INVESTMENTS COMPANY

23-1707341

(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	NONE	511712	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MERCER

701 MARKET STREET
SUITE 1100
ST LOUIS, MO 63101

(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 15 50	NONE	180273	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMMERCE BANK

48-0962626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 50 51 59	NONE	117700	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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)

MILLIMAN INC

91-0675641

(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	NONE	59585	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CBIZ CPAS P.C.

43-1947695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	34000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPENCER FANE BRITT & BROWNE LLP

1000 WALNUT ST, STE 1400
KANSAS CITY, MO 64106

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL	21690	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

WILLIS TOWERS WATSON US LLC

53-0181291

(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?
17 50	NONE	17900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MHM RETIREMENT PLAN SOLUTIONS

20-1876798

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	10205	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan EVERGY, INC. JOINT TRUSTEED RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 EVERGY, INC.		D Employer Identification Number (EIN) 82-2733395

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)		
a Name of MTIA, CCT, PSA, or 103-12 IE: SEI CORE PROP. INV. COL. TRUST FUND			
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY			
c EIN-PN 27-3224429-045	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25411863	
a Name of MTIA, CCT, PSA, or 103-12 IE: SEI SPECIAL SITUATIONS COL. FUND			
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY			
c EIN-PN 27-0977453-038	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15528811	
a Name of MTIA, CCT, PSA, or 103-12 IE: COMMERCE CORE BOND CIT			
b Name of sponsor of entity listed in (a): MATRIX TRUST COMPANY			
c EIN-PN 75-3182674-341	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17315488	
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)**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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan EVERGY, INC. JOINT TRUSTEED RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 EVERGY, INC.	D Employer Identification Number (EIN) 82-2733395

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	18408722	6679226
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	419419	355876
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3677733	7968530
(2) U.S. Government securities	1c(2)	7248358	9380094
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	20750747	13704466
(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)	39971015	58256162
(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)	101350980	132544917
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	9172022	1925299

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	200998996	230814570
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	281531	163280
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	281531	163280
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	200717465	230651290

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)	19773967	
(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)		19773967
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	320317	
(C) Corporate debt instruments	2b(1)(C)	781613	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	166905	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1268835
(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)	3938704	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3938704
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds		2b(4)(A)	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2732641	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-63573
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate		2b(5)(A)	
(B) Other	2b(5)(B)	245225	
(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)		3454815
(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)		14528342
c Other income	2c		40
d Total income. Add all income amounts in column (b) and enter total	2d		43146355

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10924723	
(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)		10924723
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	34000	
(5) Investment advisory and investment management fees	2i(5)	529612	
(6) Bank or trust company trustee/custodial fees	2i(6)	117700	
(7) Actuarial fees	2i(7)	59585	
(8) Legal fees	2i(8)	21690	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1525220	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2287807
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13212530

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		29933825
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CBIZ CPAS P.C.**

(2) EIN: **43-1947695**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
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 575609.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		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.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025					
A Name of plan EVERGY, INC. JOINT TRUSTEED RETIREMENT PLAN				B Three-digit plan number (PN) ▶ 002	
C Plan sponsor's name as shown on line 2a of Form 5500 EVERGY, INC.				D Employer Identification Number (EIN) 82-2733395	
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 0	
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): 43-6334070					
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 31	
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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: 52.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 10.0 %

High-Yield Debt: 5.0 % Real Assets: 12.0 % Cash or Cash Equivalents: 2.0 % Other: 19.0 %

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_____.



**EVERGY, INC. JOINT TRUSTEED
RETIREMENT PLAN**

Employer ID No.: 82-2733395
Plan Number: 002

Financial Statements as of and for the
Years Ended September 30, 2025 and 2024,
Supplemental Schedules as of and for the
Year Ended September 30, 2025, and
Independent Auditors' Report

EVERGY, INC.
JOINT TRUSTEED RETIREMENT PLAN

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

INDEPENDENT AUDITORS' REPORT

Participants and Board of Trustees
Eversys, Inc. Joint Trusteed Retirement Plan

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

We have performed the audits of the financial statements of the Eversys, Inc. Joint Trusteed Retirement Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of September 30, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of September 30, 2025 and 2024 and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of September 30, 2025 and supplemental schedule of reportable transactions for the year ended September 30, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

CBIZ CPAs P.C.

Kansas City, Missouri
July 15, 2026

EVERGY, INC.
JOINT TRUSTEED RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF SEPTEMBER 30, 2025 AND 2024

	2025	2024
ASSETS:		
Investments — at fair value:		
Mutual funds	\$ 132,544,917	\$ 101,350,980
Bonds	25,009,859	37,171,127
Money market fund	7,968,530	3,677,733
Common collective trusts	<u>58,256,162</u>	<u>39,971,015</u>
 Total investments	 <u>223,779,468</u>	 <u>182,170,855</u>
Receivables:		
Employer contributions receivable	6,679,226	18,408,722
Accrued investment income	<u>355,876</u>	<u>419,419</u>
 Total receivables	 <u>7,035,102</u>	 <u>18,828,141</u>
 Total assets	 <u>230,814,570</u>	 <u>200,998,996</u>
LIABILITIES:		
Accrued administrative expenses	<u>163,280</u>	<u>281,531</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 230,651,290</u>	 <u>\$ 200,717,465</u>

See notes to financial statements.

EVERGY, INC.
JOINT TRUSTED RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED SEPTEMBER 30, 2025 AND 2024

	2025	2024
EMPLOYER CONTRIBUTIONS	\$ 19,773,967	\$ 18,492,811
INVESTMENT INCOME:		
Net appreciation in fair value of investments:		
Realized gain on sale of investments	10,177,022	7,455,046
Unrealized gain in fair value of investments	7,987,787	14,966,192
Net appreciation in fair value of investments	18,164,809	22,421,238
Interest	1,268,835	1,680,519
Dividends	3,938,704	2,951,899
Other income	40	116
Net investment income	23,372,388	27,053,772
Total additions	43,146,355	45,546,583
DEDUCTIONS:		
Benefits paid directly to participants	10,924,723	13,091,645
Administrative expenses	2,287,807	2,255,141
Total deductions	13,212,530	15,346,786
NET INCREASE	29,933,825	30,199,797
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	200,717,465	170,517,668
End of year	\$ 230,651,290	\$ 200,717,465

See notes to financial statements.

EVERGY, INC.

JOINT TRUSTEED RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2025 AND 2024

1. DESCRIPTION OF THE PLAN

The following description of the Evergy, Inc. Joint Trusteed Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for more complete information.

General — The Plan is a non-contributory defined benefit pension plan, sponsored by Evergy, Inc., (the Company), covering employees of Evergy Metro, Inc. who have completed six months of service and who are currently or previously covered by collective bargaining agreements between the Company and one or more of the Local Unions No. 412, 1464, or 1613 of the International Brotherhood of Electrical Workers. The operation and administration of the Plan is controlled and managed by a Board of Joint Trustees comprised of employees of the Company and the business agents from Locals 412, 1464, and 1613. The Commerce Trust Company (Commerce) is the custodian of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits — Traditional Formula - Participants hired prior to October 1, 2013 with five years of vesting service (or who attain age 55 after completing at least six months of service), as defined by the Plan, are entitled to pension benefits upon retirement. Pension benefits are provided to participants based upon years of service, age, and salary. Retirement benefits are paid to pensioners or beneficiaries in various forms of joint and survivor annuities, including a lump-sum payment option.

Cash-Balance Formula — Effective October 1, 2013, the Plan was amended and restated to reflect a change in the benefit formula for new or rehired employees. These employees will participate in the Plan but will accrue benefits based on a cash-balance pension formula. The six-month “waiting period” in which the first six months of service do not count for benefit accrual purposes, does not apply to cash-balance participants. Cash-balance benefits are subject to a three-year cliff vesting schedule.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Use of Estimates — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Risks, Uncertainties and Concentrations — The Plan utilizes various investment securities including bonds, mutual funds, common collective trusts (CCT) and a money market fund. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements. At September 30, 2025 and 2024,

approximately 32% and 34%, respectively, of the Plan's investments were invested in the SEI Core Property Collective Fund and the SEI World Equity Ex US Fund.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is a least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Investment Valuation and Income Recognition — Investments are reported at fair value. Fair value of a financial instrument 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. Investments in the CCTs are valued at net asset value (NAV) practical expedient, which have been determined by the issuer of the fund based on the unit values of the funds. The funds valued using the NAV practical expedient are the SEI Core Property Collective Fund and the SEI Special Situations Collective Fund. The Commerce Core Bond CIT Fund has a readily determinable fair value and has been included in the fair value hierarchy table. The fair value of publicly-traded bonds and the mutual funds is based on the last reported market price on the last business day of the year. The money market fund is valued at cost, which approximates fair value. The corporate and government bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. There have been no changes in the valuation methodologies used for assets measured at fair value at September 30, 2025 and 2024.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Expenses — Administrative expenses of the Plan are paid by the Plan or the Company, as provided in the Plan document. Investment related expenses are included in net appreciation of fair value of investments.

Payment of Benefits — Benefit payments to participants are recorded when paid.

3. FUNDING POLICY

Contributions to provide benefits under the Plan are made by the Company. The Company's funding policy is to maintain a balance such that Plan resources will fund Plan obligations. In implementing this funding policy, the Board of Joint Trustees regularly reviews the Plan's assets and liabilities and takes actions or makes recommendations necessary to ensure that the funding of the Plan meets both the objectives of the Plan and requirements of Title I of ERISA. The Company met the minimum funding requirements of ERISA for the years ended September 30, 2025 and 2024.

4. ACCUMULATED PLAN BENEFITS

Accumulated benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that 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 such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments are adopted.

Actuarial valuations of accumulated plan benefits were prepared by the actuary as of October 1, 2025 and 2024. Had the valuations been performed as of September 30, 2025 and 2024, there would be no material difference.

The actuarial present value of accumulated plan benefits as of October 1, 2025 and 2024, is as follows:

	2025	2024
Vested benefits:		
Participants and/or beneficiaries currently receiving benefits	\$ 36,344,698	\$ 37,855,828
Other participants	<u>167,156,327</u>	<u>154,072,866</u>
Total vested benefits	203,501,025	191,928,694
Nonvested benefits	<u>2,837,463</u>	<u>5,991,007</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 206,338,488</u>	<u>\$ 197,919,701</u>

The changes in the actuarial present value of the Plan's accumulated plan benefits for the years ended October 1, 2025 and 2024, are as follows:

	2025	2024
Actuarial present value of accumulated plan benefits at beginning of plan year	\$ 197,919,701	\$ 189,033,631
Increase (decrease) during the year attributable to:		
Benefits accumulated	15,259,267	15,599,653
Benefits paid	(10,924,723)	(13,091,645)
Change in assumptions	(7,949,515)	(5,033,626)
Interest due to the decrease in the discount period	<u>12,033,758</u>	<u>11,411,688</u>
Net Increase	<u>8,418,787</u>	<u>8,886,070</u>
Actuarial present value of accumulated plan benefits at end of plan year	<u>\$ 206,338,488</u>	<u>\$ 197,919,701</u>

The significant actuarial assumptions used in the October 1, 2025 and 2024, valuations were:

- Mortality 2025 and 2024— Pri-2012 Total Dataset Mortality table, utilizing improvement scale of MP-2021, applied generationally.

- Retirement rates: 2025 and 2024 – 100% of participants age 70 or older, 25% of those ages 66-69, 35% of those age 65, 25% of those ages 62-64, and 5% of those ages 55-61. For active participants between ages 57 and 61 with 30 or more years of service, the assumed rate is increased by 5%.
- Discount rate: 6.25% in 2025 and 2024.

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

5. INFORMATION CERTIFIED BY THE CUSTODIAN

The Plan's investments are held by Commerce, the custodian of the Plan. The following is a summary of the unaudited information regarding the Plan's investments held by the Plan's custodian as of September 30, 2025 and 2024, and for the years then ended, included in the Plan's financial statements and supplemental schedules, that were prepared by or derived from information prepared by the custodian of the Plan and furnished to the plan administrator. The plan administrator has obtained certifications from the custodian that such information is complete and accurate.

	2025	2024
Statements of net assets available for benefits:		
Investments at fair value:		
Mutual funds	\$ 132,544,917	\$ 101,350,980
Bonds	25,009,859	37,171,127
Money market fund	7,968,530	3,677,733
Common collective trusts	58,256,162	39,917,015
Accrued investment income	355,876	419,419
Statements of changes in net assets available for benefits — investment income:		
Interest	1,268,835	1,680,519
Dividends	3,938,704	2,951,899
Net appreciation in fair value of investments:		
Realized gain on sale of investments	10,177,022	7,455,046
Unrealized gain in fair value of investments	7,987,787	14,966,192
Other income	40	116

All investment balances included in Notes 6, 7 and supplemental schedules, have been certified by the custodian, except for the classification of investments in Note 6.

6. FAIR VALUE OF INVESTMENTS

In accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, the Plan classifies its investments into Level 1, which refers to securities valued using quoted prices from active markets for identical assets, Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available, and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's

policy is to recognize significant transfers between levels at the end of the reporting period. As required by ASC 820, at September 30, 2025 and 2024, the Plan's portfolio of investments was classified as follows, based on fair values:

	Total September 30,	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	2025			
Mutual funds ^(a)	\$132,544,917	\$132,544,917	\$ -	\$ -
Commerce Core Bond CIT Fund	17,315,488	17,315,488	-	-
Bonds	25,009,859	9,841,979	13,731,282	1,436,598
Money market fund	<u>7,968,530</u>	<u>7,968,530</u>	<u>-</u>	<u>-</u>
Total Assets in the Fair Value Hierarchy	\$ 182,838,794	\$ 167,670,914	\$ 13,731,282	\$ 1,436,598
Investments measured at NAV practical expedient ^{(b)(c)}				
Common Collective Trusts	<u>40,940,674</u>			
Total Investments at Fair Value	\$ 223,779,468			

	Total September 30,	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	2024			
Mutual funds ^(a)	\$ 101,350,980	\$ 101,350,980	\$ -	\$ -
Bonds	37,171,127	5,450,730	30,473,290	1,247,107
Money market fund	<u>3,677,733</u>	<u>3,677,733</u>	<u>-</u>	<u>-</u>
Total Assets in the Fair Value Hierarchy	\$ 142,199,840	\$ 110,479,443	\$ 30,473,290	\$ 1,247,107
Investments measured at NAV practical expedient ^{(b)(c)}				
Common Collective Trusts	<u>39,971,015</u>			
Total Investments at Fair Value	\$ 182,170,855			

^(a) This category is comprised of traded mutual funds valued at daily listed prices per share.

^(b) This category is comprised of CCTs at NAV per share (or its equivalent) on a quarterly basis and hedge fund interests valued at NAV per share (or its equivalent) on a monthly or quarterly basis and are not categorized in the fair value hierarchy.

^(c) In accordance with Subtopic 820-10, certain investments that were measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The valuation methods described in Note 2 may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The tables below set forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended September 30, 2025 and 2024:

2025	Bonds
Balance, beginning of year	\$ 1,247,107
Realized loss	(224,385)
Unrealized gain	29,472
Sales	(20,904)
Transfers in and/or out of Level 3 (net)	405,308
Balance, end of year	<u>\$ 1,436,598</u>

2024	Bonds
Balance, beginning of year	\$ 2,258,282
Realized loss	(36,996)
Unrealized gain	155,519
Sales	(999,513)
Transfers in and/or out of Level 3 (net)	(130,185)
Balance, end of year	<u>\$ 1,247,107</u>

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

7. NET ASSET VALUE (NAV) PER SHARE PRACTICAL EXPEDIENT

The following table for September 30, 2025 and 2024 sets forth a summary of the Plan's investments with a reported NAV.

Investment	Fair Value – September 30, 2025*	Fair Value – September 30, 2024*	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
SEI Core Property Collective Fund (a)	\$25,411,863	\$26,387,660	Quarterly (a)	10% escrow on total redemption pending annual audit	105 days
SEI Special Situations Collective Fund (b)	15,528,811	13,583,355	Semi-annual (b)	10% escrow on total redemption pending annual audit	95 days

*The fair values of the investments have been estimated using the net asset value of the investment.

* There are no unfunded commitments for these funds.

(a) The fund is in a common collective trust that invests in a real estate limited partnership which primarily holds equity real estate investments located in the United States. The fund pursues U.S. Core Real Estate strategies. The real estate investment is stated at fair value, determined by an independent appraisal of the underlying real estate of the partnership. Redemption requests are subject to certain restrictions and the availability of cash.

(b) The hedge fund strategies seek to provide a long-term return of 5.50% over cash that exceeds traditional assets while serving as a diversifier to traditional markets. The fund is valued at the close of business each quarter determined by obtaining the underlying investee fund valuations.

8. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by SEI Investments Company (SEI) and a common collective trust managed by Commerce. SEI is an investment manager and Commerce is the custodian of the Plan as defined by the Plan, and therefore, these transactions qualify as exempt party-in-interest transactions. Fees incurred by the plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. Fees paid directly to SEI totaled \$511,712 and \$557,712 for the years ended September 30, 2025 and 2024, respectively. Fees paid directly to Commerce totaled \$117,700 and \$111,440 for the years ended September 30, 2025 and 2024, respectively.

9. FEDERAL INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated April 24, 2015, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). It is the intent of the Company and the Plan management that plan operation and any future amendments made to the Plan are in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon

examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

11. SUBSEQUENT EVENTS

For the year ended September 30, 2025, subsequent events were evaluated through July 15, 2026, the date the financial statements were available to be issued.

Effective October 1, 2025, the Plan was amended to memorialize the 2025 Enhanced Retirement Program (ERP). On June 30, 2025, Evergy offered an ERP to selected employees with the opportunity to apply for an early retirement package. The program was available to certain employees age 52 or over as of July 15, 2025, who participated in one of Evergy's defined benefit pension plans.

Eligible employees who were accepted into the program received the following benefit enhancements:

- An additional 3 years of credited service of cash balance contribution credits under the pension plan and,
- An additional 3 years of age to determine early retirement eligibility.

* * * * *

Evergy, Inc. Joint Trusteed Retirement Plan
EIN 82-2733395, PN 002
2024 Schedule SB, Line 26a – Schedule of Active Participant Data

The number of active participants, summarized by attained age and years of credited service as of October 1, 2024, is shown below.

Age	Years of Credited Service										Total
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+	
0–24	14	41	-	-	-	-	-	-	-	-	55
25–29	24	50	15	-	-	-	-	-	-	-	89
30–34	14	44	38	5	1	-	-	-	-	-	102
35–39	9	22	30	27	17	1	-	-	-	-	106
40–44	15	16	35	44	56	13	-	-	-	-	179
45–49	8	16	15	47	76	42	2	-	-	-	206
50–54	6	4	24	44	67	47	18	3	-	-	213
55–59	1	2	9	23	36	36	9	10	3	-	129
60–64	1	1	5	20	24	22	5	4	8	1	91
65–69	1	-	1	3	1	1	2	-	-	-	9
70+	1	-	-	1	-	-	-	-	-	-	2
Total	94	196	172	214	278	162	36	17	11	1	1,181

Evergy, Inc. Joint Trusteed Retirement Plan
EIN 82-2733395, PN 002
2024 Schedule SB, Line 26a – Schedule of Active Participant Data

The average compensation of active participants, summarized by attained age and years of credited service as of October 1, 2024, is shown below.

Age	Years of Credited Service										Average
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+	
0–24	*	82,405	-	-	-	-	-	-	-	-	-
25–29	61,793	81,966	*	-	-	-	-	-	-	-	-
30–34	*	86,532	97,302	*	*	-	-	-	-	-	-
35–39	*	80,605	99,626	103,883	*	*	-	-	-	-	-
40–44	*	*	92,391	99,746	111,611	*	-	-	-	-	-
45–49	*	*	*	101,109	115,877	109,957	*	-	-	-	-
50–54	*	*	95,720	98,620	109,180	109,712	*	*	-	-	-
55–59	*	*	*	102,312	114,872	103,516	*	*	*	-	-
60–64	*	*	*	95,839	105,256	103,949	*	*	*	*	*
65–69	*	-	*	*	*	*	*	-	-	-	-
70+	*	-	-	*	-	-	-	-	-	-	-

* Average compensation is not reported for cells with fewer than 20 participants.

Evergy, Inc. Joint Trusteed Retirement Plan
EIN 82-2733395, PN 002
2024 Schedule SB, Line 26a – Schedule of Active Participant Data

The number of active participants with account-based benefits, summarized by attained age and years of credited service as of October 1, 2024, is shown below.

Age	Years of Credited Service										Average
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+	
0–24	14	41	-	-	-	-	-	-	-	-	
25–29	24	50	15	-	-	-	-	-	-	-	
30–34	14	44	38	-	-	-	-	-	-	-	
35–39	9	22	30	9	-	-	-	-	-	-	
40–44	15	16	35	12	-	-	-	-	-	-	
45–49	8	16	15	14	-	-	-	-	-	-	
50–54	6	4	24	3	1	-	-	-	-	-	
55–59	1	2	9	3	-	-	-	-	-	-	
60–64	1	1	5	1	-	-	-	-	-	-	
65–69	1	-	1	-	-	-	-	-	-	-	
70+	1	-	-	1	-	-	-	-	-	-	

Evergy, Inc. Joint Trusteed Retirement Plan
EIN 82-2733395, PN 002
2024 Schedule SB, Line 26a – Schedule of Active Participant Data

The average cash balance account of active participants, summarized by attained age and years of credited service as of October 1, 2024, is shown below.

Age	Years of Credited Service										Average
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+	
0–24	*	6,858	-	-	-	-	-	-	-	-	-
25–29	912	6,793	*	-	-	-	-	-	-	-	-
30–34	*	8,860	31,185	*	-	-	-	-	-	-	-
35–39	*	9,753	37,318	*	-	-	-	-	-	-	-
40–44	*	*	47,173	*	-	-	-	-	-	-	-
45–49	*	*	*	*	-	-	-	-	-	-	-
50–54	*	*	64,693	*	*	-	-	-	-	-	-
55–59	*	*	*	*	-	-	-	-	-	-	-
60–64	*	*	*	*	-	-	-	-	-	-	-
65–69	*	-	*	-	-	-	-	-	-	-	-
70+	*	-	-	*	-	-	-	-	-	-	-

* Average cash balance account is not reported for cells with fewer than 20 participants.

Evergy, Inc. Joint Trusteed Retirement Plan
EIN 82-2733395, PN 002
2024 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Summary of Actuarial Methods

The ultimate or true cost of a pension plan will be equal to the excess of benefits actually paid and the expenses incurred in its administration over investment income earned on monies set aside for its funding. Thus, the ultimate cost of a plan cannot be known until the last payment thereunder has been made to its last participant. The actuarial cost method is a particular technique used by the actuary for establishing the amount and incidence of annual actuarial costs. The actuarial cost method determines the portion of the ultimate cost of a pension plan which should be allocated to each plan year (known as the normal cost). The cost method is thus a budgeting tool which helps to ensure that the pension plan will be adequately and systematically funded.

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits.

Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is based on the permitted three-year asset smoothing as defined under IRS Notice 2009-22. Under this method, the Actuarial Value of Assets equals the Market Value of Assets minus one-third and two-thirds, respectively, of the investment gain or loss for each of the two immediately preceding plan years, but it must be within 90% to 110% of the Market Value of Assets. The Market Value of Assets is equal to the Fair Value of Assets as of the valuation date plus the discounted value of employer contributions made after the valuation date. These contributions are discounted to the valuation date using the Effective Interest Rate for the prior plan year. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently 6.25%) or the applicable statutory interest rate for the year.

PBGC Variable-Rate Premium Method

The standard method is used for the PBGC variable-rate premium calculation (adopted October 1, 2022).

Amortization Method

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

Changes in Actuarial Methods Since Prior Valuation

None.

Evergy, Inc. Joint Trusteed Retirement Plan

EIN 82-2733395, PN 002

2024 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	4.93%	4.93%	4.17%
Segment 2 (5–20 years)	5.27%	5.27%	4.76%
Segment 3 (20+ years)	5.59%	5.26%	5.25%
Effective Interest Rate	5.47%	5.26%	5.09%

ERISA minimum funding: 24-month average segment rates, using a four-month lookback period, adjusted to reflect the applicable segment rate stabilization corridor. Lump sums are calculated using the underlying liability interest rates shown above.

Maximum Deductible Contribution: 24-month average segment rates, using a four-month lookback period, but not adjusted to reflect segment rate stabilization. Lump sums are calculated using the underlying liability interest rates shown above.

PBGC premium: Spot segment rates for the month preceding the valuation, but not adjusted to reflect segment rate stabilization. The standard method is used for the PBGC variable rate premium calculation.

FASB ASC Topic 960: 6.25% per year (adopted October 1, 2020). It is based on the Plan's investment policy, including target asset allocation, and Milliman's capital market expectations. Lump sums are calculated using the applicable 417(e) rates for the current plan year (5.18%/ 5.41%/ 5.62%).

Asset Return

ERISA minimum funding and Maximum Deductible Contribution: 6.25% per year (adopted October 1, 2020). It is based on the Plan's investment policy, including target asset allocation, and Milliman's capital market expectations.

DEMOGRAPHIC ASSUMPTIONS

Except where noted, all demographic assumptions are based on the actuary's judgment and continual review of experience.

Mortality Rates

ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium: Statutory generational mortality tables for 2024 based on Pri-2012 Mortality Table, with separate rates for non-annuitants and annuitants, adjusted from base year 2012 with projections to anticipate greater future longevity using the 2024 Adjusted Scale MP-2021. Lump sums are calculated using the 417(e) unisex mortality.

Evergy, Inc. Joint Trusteed Retirement Plan
EIN 82-2733395, PN 002
2024 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

FASB ASC Topic 960: Pri-2012 Total Dataset Mortality table (Employee, Annuitant, Disabled, and Survivor) with Projection Scale MP-2021, applied generationally. As a generational table, it reflects mortality improvements both before and after the measurement date. Lump sums are calculated using the 417(e) unisex mortality.

Turnover

Age	Annual Rate of Withdrawal
25	4%
30	4%
35	4%
40	3%
45	3%
50	2%
55	0%

Disability

None assumed.

Retirement Rates

Active participants are assumed to retire in accordance with the following schedule:

Attained Age	Annual Rate of Retirement
55-61	5%
62-64	25%
65	35%
66-69	25%
70	100%

For active participants between ages 57 and 61 with 30 or more years of service, the assumed rate is increased by 5%.

Terminated vested participants are assumed to retire at age 65.

Salary Increases

3.5% per year.

Form of Payment

90% of active participants are assumed to elect a lump sum when they terminate employment. Of the active participants electing an annuity, 90% of the married population are assumed to elect a 50% joint and survivor annuity and 10% are assumed to elect a single life annuity. Participants who are already terminated and eligible for a deferred monthly benefit are assumed to elect a monthly benefit at their unreduced retirement age.

Evergy, Inc. Joint Trusteed Retirement Plan
EIN 82-2733395, PN 002
2024 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Lump Sum Factors

FASB ASC Topic 960: 2024 417(e) mortality table and 5.18% / 5.41% / 5.62%.

ERISA minimum funding, maximum deductible contribution, and PBGC premium: 2024 417(e) mortality table and underlying interest rates listed above.

Marriage Rates

For participants not in pay status: 75% of participants not in pay status are assumed to be married, with males 3 years older than females.

For participants in pay status: Actual birth dates of spouses are included in the census data, where relevant.

Expenses

Expected expenses payable from the trust are explicitly loaded to the normal cost. The loading for expenses is \$1,730,000, which is equal to the prior year expenses plus the current year PBGC premium, rounded to the nearest \$10,000 (assumed to be payable beginning of year).

Benefits Not Valued

All benefits are valued.

Special Data Adjustments

None.

CHANGES IN ASSUMPTIONS SINCE PRIOR VALUATION

Interest rates for ERISA minimum funding: Effective October 1, 2024, the interest rates used to determine the minimum funding requirements were updated based on the applicable 24-month average segment rates with a four-month lookback from the valuation date, adjusted to reflect the applicable segment rate stabilization corridor. The interest rates were updated to comply with IRS requirements.

Interest rates for Maximum Deductible Contribution: Effective October 1, 2024, the interest rates used for maximum deductible purposes were updated as noted above, but not adjusted to reflect segment rate stabilization. The interest rates were updated to comply with IRS requirements.

Interest rates for PBGC premiums: Effective October 1, 2024, the interest rates used for PBGC variable rate premium purposes were updated to the applicable spot segment rates, but not adjusted to reflect segment rate stabilization. The interest rates were updated to comply with PBGC requirements.

Mortality for ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium: Effective October 1, 2024, mortality was updated as prescribed by IRC Section 430(h)(3)(A). The mortality assumption was updated to comply with IRS and PBGC requirements. Effective January 1, 2024, mortality was updated to the Statutory generational tables for 2024. Lump sums are calculated using the 417(e) unisex mortality.

Lump Sum Factors: Effective October 1, 2024 the interest rates and mortality used for lump sum calculation purposes were updated based on the rates used for ERISA minimum funding, maximum deductible, and PBGC as applicable and 417(e) mortality. For ASC Topic 960, the rates were updated to the actual rates for the 2024-2025 plan year. This was updated from the actual rates for the 2023-2024 plan year.

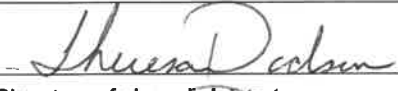
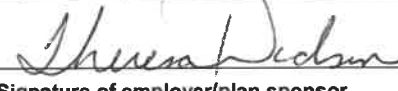
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II Basic Plan Information—enter all requested information	
1a Name of plan EVERGY, INC. JOINT TRUSTEED RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 002 1c Effective date of plan 10/01/1931
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Evergy, Inc. P. O. Box 418679 Kansas City MO 64141-9679	2b Employer Identification Number (EIN) 82-2733395 2c Plan Sponsor's telephone number 816-556-2200 2d Business code (see instructions) 221100

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

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

SIGN HERE		7/15/26	Theresa Dodson,HR Compliance Sr Man
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		7/15/26	Theresa Dodson,HR Compliance Sr Man
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

EVERGY, INC.

JOINT TRUSTEED RETIREMENT PLAN

EIN No. 82-2733395, Plan No. 002

FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED SEPTEMBER 30, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain/ (Loss)
SINGLE TRANSACTIONS						
Goldman Sachs Financial Square Financial Square Tr Government	Money Market Fund	\$ 17,115,000	\$ -	\$ 17,115,000	\$ 17,115,000	\$ -
Goldman Sachs Financial Square Financial Square Tr Government	Money Market Fund	12,116,436	-	12,116,436	12,116,436	-
Goldman Sachs Financial Square Financial Square Tr Government	Money Market Fund	-	12,129,019	12,129,019	12,129,019	-
Goldman Sachs Financial Square Financial Square Tr Government	Money Market Fund	-	12,116,436	12,116,436	12,116,436	-
SERIES TRANSACTIONS						
Goldman Sachs Financial Square Financial Square Tr Government	Money Market Fund (225 Purchases)	\$ 84,961,830	\$ -	\$ 84,961,830	\$ 84,961,830	\$ -
	(111 Sales)	-	80,671,034	80,671,034	80,671,034	-
* SEI Institutional Investment Trust	Mutual Fund					
World Equity Ex US Fund-A	(8 Purchases)	9,599,592	-	9,599,592	9,599,592	-
	(4 Sales)	-	3,596,750	3,202,444	3,596,750	394,306

* Represents a party-in-interest to the Plan.

See accompanying Independent Auditors' Report.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit 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 10/01/2024 and ending 09/30/2025

▶ **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 Everygy, Inc. Joint Trusteed Retirement Plan	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Everygy, Inc.	D Employer Identification Number (EIN) 82-2733395

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I Basic Information

1 Enter the valuation date: Month 10 Day 1 Year 2024			
2 Assets:			
a Market value	2a	200,996,222	
b Actuarial value	2b	186,888,682	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	503	39,946,857	39,946,857
b For terminated vested participants	406	22,330,391	22,330,391
c For active participants	1,181	146,169,602	152,887,251
d Total	2,090	208,446,850	215,164,499
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.47 %	
6 Target normal cost			
a Present value of current plan year accruals	6a	14,491,165	
b Expected plan-related expenses	6b	1,730,000	
c Target normal cost	6c	16,221,165	

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	John M. Chmielewski JMC Signature of actuary	06/11/2026 Date
John M. Chmielewski	Type or print name of actuary	26-07661 Most recent enrollment number
Milliman, Inc.	Firm name	(262) 796-3379 Telephone number (including area code)
17335 Golf Parkway, Suite 100	Address of the firm	
Brookfield	WI 53045-6043	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	229,360	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	229,360	0
10 Interest on line 9 using prior year's actual return of <u>16.51</u> %	37,867	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1,331
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.47</u> %		73
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		1,404
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	267,227	0

Part III Funding Percentages

14 Funding target attainment percentage	14	86.73%
15 Adjusted funding target attainment percentage	15	86.73%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.37%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** 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
12/27/2024	15,357		08/05/2025	5,999	
01/15/2025	4,327,000		08/05/2025	32,617	
03/11/2025	29,500		08/29/2025	33,542	
04/11/2025	4,327,000		09/08/2025	25,000	
06/11/2025	29,500		10/09/2025	4,269,226	
07/09/2025	4,269,226		05/27/2026	2,410,000	
Totals ▶			18(b)	19,773,967	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	18,980,961

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... ☒ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.93 %2nd segment:
5.27 %3rd segment:
5.59 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)**31a**

16,221,165

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

28,543,044

2,753,172

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....**34**

18,974,337

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35) **36** 18,974,337**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 18,980,961**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

6,624

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)****41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

Evergy, Inc. Joint Trusteed Retirement Plan
EIN 82-2733395, PN 002

Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

The following table provides the projected benefit payments underlying the Funding Target using Standard Assumptions in each of the next fifty years starting with the current plan year of this filing assuming (1) no additional accruals, (2) experience (e.g., termination, mortality, and retirement) is in line with valuation assumptions, and (3) no new entrants are covered by the plan.

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	8,477,709	1,220,034	4,947,272	14,645,015
2025	9,370,875	358,234	4,660,405	14,389,514
2026	10,351,448	165,240	4,377,512	14,894,200
2027	10,734,146	774,559	4,097,393	15,606,098
2028	11,291,931	980,867	3,822,333	16,095,131
2029	11,397,566	1,097,158	3,557,197	16,051,921
2030	12,173,473	733,750	3,301,862	16,209,085
2031	12,928,228	1,311,526	3,058,223	17,297,977
2032	12,797,766	832,182	2,827,192	16,457,140
2033	13,106,508	1,524,028	2,608,075	17,238,611
2034	13,010,191	2,247,804	2,401,036	17,659,031
2035	12,747,271	1,022,204	2,205,994	15,975,469
2036	12,412,127	2,367,618	2,022,674	16,802,419
2037	11,345,083	1,869,581	1,850,649	15,065,313
2038	10,884,497	1,779,580	1,689,382	14,353,459
2039	10,432,047	2,460,826	1,538,308	14,431,181
2040	10,010,397	1,709,140	1,396,868	13,116,405
2041	8,929,035	2,785,897	1,264,513	12,979,445
2042	8,080,370	1,610,941	1,140,724	10,832,035
2043	7,390,092	2,738,016	1,025,045	11,153,153
2044	6,746,744	1,881,136	917,089	9,544,969
2045	6,101,860	2,274,723	816,553	9,193,136
2046	5,465,068	2,638,773	723,195	8,827,036
2047	4,917,892	1,623,002	636,828	7,177,722
2048	4,332,698	1,906,151	557,300	6,796,149
2049	3,786,152	1,698,628	484,452	5,969,232
2050	3,474,205	1,634,137	418,112	5,526,454

Evergy, Inc. Joint Trusteed Retirement Plan
EIN 82-2733395, PN 002

Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2051	3,087,624	1,158,258	358,107	4,603,989
2052	2,732,585	683,345	304,244	3,720,174
2053	2,530,345	1,001,670	256,295	3,788,310
2054	2,320,323	948,665	214,010	3,482,998
2055	2,179,087	471,733	177,103	2,827,923
2056	1,920,756	623,919	145,243	2,689,918
2057	1,773,299	471,281	118,065	2,362,645
2058	1,677,211	579,926	95,160	2,352,297
2059	1,579,568	394,154	76,089	2,049,811
2060	1,475,172	558,687	60,403	2,094,262
2061	1,342,092	412,459	47,651	1,802,202
2062	1,229,249	371,264	37,406	1,637,919
2063	1,149,695	273,708	29,264	1,452,667
2064	1,065,936	214,465	22,859	1,303,260
2065	968,308	201,204	17,869	1,187,381
2066	894,675	187,884	14,011	1,096,570
2067	809,995	174,571	11,047	995,613
2068	733,992	161,349	8,779	904,120
2069	658,344	148,304	7,044	813,692
2070	596,943	135,523	5,715	738,181
2071	539,001	123,097	4,693	666,791
2072	485,306	111,114	3,902	600,322
2073	428,655	99,654	3,284	531,593

Evergy, Inc. Joint Trusteed Retirement Plan
EIN 82-2733395, PN 002
2024 Schedule SB, Part V – Summary of Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Effective Date

October 1, 1972.

Plan Year

October 1 to September 30.

Participation

Employees in Local Union Nos. 412, 1464, and 1613, International Brotherhood of Electrical Workers (AFL-CIO) who have six months or more of employment.

Definitions**Final Average Salary**

The highest average monthly salary for the number of consecutive years specified below, based on the age at date of retirement or termination, if earlier:

Age	Number of Years in Average Compensation
Less than 62	5
62-64	4
65+	3

However, for members who have at least 30 years of Credited Service and have attained age 57, three years will be used in the calculation of Average Compensation.

Credited Service

Equal to the sum of:

- Years of Service earned prior to July 1, 1972.
- $\frac{1}{4}$ of a year if at least one hour of service was performed between July 1, 1972 and September 30, 1972.
- Plan years after October 1, 1972 in which 1,000 hours of service were earned plus plan years after October 1, 1972 in which at least 500 hours of service but less than 1,000 hours of service were earned, times 0.5.

Pension Start Date

For an annuity, the first day of the first period with respect to which an amount is payable. For a lump sum, the date of the payment.

Early Retirement Date

Age 55.

Annual Salary

Base compensation, computed on an annual basis by multiplying the employee's hourly rate of pay as of each October 1 by 2,088.

Evergy, Inc. Joint Trusteed Retirement Plan
EIN 82-2733395, PN 002
2024 Schedule SB, Part V – Summary of Plan Provisions

Monthly Salary

Annual Salary divided by 12.

Normal Retirement Date

Age 65.

Cash-Balance Employee

Employee hired or rehired on or after October 1, 2013.

Pay Credits

For a Cash-Balance Employee with 1,000 or more hours of service in a Plan Year, actual salary multiplied by the following contribution rate:

Age as of the end of the Plan Year	Contribution Rate
Less than 30	4%
30 – 34	5%
35 – 39	6%
40 – 44	7%
45 – 49	8%
50 – 54	9%
55 – 59	10%
60 or more	12%

Interest Credits

5% annual rate of interest, applied to the amount in the Cash-Balance account as of the end of the prior Plan Year. This rate shall not exceed a market rate of return as determined under IRS regulations.

Actuarial Equivalence

Equivalence in value of the aggregate amounts expected to be received under different forms of payment based on the “applicable interest rate” as determined under IRC 417(e)(3) and published by the IRS for the month of May that next precedes the Plan Year in which the Pension Starting Date occurs and the applicable 417(e)(3) mortality table determined as of the first day of the Plan Year in which the Pension Starting Date occurs.

Traditional Pension Benefits**Normal Retirement**

Monthly annuity equal to 1 2/3% of Final Average Salary times years of Credited Service, not to exceed 30 years.

Early Retirement

Monthly annuity equal to the accrued benefit as of the early retirement date reduced by 0.25% for each month that the benefit commencement date precedes age 62. If the participant has 30 or more years of Credited Service, the 0.25% reduction will only be made for months between the benefit commencement date and age 57.

Evergy, Inc. Joint Trusteed Retirement Plan
EIN 82-2733395, PN 002
2024 Schedule SB, Part V – Summary of Plan Provisions

Preretirement Spouse Benefits

If a vested active participant dies prior to attaining age 55, the participant's spouse will receive a monthly benefit beginning on the date the participant would have attained age 55. The monthly benefit is equal to 50% of the accrued benefit reduced for early retirement and to reflect payment in the form of joint and 50% survivor annuity.

If a vested active participant dies after attaining age 55, the participant's spouse will receive an immediate monthly spouse benefit. The surviving spouse benefit is equal to 50% of the accrued benefit reduced for early retirement and to reflect payment in the form of a joint and 50% survivor annuity.

Termination Benefit

Benefit upon termination equal to a vested interest in the accrued benefit as of the date of termination, determined according to the following schedule:

Completed Years of Eligibility Service	Vesting %
Less than 5	0%
5 or More	100%

Cash-Balance Benefits

Normal Retirement

The Actuarial Equivalence of the Cash-Balance account as of the Pension Starting Date.

Early Retirement

The Actuarial Equivalence of the Cash-Balance account as of the Pension Starting Date.

Preretirement Spouse Benefits

The Actuarial Equivalence of the vested Cash-Balance account as of the Pension Starting Date.

Termination Benefit

The Actuarial Equivalence of the vested Cash-Balance account as of the Pension Starting Date, determined according to the following vesting schedule:

Completed Years of Eligibility Service	Vesting %
Less than 3	0%
3 or More	100%

Forms of Annuity

Normal

Life only annuity.

Optional

Joint and survivor annuity, period certain and life annuity, or lump sum.

Evergy, Inc. Joint Trusteed Retirement Plan
EIN 82-2733395, PN 002
2024 Schedule SB, Part V – Summary of Plan Provisions

Contributions

Participant

None.

Employer

An amount necessary to provide the benefits under the plan based upon the recommendations of periodic actuarial valuations.

CHANGES IN PLAN PROVISIONS SINCE PRIOR VALUATION

None.

SUPPLEMENTAL SCHEDULES

EVERGY, INC.
JOINT TRUSTED RETIREMENT PLAN
EIN No. 82-2733395, Plan No. 002

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF SEPTEMBER 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest	Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual funds				
*	SEI INSTITUTIONAL INVESTMENT TRUST	HIGH YIELD BOND FUND-A	Mutual funds (1,136,428 shares)	\$ 8,577,206	\$ 8,148,186
*	SEI INSTITUTIONAL INVESTMENT TRUST	SEI EXTENDED MARKET INDEX FUND A	Mutual funds (390,555 shares)	6,354,216	7,686,118
*	SEI INSTITUTIONAL INVESTMENT TRUST	LARGE CAP DISCIPLINED EQUITY FUND-A	Mutual funds (1,881,088 shares)	17,704,630	22,441,381
*	SEI INSTITUTIONAL INVESTMENT TRUST	S&P 500 INDEX FUND A	Mutual funds (993,127 shares)	18,049,681	22,504,262
*	SEI INSTITUTIONAL INVESTMENT TRUST	SMALL MID CAP EQUITY FUND-A	Mutual funds (586,448 shares)	5,615,084	6,104,921
*	SEI INSTITUTIONAL INVESTMENT TRUST	WORLD EQUITY EX US FUND-A	Mutual funds (3,156,391 shares)	32,003,042	47,188,039
*	SEI INSTITUTIONAL INVESTMENT TRUST	DYNAMIC ASSET ALLOCATION FUND A	Mutual funds (486,824 shares)	8,390,702	10,301,190
*	SEI INSTITUTIONAL INVESTMENT TRUST	EMERGING MARKETS DEBT FUND-A	Mutual funds (874,820 shares)	7,700,411	8,170,820
	Total mutual funds			104,394,972	132,544,917
	Bonds				
	ABBVIE INC	SENIOR NOTE 5.35% DUE 03/15/44 DATED 02/26/24 CALLABLE 09/15/43	Bonds (\$120,000 par value)	119,834	120,386
	ABFS MORTGAGE LOAN TRUST	SERIES 2001-2 CLASS A4 VARIABLE RATE DUE 12/25/31 DATED 6/1/01	Bonds (\$209 par value)	222	203
	ALABAMA POWER CO	SENIOR UNSECURED NOTE 4.15% DUE 08/15/44 DATED 08/26/14 CALLABLE 02/15/44	Bonds (\$225,000 par value)	223,209	190,958
	ALLSTATE CORP	SENIOR UNSECURED NOTE 4.5% DUE 06/15/43 DATED 06/07/13	Bonds (\$90,000 par value)	83,195	79,774
	AMERICAN FINANCIAL GROUP	SENIOR UNSECURED NOTE 4.5% DUE 06/15/47 DATED 06/02/17 CALLABLE 12/15/46	Bonds (\$60,000 par value)	49,462	50,228
	ANHEUSER-BUSCH INBEV WORLDWIDE INC	SENIOR UNSECURED NOTE 4.439% DUE 10/06/48 DATED 04/06/17 CALLABLE 04/06/48	Bonds (\$120,000 par value)	120,985	104,285
	AON NORTH AMERICA INC	SENIOR UNSECURED NOTE 5.75% DUE 03/01/54 DATED 03/01/24 CALLABLE 09/01/53	Bonds (\$70,000 par value)	69,574	70,496
	AT&T INC	SENIOR UNSECURED NOTE 5.4% DUE 02/15/34 DATED 06/02/23 CALLABLE 11/15/33	Bonds (\$55,000 par value)	54,819	57,164
	BAKER HUGHES HOLDINGS LLC	SENIOR UNSECURED NOTE 4.08% DUE 12/15/47 DATED 12/11/17 CALLABLE 06/15/47	Bonds (\$250,000 par value)	250,940	201,588
	BANK OF AMERICA NA	SUBORDINATED NOTE 6% DUE 10/15/36 DATED 10/26/06	Bonds (\$250,000 par value)	310,603	271,263
	BEAR STEARNS ALT-A TRUST	SERIES 2005-9 CLASS 25A1 VARIABLE RATE DUE 11/25/35 DATED 9/1/05	Bonds (\$32,723 par value)	32,372	20,472
	BERKSHIRE HATHAWAY FINANCE	SENIOR UNSECURED NOTE 4.4% DUE 05/15/42 DATED 05/15/12	Bonds (\$170,000 par value)	172,426	158,840
	BHP BILLITON FIN USA LTD	SENIOR UNSECURED NOTE 5% DUE 09/30/43 DATED 09/30/13	Bonds (\$150,000 par value)	145,764	144,615
	BORGWARNER INC	SENIOR UNSECURED NOTE 4.375% DUE 03/15/45 DATED 03/16/15 CALLABLE 09/15/44	Bonds (\$295,000 par value)	311,657	249,732
	BOSTON UNIVERSITY	SENIOR UNSECURED NOTE 5.2% DUE 10/01/45 DATED 08/24/11 SINKABLE	Bonds (\$270,000 par value)	268,739	261,487
	BURLINGTON NORTH SANTA FE	SENIOR UNSECURED NOTE 6.2% DUE 08/15/36 DATED 08/17/06	Bonds (\$240,000 par value)	252,379	267,317
	CANADIAN NATIONAL RAILWAY NOTE	6.2% DUE 06/01/36 DATED 05/31/06	Bonds (\$55,000 par value)	54,814	61,362
	CANADIAN PACIFIC RAILWAY	SENIOR UNSECURED NOTE 4.95% DUE 08/15/45 DATED 04/19/23 CALLABLE 02/15/45	Bonds (\$175,000 par value)	163,956	164,089
	CHARLES SCHWAB CORPORATION	SENIOR UNSECURED NOTE VARIABLE RATE DUE 05/19/34 DATED 05/19/23 CALLABLE 05/19/33	Bonds (\$150,000 par value)	153,797	160,535
	CHUBB INA HOLDINGS INC	SENIOR UNSECURED NOTE 4.15% DUE 03/13/43 DATED 03/13/13	Bonds (\$175,000 par value)	158,585	153,022
	CITIGROUP INC	SUBORDINATED NOTE 4.75% DUE 05/18/46 DATED 05/18/16	Bonds (\$125,000 par value)	124,678	111,073
	CITIGROUP INC	SUBORDINATED UNSECURED NOTE VARIABLE RATE DUE 09/19/39 DATED 09/19/24 CALLABLE 09/19/34	Bonds (\$100,000 par value)	98,152	100,339
	CITIGROUP MORTGAGE LOAN TRUST INC	SERIES 2004-NCM1 CLASS 1A3 6.75% DUE 07/25/34 DATED 06/01/04	Bonds (\$22,349 par value)	23,354	23,177
	COMCAST CORP	SENIOR UNSECURED NOTE 4.7% DUE 10/15/48 DATED 10/05/18 CALLABLE 04/15/48	Bonds (\$180,000 par value)	169,274	157,030
	CONOCOPHILLIPS CANADA NOTE	5.95% DUE 10/15/36 DATED 10/13/06	Bonds (\$200,000 par value)	222,162	215,040
	COTERRA ENERGY INC	SENIOR UNSECURED NOTE 5.9% DUE 02/15/55 DATED 12/17/24 CALLABLE 08/15/54	Bonds (\$110,000 par value)	104,655	106,168
	COUNTRYWIDE ALTERNATIVE LOAN TRUST	SERIES 2004-18CB CLASS 3A1 5.25% DUE 09/25/19 DATED 07/01/04	Bonds (\$225 par value)	228	224
	COUNTRYWIDE HOME LOANS	SERIES 2005-6 CLASS 2A1 5.5% DUE 04/25/35 DATED 02/01/05	Bonds (\$11,867 par value)	8,900	10,399
	CS FIRST BOSTON MTG SECS CORP	SERIES 2002-30 CLASS 1A1 7.5% DUE 11/25/32 DATED 11/01/02	Bonds (\$879 par value)	932	906
	CUMMINS INC	SENIOR GLOBAL NOTE 5.45% DUE 02/20/54 DATED 02/20/24 CALLABLE 08/20/53	Bonds (\$110,000 par value)	109,308	109,657
	DANAHER CORP	SENIOR UNSECURED NOTE 2.8% DUE 12/10/51 DATED 12/10/21 CALLABLE 06/10/51	Bonds (\$150,000 par value)	97,776	96,492
	DUKE ENERGY OHIO INC	NOTE 5.55% DUE 03/15/54 DATED 03/14/24 CALLABLE 09/15/53	Bonds (\$150,000 par value)	149,609	149,841
	ELI LILLY & COMPANY	SENIOR UNSECURED NOTE 4.875% DUE 02/27/53 DATED 02/27/23 CALLABLE 08/27/52	Bonds (\$100,000 par value)	99,937	93,262
	ENTERGY LOUISIANA LLC	SECURED NOTE 4.2% DUE 04/01/50 DATED 03/12/19 CALLABLE 10/01/49	Bonds (\$100,000 par value)	119,115	81,300
	EVEREST REINSURANCE HOLDINGS	SENIOR UNSECURED NOTE 4.868% DUE 06/01/44 DATED 06/05/14	Bonds (\$75,000 par value)	67,253	68,227
	FEDERAL HOME LOAN MORTGAGE CORP	POOL #781530 VARIABLE RATE DUE 05/01/34 DATED 04/01/04	Bonds (\$1,749 par value)	1,689	1,805
	FEDERAL NATIONAL MORTGAGE ASSOC	GRANTOR TRUST SERIES 2001-T1 CLASS A1 7.5% DUE 10/25/40 DATED 1/1/01	Bonds (\$10,911 par value)	11,383	10,982
	FEDERAL NATIONAL MORTGAGE ASSOC	REMIC GRANTOR TRUST SERIES 2002-T18 CLASS A5 VARIABLE RATE DUE 5/25/42 DATED	Bonds (\$8,382 par value)	8,753	8,465

(Continued)

EVERGY, INC.
JOINT TRUSTED RETIREMENT PLAN
EIN No. 82-2733395, Plan No. 002

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF SEPTEMBER 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest	Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Bonds (continued):				
	FEDERAL NATIONAL MORTGAGE ASSOC	REMIC GRANTOR TRUST SERIES 2002-T6 CLASS A4 VARIABLE RATE DUE 3/25/41 DATED 3/1/02	Bonds (\$6,091 par value)	\$ 6,278	\$ 5,940
	FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2002-T16 CLASS A4 VARIABLE RATE DUE 05/25/42 DATED 10/1/02	Bonds (\$10,673 par value)	11,115	10,596
	FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2003-117 CLASS KB 6% DUE 12/25/33 DATED 11/01/03	Bonds (\$52,231 par value)	54,875	54,302
	FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #675570 6% DUE 12/01/32 DATED 12/01/02	Bonds (\$1,306 par value)	1,342	1,333
	FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #813174 VARIABLE RATE DUE 2/1/35 DATED 2/1/05	Bonds (\$392 par value)	397	400
	FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #816308 VARIABLE RATE DUE 02/01/35 DATED 02/01/05	Bonds (\$4,402 par value)	4,390	4,548
	GATX CORP	SENIOR UNSECURED NOTE 6.05% DUE 06/05/54 DATED 06/05/24 CALLABLE 12/05/53	Bonds (\$105,000 par value)	105,030	109,114
	GENERAL MOTORS CO	SENIOR UNSECURED NOTE 6.6% DUE 04/01/36 DATED 02/23/16 CALLABLE 10/01/35	Bonds (\$170,000 par value)	183,855	183,488
	GOLDMAN SACHS GROUP INCORPORATED	SUBORDINATED NOTE 6.75% DUE 10/01/37 DATED 10/03/07	Bonds (\$85,000 par value)	92,294	95,234
	GOVERNMENT NATIONAL MORTGAGE ASSOC	POOL #622123 5.5% DUE 10/15/33 DATED 10/01/03	Bonds (\$15,876 par value)	16,449	16,120
	GOVERNMENT NATIONAL MORTGAGE ASSOC	REMIC SERIES 2019-29 CLASS MT 3.5% DUE 03/20/49 DATED 03/01/19	Bonds (\$65,376 par value)	66,162	60,452
	GUARDIAN LIFE INSURANCE	SUBORDINATED NOTE 4.85% DUE 01/24/77 DATED 01/24/17	Bonds (\$400,000 par value)	431,408	336,824
	HALLIBURTON COMPANY	SENIOR UNSECURED NOTE 4.5% DUE 11/15/41 DATED 11/14/11 CALLABLE 05/15/41	Bonds (\$100,000 par value)	99,494	88,646
	ILLINOIS TOOL WORKS INC	SENIOR UNSECURED NOTE 3.9% DUE 09/01/42 DATED 08/28/12 CALLABLE 03/01/42	Bonds (\$190,000 par value)	165,199	162,192
	IMPAC CMB TRUST	SERIES 2004-4 CLASS 2A2 VARIABLE RATE DUE 9/25/34 DATED 4/1/04	Bonds (\$19,911 par value)	18,978	22,454
	INDIANAPOLIS POWER AND LIGHT COMPANY	SENIOR SECURED NOTE 5.7% DUE 04/01/54 DATED 03/18/24 CALLABLE 10/01/53	Bonds (\$150,000 par value)	150,087	150,932
	ITC HOLDINGS CORP	SENIOR UNSECURED NOTE 5.3% DUE 07/01/43 DATED 07/03/13 CALLABLE 01/01/43	Bonds (\$75,000 par value)	84,659	71,926
	J P MORGAN ALTERNATIVE LOAN TRUST	SERIES 2006-A1 CLASS 2A1 VARIABLE RATE DUE 3/25/36 DATED 2/1/06	Bonds (\$2,762 par value)	2,762	2,066
	JPMORGAN CHASE & CO	SENIOR UNSECURED NOTE VARIABLE RATE DUE 11/19/41 DATED 11/19/20 CALLABLE 11/19/40	Bonds (\$245,000 par value)	245,000	177,324
	KENTUCKY UTILITIES CO	FIRST LIEN NOTE 5.125% DUE 11/01/40 DATED 05/01/11 CALLABLE 05/01/40	Bonds (\$160,000 par value)	152,462	156,749
	KINDER MORGAN ENERGY PARTNERS	SENIOR UNSECURED NOTE 5% DUE 08/15/42 DATED 08/13/12 CALLABLE 02/15/42	Bonds (\$60,000 par value)	55,138	54,982
	KONINKLIJKE PHILIPS NV	SENIOR UNSECURED NOTE 6.875% DUE 03/11/38 DATED 03/11/08	Bonds (\$270,000 par value)	370,937	305,559
	LA HABRA CA PENSION	OBLIGATION TAXABLE 2.316% DUE 08/01/28 DATED 01/26/22	Bonds (\$345,000 par value)	345,000	330,413
	LACLEDE GROUP INC	SENIOR UNSECURED NOTE 4.7% DUE 08/15/44 DATED 08/19/14 CALLABLE 02/15/44	Bonds (\$200,000 par value)	199,810	170,192
	LOCKHEED MARTIN CORP	SENIOR UNSECURED NOTE 4.09% DUE 09/15/52 DATED 09/07/17 CALLABLE 03/15/52	Bonds (\$136,000 par value)	141,371	109,749
	LOEWS CORP	SENIOR UNSECURED NOTE 4.125% DUE 05/15/43 DATED 05/07/13 CALLABLE 11/15/42	Bonds (\$190,000 par value)	211,808	161,454
	LOS ANGELES CA COMMUNITY COLLEGE	DISTRICT BUILD AMERICA BONDS GENERAL OBLIGATION UNLIMITED 6.75% DUE 08/01/49 DATED 07/22/10 SINKABLE	Bonds (\$100,000 par value)	129,890	112,450
	MARS INCORPORATED	SENIOR UNSECURED NOTE 5.65% DUE 05/01/45 DATED 03/12/25 CALLABLE 11/01/44	Bonds (\$200,000 par value)	198,926	202,886
	MASTR ALTERNATIVE LOANS TRUST	SERIES 2004-3 CLASS 2A1 6.25% DUE 04/25/34 DATED 03/01/04	Bonds (\$29,843 par value)	23,426	30,889
	META PLATFORMS INC	SENIOR UNSECURED NOTE 5.6% DUE 05/15/53 DATED 05/03/23 CALLABLE 11/15/52	Bonds (\$200,000 par value)	200,139	202,870
	METLIFE INC	SENIOR UNSECURED NOTE VARIABLE RATE DUE 12/15/44 DATED 9/15/14	Bonds (\$179,000 par value)	169,199	163,649
	MORGAN STANLEY	SENIOR UNSECURED NOTE VARIABLE RATE DUE 07/21/34 DATED 07/21/23 CALLABLE 07/21/33	Bonds (\$150,000 par value)	150,548	156,285
	MORGAN STANLEY MORTGAGE LOAN TRUST	SERIES 2004-5AR CLASS 3A1 VARIABLE RATE DUE 7/25/34 DATED 6/1/04	Bonds (\$13,263 par value)	8,638	13,117
	MPLX LP	SENIOR UNSECURED NOTE 5.95% DUE 04/01/55 DATED 03/10/25 CALLABLE 10/01/54	Bonds (\$110,000 par value)	108,164	107,535
	NAPA VALLEY CA UNIFIED SCHOOL DIST	BUILD AMERICA BONDS TAXABLE-B GENERAL OBLIGATION UNLIMITED 6.507% DUE 08/01/43 DATED 02/04/10 SINKABLE	Bonds (\$250,000 par value)	247,302	270,155
	NEVADA POWER CO	SECURED NOTE 5.375% DUE 09/15/40 DATED 09/14/10 CALLABLE 03/15/40	Bonds (\$255,000 par value)	319,737	258,213
	NEVADA POWER COMPANY	SECURED NOTE 5.9% DUE 05/01/53 DATED 10/19/22 CALLABLE 11/01/52	Bonds (\$150,000 par value)	149,133	152,590
	NEW YORK LIFE INSURANCE	SUBORDINATED NOTE 6.75% DUE 11/15/39 DATED 10/08/09	Bonds (\$100,000 par value)	116,173	113,871
	NEW YORK NY	BUILD AMERICA BONDS GENERAL OBLIGATION UNLIMITED 5.846% DUE 06/01/40 DATED 06/16/10 SINKABLE	Bonds (\$100,000 par value)	100,000	105,640
	NIAGARA MOHAWK POWER	SENIOR UNSECURED NOTE 5.783% DUE 09/16/52 DATED 09/16/22 CALLABLE 03/16/52	Bonds (\$75,000 par value)	75,000	75,164
	NORTHWESTERN MUTUAL LIFE	SUBORDINATED NOTE 3.85% DUE 09/30/47 DATED 09/26/17 CALLABLE 03/30/47	Bonds (\$210,000 par value)	189,357	163,044

(Continued)

EVERGY, INC.
JOINT TRUSTED RETIREMENT PLAN
EIN No. 82-2733395, Plan No. 002

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF SEPTEMBER 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest	Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Bonds (continued):				
	PAYPAL HOLDINGS INC	SENIOR UNSECURED NOTE 5.25% DUE 06/01/62 DATED 05/23/22 CALLABLE 12/01/61	Bonds (\$115,000 par value)	\$ 110,952	\$ 109,613
	PEPSICO INC	SENIOR UNSECURED NOTE 4.65% DUE 02/15/53 DATED 02/15/23 CALLABLE 08/15/52	Bonds (\$120,000 par value)	119,923	107,682
	PFIZER INC	SENIOR UNSECURED NOTE 5.6% DUE 09/15/40 DATED 09/15/15	Bonds (\$100,000 par value)	109,751	104,201
	PHILIP MORRIS INTL INC	SENIOR UNSECURED NOTE 4.375% DUE 11/15/41 DATED 11/15/11	Bonds (\$300,000 par value)	293,859	268,704
	PHILLIPS 66 COMPANY	SENIOR UNSECURED NOTE 4.68% DUE 02/15/45 DATED 02/15/23 CALLABLE 08/15/44	Bonds (\$90,000 par value)	80,426	77,012
	POTOMAC ELECTRIC POWER	SECURED NOTE 7.9% DUE 12/15/38 DATED 12/10/08	Bonds (\$175,000 par value)	270,702	225,813
	PRESIDENT & FELLOWS OF HARVARD NOTE	5.625% DUE 10/01/38 DATED 01/30/08	Bonds (\$200,000 par value)	221,618	212,628
	PRINCIPAL FINANCIAL GROUP	SENIOR UNSECURED NOTE 5.5% DUE 03/15/53 DATED 03/08/23 CALLABLE 09/15/52	Bonds (\$80,000 par value)	79,801	79,753
	PROTECTIVE LIFE GLOBAL	SECURED NOTE 5.366% DUE 01/06/26 DATED 01/06/23	Bonds (\$250,000 par value)	250,000	250,657
	PUB SVC NEW HAMPSHIRE	FIRST LIEN NOTE 5.15% DUE 01/15/53 DATED 01/11/23 CALLABLE 07/15/52	Bonds (\$120,000 par value)	119,183	113,944
	PUGET SOUND ENERGY INC NOTE	4.434% DUE 11/15/41 DATED 11/16/11 CALLABLE 05/15/41	Bonds (\$300,000 par value)	300,000	259,842
	QUALCOMM INC	SENIOR UNSECURED NOTE 6% DUE 05/20/53 DATED 11/09/22 CALLABLE 11/20/52	Bonds (\$195,000 par value)	211,098	209,613
	RBSGC MORTGAGE PASS THROUGH CERTS	SERIES 2007-B CLASS 2A1 6.0826% DUE 11/25/21 DATED 03/01/07	Bonds (\$11,790 par value)	11,979	7,242
	RBSGC MORTGAGE PASS THROUGH CERTS	SERIES 2007-B CLASS 3A1 5.4504% DUE 07/25/35 DATED 03/01/07	Bonds (\$1,020 par value)	826	1,023
	RESIDENTIAL ACCREDIT LOANS INC	SERIES 2006-QS13 CLASS 2A1 5.75% DUE 09/25/21 DATED 09/01/06	Bonds (\$293 par value)	289	164
	RIO TINTO FINANCE USA PLC	SENIOR UNSECURED NOTE 5.75% DUE 03/14/55 DATED 03/14/25 CALLABLE 09/14/54	Bonds (\$200,000 par value)	197,718	205,832
	ROCKWELL AUTOMATION	SENIOR UNSECURED NOTE 4.2% DUE 03/01/49 DATED 03/01/19 CALLABLE 09/01/48	Bonds (\$160,000 par value)	130,926	134,208
	RTX CORPORATION	SENIOR UNSECURED NOTE 4.7% DUE 12/15/41 DATED 06/15/20	Bonds (\$75,000 par value)	93,897	70,135
	SANTANDER UK GROUP HOLDINGS	SENIOR UNSECURED NOTE VARIABLE RATE DUE 04/15/31 DATED 01/15/25 CALLABLE 04/15/30	Bonds (\$125,000 par value)	125,000	130,411
	SHELL INTERNATIONAL FINANCE	SENIOR UNSECURED NOTE 3.125% DUE 11/07/49 DATED 11/07/19 CALLABLE 05/07/49	Bonds (\$195,000 par value)	189,965	134,753
	SIMON PROPERTY GROUP LP	SENIOR UNSECURED NOTE 5.85% DUE 03/08/53 DATED 03/08/23 CALLABLE 09/03/52	Bonds (\$200,000 par value)	201,502	207,486
	SOUTH CAROLINA ELECTRIC & GAS NOTE	5.45% DUE 02/01/41 DATED 01/27/11 CALLABLE 08/01/40	Bonds (\$300,000 par value)	362,958	304,545
	SOUTHERN CAL EDISON NOTE	5.5% DUE 03/15/40 DATED 03/11/10	Bonds (\$240,000 par value)	237,113	235,080
	SOUTHERN PACIFIC SECURED ASSETS CORP	SERIES 1998-2 CLASS A7 6.74% DUE 07/25/29 DATED 06/01/98	Bonds (\$16,088 par value)	16,148	15,866
	STANFORD UNIVERSITY	SENIOR UNSECURED NOTE 4.013% DUE 05/01/42 DATED 04/11/12	Bonds (\$275,000 par value)	275,000	233,329
	STRUCTURED ASSET SECURITIES CORP	SERIES 2001-SB1 CLASS A2 3.375% DUE 08/25/31 DATED 06/01/01	Bonds (\$640 par value)	489	637
	STRUCTURED ASSET SECURITIES CORP	SERIES 2001-SB1 CLASS A5 3.375% DUE 08/25/31 DATED 06/01/01	Bonds (\$2,872 par value)	2,641	2,032
	TEACHERS INSURANCE & ANNUITY	SUBORDINATED NOTE 4.27% DUE 05/15/47 DATED 05/08/17 CALLABLE 11/15/46	Bonds (\$130,000 par value)	96,836	107,868
	TENN VALLEY AUTHORITY	SENIOR UNSECURED NOTE 4.25% DUE 09/15/52 DATED 09/13/22	Bonds (\$175,000 par value)	169,375	149,483
	TENNESSEE VALLEY AUTHORITY	SENIOR UNSECURED NOTE 5.25% DUE 02/01/55 DATED 02/14/25	Bonds (\$170,000 par value)	167,479	169,456
	TENNESSEE VALLEY AUTHORITY	SENIOR UNSECURED NOTE 5.25% DUE 09/15/39 DATED 09/15/09	Bonds (\$600,000 par value)	668,622	635,022
	TEXAS EASTERN TRANSMISSION	SENIOR UNSECURED NOTE 4.15% DUE 01/15/48 DATED 01/09/18 CALLABLE 07/15/47	Bonds (\$170,000 par value)	154,005	136,306
	TEXAS INSTRUMENTS INC	SENIOR UNSECURED NOTE 5.05% DUE 05/18/63 DATED 05/18/23 CALLABLE 11/18/62	Bonds (\$120,000 par value)	119,000	111,517
	THOMAS JEFFERSON UNIVERSITY	SECURED NOTE ASSURED GUARANTY MUNICIPAL COR INS 3.602% DUE 11/01/42 DATED 02/02/22 SINKABLE	Bonds (\$210,000 par value)	210,000	157,368
	TORCHMARK CORP	SENIOR UNSECURED NOTE 4.55% DUE 09/15/28 DATED 09/27/18 CALLABLE 06/15/28	Bonds (\$200,000 par value)	239,394	201,772
	TOTALENERGIES CAP SA	SENIOR NOTE 5.488% DUE 04/05/54 DATED 04/05/24 CALLABLE 10/05/53	Bonds (\$125,000 par value)	125,000	123,634
	UNION PACIFIC CORP	SENIOR UNSECURED NOTE 3.375% DUE 02/14/42 DATED 02/14/22 CALLABLE 08/14/41	Bonds (\$105,000 par value)	104,864	83,218
	UNITED STATES TREASURY BOND	1.625% DUE 11/15/50 DATED 11/15/20	Bonds (\$900,000 par value)	470,180	483,156
	UNITED STATES TREASURY BOND	1.875% DUE 02/15/41 DATED 02/15/21	Bonds (\$250,000 par value)	195,762	175,855
	UNITED STATES TREASURY BOND	2% DUE 02/15/50 DATED 02/15/20	Bonds (\$1,000,000 par value)	600,547	598,230
	UNITED STATES TREASURY BOND	2.25% DUE 08/15/46 DATED 08/15/16	Bonds (\$2,100,000 par value)	1,351,957	1,401,750
	UNITED STATES TREASURY BOND	2.25% DUE 08/15/49 DATED 08/15/19	Bonds (\$235,000 par value)	199,181	150,052
	UNITED STATES TREASURY BOND	2.375% DUE 05/15/51 DATED 05/15/21	Bonds (\$175,000 par value)	108,760	112,630
	UNITED STATES TREASURY BOND	2.5% DUE 02/15/45 DATED 02/15/15	Bonds (\$685,000 par value)	474,791	490,871
	UNITED STATES TREASURY BOND	2.875% DUE 05/15/43 DATED 05/15/13	Bonds (\$175,000 par value)	151,314	137,156
	UNITED STATES TREASURY BOND	2.875% DUE 05/15/49 DATED 05/15/19	Bonds (\$400,000 par value)	304,141	291,908
	UNITED STATES TREASURY BOND	3% DUE 02/15/48 DATED 02/15/18	Bonds (\$375,000 par value)	317,652	283,260
	UNITED STATES TREASURY BOND	3% DUE 05/15/45 DATED 05/15/15	Bonds (\$250,000 par value)	220,449	194,630
	UNITED STATES TREASURY BOND	3% DUE 08/15/48 DATED 08/15/18	Bonds (\$500,000 par value)	447,012	376,055
	UNITED STATES TREASURY BOND	3% DUE 11/15/44 DATED 11/15/14	Bonds (\$1,050,000 par value)	795,744	821,835
	UNITED STATES TREASURY BOND	3.125% DUE 05/15/48 DATED 05/15/18	Bonds (\$450,000 par value)	382,289	347,117
	UNITED STATES TREASURY BOND	3.5% DUE 02/15/39 DATED 02/17/09	Bonds (\$215,000 par value)	173,908	196,809

(Continued)

EVERGY, INC.
JOINT TRUSTED RETIREMENT PLAN
EIN No. 82-2733395, Plan No. 002

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF SEPTEMBER 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest	Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Bonds (continued):				
	UNITED STATES TREASURY BOND	3.625% DUE 02/15/44 DATED 02/15/14	Bonds (\$170,000 par value)	\$ 150,922	\$ 147,614
	UNITED STATES TREASURY BOND	3.625% DUE 02/15/53 DATED 02/15/23	Bonds (\$1,100,000 par value)	882,320	909,656
	UNITED STATES TREASURY BONDS	1.875% DUE 11/15/51 DATED 11/15/21	Bonds (\$1,465,000 par value)	798,997	829,043
	UNITED STATES TREASURY BONDS	2.25% DUE 02/15/52 DATED 02/15/22	Bonds (\$1,025,000 par value)	614,119	636,023
	UNITED STATES TREASURY NOTE	1.125% DUE 05/15/40 DATED 05/15/20	Bonds (\$400,000 par value)	244,844	254,900
	UNITED STATES TREASURY NOTE	4.375% DUE 05/15/34 DATED 05/15/24	Bonds (\$360,000 par value)	354,305	368,406
	UNIVERSITY OF CHICAGO NOTE	5.42% DUE 10/01/30 DATED 05/19/10 SINKABLE SENIOR UNSECURED NOTE VARIABLE RATE DUE 01/23/35 DATED 01/23/24 CALLABLE 01/23/34	Bonds (\$456,000 par value)	455,530	472,977
	US BANCORP	SENIOR UNSECURED NOTE 4% DUE 06/01/52 DATED 02/07/22 CALLABLE 12/01/51	Bonds (\$120,000 par value)	120,000	126,347
	VALERO ENERGY CORPORATION	SENIOR UNSECURED NOTE 5.625% DUE 02/10/53 DATED 02/10/23	Bonds (\$145,000 par value)	104,723	107,828
	VODAFONE GROUP PLC	SENIOR UNSECURED NOTE VARIABLE RATE DUE 04/25/53 DATED 04/25/22 CALLABLE 04/25/52	Bonds (\$110,000 par value)	103,141	107,067
	WELLS FARGO & COMPANY	SENIOR UNSECURED NOTE 4.6% DUE 06/15/45 DATED 06/11/15 CALLABLE 12/15/44	Bonds (\$175,000 par value)	147,565	153,743
	WW GRAINGER INC		Bonds (\$170,000 par value)	175,625	153,542
	Total bonds			26,230,539	25,009,859
	Money market fund				
	FINANCIAL SQUARE TR GOVERNMENT	INSTITUTIONAL CLASS FD #465 (PRINCIPAL)	Money market funds (7,968,530 shares)	7,968,530	7,968,530
	Total money market fund			7,968,530	7,968,530
	Common collective trusts				
	COMMERCE CORE BOND CIT FUND		Common Collective Trust (1,671,379 units)	16,713,792	17,315,488
	SEI CORE PROPERTY COLLECTIVE FUND		Common Collective Trust (7,788 units)	9,192,093	25,411,863
	SEI SPECIAL SITUATIONS COLLECTIVE FUND		Common Collective Trust (5,722 units)	6,355,159	15,528,811
	Total common collective trusts			32,261,044	58,256,162
	TOTAL INVESTMENTS			\$ 170,855,085	\$ 223,779,468

* Represents a party-in-interest to the Plan.

See accompanying Independent Auditors' Report.

Evergy, Inc. Joint Trusteed Retirement Plan
EIN 82-2733395, PN 002
2024 Schedule SB, Line 32 – Schedule of Amortization Bases

The amount needed to amortize the Funding Shortfall to the Applicable Funding Target, in combination with prior Shortfall Amortizations, for the plan year beginning October 1, 2024 is determined below. The net Funding Shortfall for a plan year is amortized in fifteen level payments. The present value and amortization factors shown below are based on the interest rates for determining the Applicable Funding Target for the current plan year.

1. 1. Present value of remaining prior Shortfall Amortizations

	<u>Date</u> <u>Established</u>	<u>Amortization</u> <u>Amount</u>	<u>Years</u> <u>Remaining</u>	<u>Present Value</u> <u>Factor</u>	<u>Present</u> <u>Value</u>
a.	10/1/2023	<u>\$2,206,726</u>	14	10.270623	<u>\$22,664,452</u>
b.	Total	2,206,726			22,664,452

2. 2. Shortfall Amortization for current plan year

a.	Applicable Funding Target				215,164,499
b.	Actuarial Value of Assets less Carryover and Prefunding Balances				186,621,455
c.	Is the plan exempt from establishing a Shortfall Amortization for the current year?				No
d.	Funding Shortfall [(a) - (b), but not < \$0]				28,543,044
e.	Net Funding Shortfall [If (d) > \$0, (d) - (1b), otherwise n/a]				5,878,592
f.	Amortization factor				10.757855
g.	Shortfall Amortization for current plan year [(e) ÷ (f)]				\$546,446

3. 3. Total Shortfall Amortizations
[(1b) + (2g), but not < \$0]

2,753,172