# 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

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**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) G

**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
CONSTRUCTION INDUSTRY OF KANSAS HEALTH AND WELFARE TRUST FUND

**1b** Three-digit plan number (PN) ▶ 501

**1c** Effective date of plan 06/01/1972

**2a** Plan sponsor's name (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)
CONSTRUCTION INDUSTRY OF KANSAS HEALTH & WELFARE FUND

230 LEXINGTON GREEN CIRCLE
STE 400
LEXINGTON, KY 40503

**2b** Employer Identification Number (EIN)
48-6179687

**2c** Plan Sponsor's telephone number
888-999-7741

**2d** Business code (see instructions)
236200

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/07/2026 | STEPHANIE COOLEY |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/07/2026 | STEPHANIE COOLEY |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address ☐ Same as Plan Sponsor

CONSTRUCTION INDUSTRY OF KANSAS HEALTH & WELFARE FUND

230 LEXINGTON GREEN CIRCLE
STE 400
LEXINGTON, KY 40503

**3b** Administrator's EIN: 48-6179687

**3c** Administrator's telephone number: 888-999-7741

**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** | 1922 |
| **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 | **6a(1)** | 1922 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 2076 |
| **b** | Retired or separated participants receiving benefits | **6b** | 17 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 0 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 2093 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

4A 4B 4D 4T

**9a** Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

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

**a Pension Schedules**

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

**b General Schedules**

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 3
- (4) [X] **C** (Service Provider Information)
- (5) [X] **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.) ..... [X] 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.) ..... [X] Yes [ ] No

**11c** Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 179234726

# SCHEDULE A
## (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
CONSTRUCTION INDUSTRY OF KANSAS HEALTH AND WELFARE TRUST FUND

**B** Three-digit plan number (PN) ▶ 501

**C** Plan sponsor's name as shown on line 2a of Form 5500
CONSTRUCTION INDUSTRY OF KANSAS HEALTH & WELFARE FUND

**D** Employer Identification Number (EIN)
48-6179687

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

**1** Coverage Information:

**(a)** Name of insurance carrier
ADVANCE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 20-0947315 | 12143 | 00096754 | 1303 | 01/01/2025 | 12/31/2025 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| | |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

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

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

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

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

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

## Part III Welfare Benefit Contract Information

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

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

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | 9a(1) | | | |
| (2) Increase (decrease) in amount due but unpaid | 9a(2) | | | |
| (3) Increase (decrease) in unearned premium reserve | 9a(3) | | | |
| (4) Earned ((1) + (2) - (3)) | | | 9a(4) | |
| **b** Benefit charges (1) Claims paid | 9b(1) | | | |
| (2) Increase (decrease) in claim reserves | 9b(2) | | | |
| (3) Incurred claims (add (1) and (2)) | | | 9b(3) | |
| (4) Claims charged | | | 9b(4) | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | 9c(1)(A) | | | |
| (B) Administrative service or other fees | 9c(1)(B) | | | |
| (C) Other specific acquisition costs | 9c(1)(C) | | | |
| (D) Other expenses | 9c(1)(D) | | | |
| (E) Taxes | 9c(1)(E) | | | |
| (F) Charges for risks or other contingencies | 9c(1)(F) | | | |
| (G) Other retention charges | 9c(1)(G) | | | |
| (H) Total retention | | | 9c(1)(H) | |
| (2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.) | | | 9c(2) | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | 9d(1) | |
| (2) Claim reserves | | | 9d(2) | |
| (3) Other reserves | | | 9d(3) | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | 9e | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | 10a | 66306 |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | 10b | |

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
CONSTRUCTION INDUSTRY OF KANSAS HEALTH AND WELFARE TRUST FUND

**B** Three-digit plan number (PN) ▶ 501

**C** Plan sponsor's name as shown on line 2a of Form 5500
CONSTRUCTION INDUSTRY OF KANSAS HEALTH & WELFARE FUND

**D** Employer Identification Number (EIN)
48-6179687

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

**1** Coverage Information:

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

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 57-0287419 | 38520 | 71-60907 | 2093 | 01/01/2025 | 12/31/2025 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| | |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

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

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

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

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

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

## Part III Welfare Benefit Contract Information

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

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

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | 9a(1) | | | |
| (2) Increase (decrease) in amount due but unpaid | 9a(2) | | | |
| (3) Increase (decrease) in unearned premium reserve | 9a(3) | | | |
| (4) Earned ((1) + (2) - (3)) | | | 9a(4) | |
| **b** Benefit charges (1) Claims paid | 9b(1) | | | |
| (2) Increase (decrease) in claim reserves | 9b(2) | | | |
| (3) Incurred claims (add (1) and (2)) | | | 9b(3) | |
| (4) Claims charged | | | 9b(4) | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | 9c(1)(A) | | | |
| (B) Administrative service or other fees | 9c(1)(B) | | | |
| (C) Other specific acquisition costs | 9c(1)(C) | | | |
| (D) Other expenses | 9c(1)(D) | | | |
| (E) Taxes | 9c(1)(E) | | | |
| (F) Charges for risks or other contingencies | 9c(1)(F) | | | |
| (G) Other retention charges | 9c(1)(G) | | | |
| (H) Total retention | | | 9c(1)(H) | |
| (2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.) | | | 9c(2) | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | 9d(1) | |
| (2) Claim reserves | | | 9d(2) | |
| (3) Other reserves | | | 9d(3) | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | 9e | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | 10a | 1932699 |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | 10b | |

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE A
## (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
CONSTRUCTION INDUSTRY OF KANSAS HEALTH AND WELFARE TRUST FUND

**B** Three-digit plan number (PN) ▶ 501

**C** Plan sponsor's name as shown on line 2a of Form 5500
CONSTRUCTION INDUSTRY OF KANSAS HEALTH & WELFARE FUND

**D** Employer Identification Number (EIN)
48-6179687

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

**1** Coverage Information:

**(a)** Name of insurance carrier
VISION SERVICE PLAN

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year (f) From | Policy or contract year (g) To |
|---|---|---|---|---|---|
| 06-1227840 | 39616 | 30085050 | 943 | 01/01/2025 | 12/31/2025 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 2780 | |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid (c) Amount | Fees and other commissions paid (d) Purpose | (e) Organization code |
|---|---|---|---|
| 2780 | | | 3 |

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

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

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

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

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

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

## Part III Welfare Benefit Contract Information

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

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

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | 120239 | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 120239 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | 93586 | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 93586 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | 2780 | | |
| (B) Administrative service or other fees | **9c(1)(B)** | 21042 | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 23822 |
| (2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
CONSTRUCTION INDUSTRY OF KANSAS HEALTH AND WELFARE TRUST FUND

**B** Three-digit plan number (PN) ▶ 501

**C** Plan sponsor's name as shown on line 2a of Form 5500
CONSTRUCTION INDUSTRY OF KANSAS HEALTH & WELFARE FUND

**D** Employer Identification Number (EIN)
48-6179687

## Part I Service Provider Information (see instructions)

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

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

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

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

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

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**(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)

FRANK N HESTAND CPA PSC

261 REGENCY CIRCLE
LEXINGTON, KY 40503

61-1336870

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 | NONE | 10000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

UMR

230 LEXINGTON GREEN CIR
LEXINGTON, KY 40503

39-1995276

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 13 | NONE | 236208 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

COREFIRST BANK & TRUST

3200 SW TOPEKA BLVD
TOPEKA, KS 66611

48-6171387

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 19 28 | NONE | 19089 | Yes [ ] No [X] | 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)

IMA INC.

51 CORPORATE WOODS
OVERLAND PARK, KS 66210

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 16 | NONE | 120680 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

BLUE CROSS/BLUE SHLD OF S CAROLINA

57-0287419

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 12 | NONE | 953980 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

LEWIS & ELLIS

6550 SPRINT PARKWAY
OVERLAND PARK, KS 66211

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 11 | NONE | 29934 | Yes [ ] No [X] | 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

**2025**

**This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
CONSTRUCTION INDUSTRY OF KANSAS HEALTH AND WELFARE TRUST FUND

**B** Three-digit plan number (PN) ▶ 501

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
CONSTRUCTION INDUSTRY OF KANSAS HEALTH & WELFARE FUND

**D** Employer Identification Number (EIN)
48-6179687

## 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:

**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) |
|---|---|---|

**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 | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | C L MASONRY LLC | **c** EIN-PN | 87-2314978-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | HARMAN HUFFMAN CONSTRUCTION | **c** EIN-PN | 48-0771665-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | MURRAY & SONS CONSTRUCTION CO. | **c** EIN-PN | 48-0973452-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | COMMERCIAL CONTRACTORS EQUIP | **c** EIN-PN | 47-0690807-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | PHILLIPS SOUTHERN ELECTRIC CO. | **c** EIN-PN | 48-0679791-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | DONDLINGER & SONS CONSTRUCTION | **c** EIN-PN | 48-0601790-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | SUPERIOR PLUMBING OF WICHITA , | **c** EIN-PN | 48-0758254-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | BELFORD ELECTRIC, INC. | **c** EIN-PN | 48-0823180-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | DUSTROL INC. | **c** EIN-PN | 48-0800429-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | CARL HARRIS CO., INC. | **c** EIN-PN | 48-0998865-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | DANNY SATTERFIELD DRYWALL CORP | **c** EIN-PN | 48-1068608-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | KANSAS CONTRACTORS ASSOCIATION | **c** EIN-PN | 48-0578826-501 |

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

| | | | |
|---|---|---|---|
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | STEVENS CONTRACTORS, INC. | **c** EIN-PN | 48-0729704-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | HALL BROTHERS, INC | **c** EIN-PN | 48-0680526-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | CARLISLE INC | **c** EIN-PN | 48-0917491-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | VENTURE CORPORATION | **c** EIN-PN | 48-0793597-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | PAUL WERTENBERGER CONSTRUCTION | **c** EIN-PN | 48-1075537-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | OVERHEAD DOOR COMPANY | **c** EIN-PN | 81-4730652-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | GLASSMAN CORPORATION | **c** EIN-PN | 48-0907745-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | EBERT CONSTRUCTION CO., INC | **c** EIN-PN | 48-0817762-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | CONCRETE UNLIMITED CONST. INC | **c** EIN-PN | 48-1047188-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | COMMERCIAL BUILDERS INC | **c** EIN-PN | 48-1163828-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | STRESS CAST INC | **c** EIN-PN | 48-0774656-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | HANNEBAUM GRAIN CO., INC. | **c** EIN-PN | 48-0882983-501 |

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

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

| | | | |
|---|---|---|---|
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | J & R SAND COMPANY INC | **c** EIN-PN | 48-0664815-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | STERBENZ & COMPANY, INC. | **c** EIN-PN | 48-0932318-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | GRAY & COMPANY INC | **c** EIN-PN | 48-0955727-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | SALISBURY SUPPLY COMPANY, INC | **c** EIN-PN | 48-0504410-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | J & J CONTRACTORS INC | **c** EIN-PN | 48-1049335-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | MIES CONSTRUCTION INC | **c** EIN-PN | 48-1085701-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | ALSOP SAND CO INC | **c** EIN-PN | 48-0796510-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | VICTORY MANAGEMENT SERVICES | **c** EIN-PN | 45-3930084-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | FASTRAC EXCAVATING LLC | **c** EIN-PN | 26-1470598-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | THEIS DOZER SERVICE INC | **c** EIN-PN | 94-3417873-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | DINKEL CONSTRUCTION II, LLC | **c** EIN-PN | 81-1773779-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | SANILIFT, INC | **c** EIN-PN | 48-1235728-501 |

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

| | | | |
|---|---|---|---|
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | MAHANEY STEEL INC | **c** EIN-PN | 94-3418314-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | FREMAR CORPORATION, INC | **c** EIN-PN | 26-2866973-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | DICK CONSTRUCTION INC | **c** EIN-PN | 74-2837010-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | BUILDERS CONCRETE AND SUPPLY | **c** EIN-PN | 48-0665784-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | BRYAN OHLMEIER CONSTRUCTION | **c** EIN-PN | 48-0904089-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | BLAKE CLOTIA | **c** EIN-PN | 26-2673076-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | PESTINGER HEATING & AIR CONDIT | **c** EIN-PN | 84-4680451-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | JB TURNER & SONS ROOFING & | **c** EIN-PN | 20-3485399-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | QUALITY STRUCTURES INC | **c** EIN-PN | 84-2846245-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | CCM COUNTERTOP & CABINETS MFG | **c** EIN-PN | 27-1300093-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | PRAIRIE LANDWORKS INC | **c** EIN-PN | 45-4357575-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | TATRO PLUMBING CO, INC. | **c** EIN-PN | 48-0864586-501 |

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

| | | | |
|---|---|---|---|
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | SALINA PLANING MILL | **c** EIN-PN | 48-0971883-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | ALLMETAL RECYCLING, LLC | **c** EIN-PN | 27-0713415-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | KITCHENS INC | **c** EIN-PN | 90-0388571-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | STONE SAND CO INC | **c** EIN-PN | 48-1232812-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | CLARKE WELL AND EQUIPMENT INC | **c** EIN-PN | 48-0791121-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | CATALYST SAFETY INC | **c** EIN-PN | 27-5166471-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | DUDLEY WILLIAMS AND ASSOCIATES | **c** EIN-PN | 48-0733912-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | CALLABRESI HEATING AND COOLING | **c** EIN-PN | 48-1077331-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | REIF WELDING AND CONSTRUCTION | **c** EIN-PN | 48-1223934-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | MAYER SPECIALTY SERVICES LLC | **c** EIN-PN | 43-1924521-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | HARSHMAN CONSTRUCTION LLC | **c** EIN-PN | 48-1133803-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | VERTEX GROUP INC | **c** EIN-PN | 82-1162980-501 |

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

| | | | |
|---|---|---|---|
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | EVANS BUILDING CO INC | **c** EIN-PN | 48-0680632-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | JACK FOSTER CO ERECTORS INC | **c** EIN-PN | 48-1216491-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | COX KENT & ASSOC, INC | **c** EIN-PN | 48-1058116-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | CENTRAL CONSOLIDATED, INC. | **c** EIN-PN | 47-5590240-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | CONSTRUCTION SOLUTIONS | **c** EIN-PN | 30-0108832-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | DULING CONSTRUCTION | **c** EIN-PN | 48-0778815-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | WILCOX PAINTING INC | **c** EIN-PN | 48-0767251-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | WERTH HEATING AND PLUMBING | **c** EIN-PN | 83-1337275-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | MJE LLC | **c** EIN-PN | 48-0865841-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | MILLER CONSTRUCTION | **c** EIN-PN | 45-3642150-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | INTEGRATED CONSULTING ENGINEER | **c** EIN-PN | 56-2608141-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | COMMERCE CONSTRUCTION | **c** EIN-PN | 48-1140890-501 |

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

| | | | |
|---|---|---|---|
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | TRAND INC | **c** EIN-PN | 48-1082634-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | GOLCONDA GROUP LLC | **c** EIN-PN | 27-2963523-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | CHRISTIAN EXCAVATING, LLC | **c** EIN-PN | 31-1585451-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | WADDLES HEATING AND COOLING | **c** EIN-PN | 48-0846060-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | MINNEY SURVEYING | **c** EIN-PN | 83-1634645-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | FARHA CONSTRUCTION INC | **c** EIN-PN | 48-0934061-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | ZERNCO INC | **c** EIN-PN | 48-1165316-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | BACHUS AND SONS INC | **c** EIN-PN | 48-0788141-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | SUPERIOR PLUMBING AND HEATING | **c** EIN-PN | 48-0882177-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | ADE-WIFCO STEEL PRODUCTS INC | **c** EIN-PN | 20-1834271-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | FIRSTCON INC | **c** EIN-PN | 46-2094073-501 |
| **a** Plan name | CI KANSAS HEALTH AND WELFARE TRUST | | |
| **b** Name of plan sponsor | KAN AM PRODUCTS | **c** EIN-PN | 48-1030346-501 |

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

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

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
CONSTRUCTION INDUSTRY OF KANSAS HEALTH AND WELFARE TRUST FUND

**B** Three-digit plan number (PN) ▶ 501

**C** Plan sponsor's name as shown on line 2a of Form 5500
CONSTRUCTION INDUSTRY OF KANSAS HEALTH & WELFARE FUND

**D** Employer Identification Number (EIN)
48-6179687

## 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 | 343630 | 2819934 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 56734 | 33737 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 1139977 | 1184583 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1672117 | 2270143 |
| **(2)** U.S. Government securities | 1c(2) | 1492087 | 905026 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(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) | 1287959 | 772194 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 5992504 | 7985617 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | 1367368 | 1990383 |
| **1h** Operating payables | 1h | 54649 | 65548 |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | 140079 | 97571 |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 1562096 | 2153502 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 4430408 | 5832115 |

## 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) | 23188328 | |
| **(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) | | 23188328 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 90855 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 59679 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 150534 |
| **(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) | 35593 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 35593 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 5110386 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 5108981 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 1405 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | 17695 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 17695 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 4101 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 23397656 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 18675755 | |
| **(2)** To insurance carriers for the provision of benefits | 2e(2) | 2833306 | |
| **(3)** Other | 2e(3) | | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 21509061 |
| **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) | 236208 | |
| **(3)** Recordkeeping fees | 2i(3) | | |
| **(4)** IQPA audit fees | 2i(4) | 10000 | |
| **(5)** Investment advisory and investment management fees | 2i(5) | 19089 | |
| **(6)** Bank or trust company trustee/custodial fees | 2i(6) | 411 | |
| **(7)** Actuarial fees | 2i(7) | 29934 | |
| **(8)** Legal fees | 2i(8) | | |
| **(9)** Valuation/appraisal fees | 2i(9) | | |
| **(10)** Other trustee fees and expenses | 2i(10) | 11806 | |
| **(11)** Other expenses | 2i(11) | 179440 | |
| **(12)** Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 486888 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 21995949 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1401707 |
| **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)** [X] 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)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

**(1)** Name: FRANK N HESTAND CPA PSC **(2)** EIN: 61-1336870

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **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.) | **4a** | | | |
| **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.) | **4b** | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 500000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | | |
| **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? | **4g** | | | |
| **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? | **4h** | | | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | | X | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | | |
| **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. | **4n** | | | |

**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 _____.

Construction Industry of Kansas Health & Welfare Trust Fund and Affiliate

Financial Statements and Supplemental Information

December 31, 2025 and 2024

**Table of Contents**


Report of Independent Auditors ..... 1

Audited Financial Statements

Statements of Net Assets Available for Benefits and Benefit Obligations ..... 4
Statements of Changes in Net Assets Available for Benefits and Benefit Obligations ..... 5
Notes to the Combined Financial Statements ..... 6

Supplemental Information

Schedule of Assets Held for Investment Purposes ..... 17
Schedule of Reportable Transactions ..... 19

**Frank N. Hestand, CPA, PSC**
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Frank N. Hestand
FNH
CPA, PSC

# INDEPENDENT AUDITOR'S REPORT

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

## Opinion

We have audited the accompanying financial statements of Construction Industry of Kansas Health & Welfare Trust Fund and Affiliate, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and benefit obligations as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations as of December 31, 2025, and 2024, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

## Basis for Opinion

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

## Responsibilities of Management for the Financial Statements

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

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

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

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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Construction Industry of Kansas Health and Welfare Trust Fund and Affiliate's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Construction Industry of Kansas Health and Welfare Trust Fund and Affiliate's ability to continue as a going concern for a reasonable period of time.

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

**Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets (Held at End of Year) as of December 31, 2025 and of Reportable Transactions for the year ended December 31, 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Frank N. Hestand CPA PSC

Frank N Hestand CPA PSC
Lexington, Kentucky
October 5, 2026

Construction Industry of Kansas Health and Welfare Trust Fund and Affiliate

Statements of Net Assets Available for Benefits and Benefit Obligations

December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| **Assets** | | |
| Investments, at fair value: | | |
| Certificates of deposit | **$ 1,534,205** | $ 1,637,336 |
| Mutual Funds | **772,194** | 1,287,959 |
| Government Securities | **905,026** | 1,492,087 |
| Money Market funds | **735,938** | 34,781 |
| | **3,947,363** | 4,452,163 |
| Receivables: | | |
| Employer contributions | **33,737** | 56,734 |
| Accrued interest | **38,332** | 43,293 |
| Other | **1,135,256** | 1,094,240 |
| | **1,207,325** | 1,194,267 |
| Cash-non interest bearing | **2,819,934** | 343,630 |
| Prepaid expenses | **10,995** | 2,444 |
| Total Assets | **7,985,617** | 5,992,504 |
| **Liabilities** | | |
| Unearned revenues | **97,571** | 140,079 |
| Accounts payable for administrative expenses | **65,548** | 54,649 |
| Total Liabilities | **163,119** | 194,728 |
| Net Assets Available for Benefits | **7,822,498** | 5,797,776 |
| **Benefit Obligations** | | |
| Claims incurred, but not reported | **1,474,585** | 977,611 |
| Amounts due insurance companies | **17,052** | 11,606 |
| Claims payable | **498,746** | 378,151 |
| Total Benefit Obligations | **1,990,383** | 1,367,368 |
| Excess of Net Assets Available for Benefits Over Benefit Obligations | **$ 5,832,115** | $ 4,430,408 |

**See accompanying notes.**

Construction Industry of Kansas Health and Welfare Trust Fund and Affiliate

Statements of Changes in Net Assets Available for Benefits and Benefit Obligations
Years Ended December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| **Net Increase(Decrease) in Net Assets Available for Benefits** | | |
| Additions: | | |
| Employer contributions | **$ 23,188,328** | $ 21,633,498 |
| Investment income: | | |
| Net appreciation in fair value of investments | **23,201** | 30,129 |
| Interest and Dividends | **186,127** | 195,913 |
| | **209,328** | 226,042 |
| Less: Investment Expenses | **(19,089)** | (21,337) |
| | **190,239** | 204,705 |
| Other Income | **0** | 54,324 |
| Total Additions to Net Assets | **23,378,567** | 21,892,527 |
| Deductions from Net Assets: | | |
| Insurance premiums | **2,827,860** | 2,670,068 |
| Claims paid | **18,058,186** | 19,060,190 |
| | **20,886,046** | 21,730,258 |
| Administrative expenses | **467,799** | 420,806 |
| Total Deductions from Net Assets | **21,353,845** | 22,151,064 |
| Net Increase (Decrease) in Net Assets Available for Benefits | **2,024,722** | (258,537) |
| **Net Increase(Decrease) in Benefit Obligations During the Year Attributed to:** | | |
| Increase (decrease) in IBNR reserve | **496,974** | (546,868) |
| Additional amounts payable to insurance companies | **5,446** | 530 |
| Additional amounts payable to participants/providers | **120,515** | (507,004) |
| Net Increase(Decrease) in Benefit Obligations | **623,015** | (1,053,342) |
| Increase in Excess of Net Assets Available for Benefits Over Benefit Obligations | **1,401,707** | 794,805 |
| Excess of Net Assets Available for Benefits over Benefit Obligations | | |
| Beginning of Year | **4,430,408** | 3,635,603 |
| End of Year | **$ 5,832,115** | $ 4,430,408 |

**See accompanying notes.**

## 1. Description of the Plan

### General

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

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

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

## 1. Description of the Plan (continued)

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

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

### Benefits

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

### Contributions

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

### Stop Loss Coverage

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

## 2. Summary of Significant Accounting Policies

### Basis of Accounting

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

### Estimates

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

### Investment Valuation and Income Recognition

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

### Subsequent Events

The Plan has evaluated subsequent events through October 5, 2026, the date the financial statements were available to be issued.

### Stop Loss

Premiums paid for stop loss insurance are included in insurance premium payments in the accompanying statement of changes in net assets available for benefits. Stop loss refunds totaling $28,664 and $9,642 for the years ended December 31, 2025 and 2024, respectively, have been netted with claims paid in the accompanying statement of changes in net assets.

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

### Recent Accounting pronouncements

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

## 3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted market prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include

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

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

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

## 3. Fair Value Measurements (continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

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

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. Mutual funds and money market funds below determine fair value using a calculated net asset per share, or its equivalent. As of December 31, 2025 and 2024, there were no unfunded commitments related to these investments. These investments can be redeemed daily with no redemption notice required.

## 3. Fair Value Measurements (continued)

*Assets at Fair Value as of December 31, 2025*

| | *Level 1* | *Level 2* | *Level 3* | *Total* |
|---|---|---|---|---|
| Mutual Funds | $ 772,194 | | | $ 772,194 |
| Government Securities | | $ 905,026 | | 905,026 |
| Money market funds | 735,938 | | | 735,938 |
| Certificates of Deposit | | $ 1,534,205 | | 1,534,205 |
| Total assets at fair value | $ 1,508,132 | $ 2,439,231 | | $ 3,947,363 |

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

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

## 4. Tax Status

The Plan obtained an exemption letter in 1973, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code Section 501(c) (9). The Plan has since been amended and restated. The Trustees and Contract Administrator are not aware of any course of action or series of events that have occurred that would adversely affect the tax-exempt status of the Plan.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosures in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2023.

## 5. Plan Termination

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

a) Make provisions out of the Trust Fund for the payment of expenses incurred up to the date of termination of the Trust Fund and the expenses incident to such termination.

b) Arrange and pay for a final audit, if required, and report of the transactions and accounts of the Trustees for the purpose of termination of the trusteeship of the Trustee and responsibilities of the Contract Administrator.

c) Apply the Trust Fund to pay any and all obligations of the Trust and the Plan hereof and distribute and apply any remaining surplus in such manner as will, in their opinion, best effectuate the purpose of the Trust and Plans.

Currently, there is no intention to terminate the Plan.

## 6. Related Party Transactions

The Plan has not considered employer contributions to the Plan or benefits paid by the Plan for participants as party-in-interest transactions. Fees paid during the year for professional services rendered by parties-in-interest were based on customary and reasonable rates for such services. The Contract Administrator, UMR is compensated for services by administrative fees based on the number of participating employees of each subscribing employer and by other fees charged from time to time for services rendered. Administrative fees paid by the Plan amounted to $236,208 and $193,190 for the years ended December 31, 2025 and 2024, respectively.

## 7. Contracts With Insurance Company

Effective January 1, 2025 and 2024, the Plan executed an Administrative Services Only (ASO) contract. In addition, the Plan executed a $225,000 specific stop loss contract and an aggregate stop loss contract of 110% (based on expected claims exposure).

## 8. Benefit Obligations

Benefit claims currently payable include the Plan's liability for claims incurred as of December 31, 2025 and 2024 but not reported, and the Plan's liability for claims reported as of December 31, 2025 and 2024 but not yet processed. The Plan's liability for claims incurred but not reported is estimated by the contract administrator utilizing actuarial methods which take into consideration prior claims experience and the expected time period from the date such claims are incurred to the date that the related claims are submitted and paid. It is reasonably possible that a change in the estimate will occur in the near term. The liability for claims incurred but not yet reported was limited and subject to the aggregate attachment point as of December 31, 2025 and 2024. The estimated dental claims run out is not subject to the attachment point.

## 9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2025 and 2024 financial statements to the Form 5500:

| | 2025 | 2024 |
|---|---|---|
| Net assets available for benefits per the financial statements | **$ 7,822,498** | $ 5,797,776 |
| Less: | | |
| Amounts due to insurance companies | **(17,052)** | (11,606) |
| Claims payable | **(498,746)** | (378,151) |
| Claims incurred but not reported | **(1,474,585)** | (977,611) |
| Net assets available for benefits per the Form 5500 | **$ 5,832,115** | $ 4,430,408 |

The following is a reconciliation of insurance premiums paid for participants per the financial statements to the Form 5500 for the year ended December 31, 2025.

| | 2025 |
|---|---|
| Insurance premiums paid per the financial statements | **$ 2,827,860** |
| Add: | |
| Amounts due to insurance companies at the end of the year | **17,052** |
| Less: | |
| Amounts due to insurance companies at the beginning of the year | **(11,606)** |
| Insurance premiums paid for participants per Form 5500 | **$ 2,833,306** |

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

The following is a reconciliation of claims paid for participants per the financial statements to the Form 5500 for the year ended December 31, 2025.

| | 2025 |
|---|---|
| Claims paid per the financial statements | **$ 18,058,186** |
| Add: | |
| Amounts payable at end of year | **498,746** |
| IBNR Reserve at end of year | **1,474,585** |
| Less: | |
| Amounts payable at beginning of year | **(378,151)** |
| IBNR Reserve at beginning of year | **(977,611)** |
| Claims paid to participants per the Form 5500 | **$ 18,675,755** |

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

## 10. Administrative Expenses

Administrative expenses for 2025 and 2024 are as follows:

| | 2025 | 2024 |
|---|---|---|
| Contract administration | **$ 236,208** | $ 193,190 |
| Endorsement Fees | **23,463** | 23,304 |
| Consulting Fees | **120,680** | 116,520 |
| Professional fees | **39,934** | 40,965 |
| Trustee meeting | **11,806** | 8,206 |
| Fidelity bond/Fiduciary insurance | **8,711** | 8,547 |
| Miscellaneous | **26,997** | 30,074 |
| | **$ 467,799** | $ 420,806 |

## 11. Investments-Credit Risk

Investments at December 31, 2025 and 2024 consist of automated overnight investments that are subject to the federal insurance limits. These balances include $2,819,934 and $343,630 which are in excess of the federally insured limits at December 31, 2025 and 2024.

## 12. Risks and Uncertainties

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

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

## 13. Refunds

Refunds due from the Plan's Prescription Benefit Manager (PBM) are recorded when earned. Refunds due as of the financial statement date have been reported as a receivable with the offset being netted against claims paid. Pharmacy rebates totaling $2,302,882 and $2,200,133 have been netted against claims paid in the statement of changes in net assets available for benefits for the years ended December 31, 2025 and 2024, respectively.

# Supplemental Information

Construction Industry of Kansas
Health and Welfare Trust Fund
Schedule H, Part IV Line 4(i) Schedule of Assets (Held at end of year)
December 31, 2025
Plan: 501
EIN: 48-6179687

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investments Shares or Par Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | **Cash Equivalents** | | | |
| | Goldman Sachs Finl Square Govt Fund | | 735,938 | 735,938 |
| | **Total Cash Equivalents** | | **735,938** | **735,938** |
| | **Government Securities** | | | |
| | US Treasury Bond, 4.00%, 1/31/29 | | 196,800 | 202,625 |
| | US Treasury Bond, 4.25%, 1/31/26 | | 299,993 | 300,119 |
| | US Treasury Bond, 4.625%, 2/28/26 | | 100,179 | 100,130 |
| | US Treasury Note, 3.625%, 5/15/26 | | 99,648 | 100,027 |
| | US Treasury Note, 4.00%, 2/29/28 | | 196,946 | 202,125 |
| | **Total Government Securities** | | **893,566** | **905,026** |
| | **Mutual Funds** | | | |
| | Avantis US Small Cap Value | | 23,643 | 30,594 |
| | Cambria Emerging Shareholder Yield ETF | | 13,571 | 15,332 |
| | JP Morgan Equity Premium Income Fund | | 298,531 | 274,648 |
| | State StreetSPDR Russell 1000 Yield Focus ETF | | 20,128 | 22,712 |
| | Vanguard ST Infl Prot Sec ID Fund | | 206,758 | 212,609 |
| | Vanguard ST Treasury Fund Admiral | | 213,982 | 216,299 |
| | **Total Mutual Funds** | | **776,613** | **772,194** |
| | **Certificates of Deposit** | | | |
| | Goldman Sachs Bank, 3.75%, 10/22/29 | | 99,650 | 99,754 |
| | Optus Bank, 4.10%, 2/20/26 | | 99,828 | 100,029 |
| | Flagstar Bank, 4.15%, 3/26/26 | | 100,000 | 100,053 |
| | Wells Fargo Bank, 3.85%, 6/22/26 | | 100,000 | 100,079 |
| | First Oklahoma Bank, 3.75%, 10/15/26 | | 100,000 | 100,116 |
| | Enterprise Bank & Trust, 3.75%, 12/11/26 | | 100,000 | 100,153 |
| | Wells Fargo Bank, 4.10%, 7/15/26 | | 99,894 | 100,219 |

| | | |
|---|---|---|
| Bank of America, 4.00%, 8/20/26 | 100,000 | 100,221 |
| Morgan Stanley Bank, 4.80%, 4/10/26 | 100,000 | 100,247 |
| Bank of New York Mellon, 4.30%, 6/23/26 | 100,000 | 100,273 |
| Morgan Stanley PVT Bank, 3.95%, 8/27/30 | 100,410 | 100,320 |
| Sallie Mae Bank, 4.50%, 7/26/27 | 100,000 | 101,250 |
| BMW Bank, 5.00%, 10/27/27 | 100,000 | 102,279 |
| Wells Fargo Bank, 4.90%, 10/24/28 | 100,000 | 103,014 |
| Synchrony Bank, 4.95%, 9/22/26 | 125,000 | 126,198 |
| **Total Certificates of Deposit** | **1,524,782** | **1,534,205** |
| **Total Investments** | **$ 3,930,899** | **$ 3,947,363** |

* A party in interest as defined by ERISA.

Construction Industry of Kansas
Health and Welfare Trust Fund
Schedule of Reportable Transactions
For The Year Ended December 31, 2025
EIN 48-6179687, Plan Number: 501

| (a) Identity | (b) Description Of Asset | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value On Transaction Date | (i) Net Gain Or Loss |
|---|---|---|---|---|---|---|
| Series of Transactions That Exceed 5% | | | | | | |
| Goldman Sachs Fin. Square Gov't Fund | Money Market Fund | 0 | 2,300,050 | 2,300,050 | 2,300,050 | 0 |
| Goldman Sachs Fin. Square Gov't Fund | Money Market Fund | 3,001,207 | 0 | 3,001,207 | 3,001,207 | 0 |
| Single Transactions in excess of 5% | | | | | | |
| US Treasury Bond | 3.50% 9/15/25 | 0 | 300,000 | 297,981 | 300,000 | 2,019 |
| Vanguard Intermed. Term | Mutual Fund | 0 | 246,336 | 242,792 | 246,336 | 3,544 |
| Vanguard St. Inf. Protection | Mutual Fund | 0 | 230,000 | 223,738 | 230,000 | 6,262 |
| Vanguard St. Treasury Fund | Mutual Fund | 0 | 224,000 | 223,609 | 224,000 | 391 |

Columns (e) – Lease Rental and (f) Expenses incurred w/ Transactions were not applicable.

Construction Industry of Kansas
Health and Welfare Trust Fund
Schedule H, Part IV Line 4(i) Schedule of Assets (Held at end of year)
December 31, 2025
Plan: 501
EIN: 48-6179687

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| | First Oklahoma Bank, 3.75%, 10/15/26 | | 100,000 | 100,116 |
| | Enterprise Bank & Trust, 3.75%, 12/11/26 | | 100,000 | 100,153 |
| | Wells Fargo Bank, 4.10%, 7/15/26 | | 99,894 | 100,219 |

| | | |
|---|---|---|
| Bank of America, 4.00%, 8/20/26 | 100,000 | 100,221 |
| Morgan Stanley Bank, 4.80%, 4/10/26 | 100,000 | 100,247 |
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| **Total Certificates of Deposit** | **1,524,782** | **1,534,205** |
| **Total Investments** | **$ 3,930,899** | **$ 3,947,363** |

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Construction Industry of Kansas
Health and Welfare Trust Fund
Schedule of Reportable Transactions
For The Year Ended December 31, 2025
EIN 48-6179687, Plan Number: 501

| (a) Identity | (b) Description Of Asset | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value On Transaction Date | (i) Net Gain Or Loss |
|---|---|---|---|---|---|---|
| Series of Transactions That Exceed 5% | | | | | | |
| Goldman Sachs Fin. Square Gov't Fund | Money Market Fund | 0 | 2,300,050 | 2,300,050 | 2,300,050 | 0 |
| Goldman Sachs Fin. Square Gov't Fund | Money Market Fund | 3,001,207 | 0 | 3,001,207 | 3,001,207 | 0 |
| Single Transactions in excess of 5% | | | | | | |
| US Treasury Bond | 3.50% 9/15/25 | 0 | 300,000 | 297,981 | 300,000 | 2,019 |
| Vanguard Intermed. Term | Mutual Fund | 0 | 246,336 | 242,792 | 246,336 | 3,544 |
| Vanguard St. Inf. Protection | Mutual Fund | 0 | 230,000 | 223,738 | 230,000 | 6,262 |
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