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.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
EVERGY, INC. JOINT TRUSTEED HEALTH AND WELFARE PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 10/01/1974

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
EVERGY, INC.

P. O. BOX 418679
KANSAS CITY, MO 64141-9679

2b Employer Identification Number (EIN) 82-2733395

2c Plan Sponsor's telephone number 816-556-2200

2d Business code (see instructions) 221100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	THERESA DODSON,HR COMPLIANCE SR MAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	THERESA DODSON,HR COMPLIANCE SR MAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

EVERGY, INC. JOINT BOARD OF TRUSTEES

1200 MAIN STREET
P.O. BOX 418679
KANSAS CITY, MO 64141-9679

3b Administrator's EIN: 82-2733395

3c Administrator's telephone number: 816-556-2200

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	2628
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)**	1179
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1171
b	Retired or separated participants receiving benefits	**6b**	476
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1647
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

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 2
- (4) [X] **C** (Service Provider Information)
- (5) [ ] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

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
EVERGY, INC. JOINT TRUSTEED HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
EVERGY, INC.

D Employer Identification Number (EIN)
82-2733395

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0240695	2307	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
0	3310

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

LOCKTON COMPANIES LLC
PO BOX 843844
KANSAS CITY, MO 63184

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	2506	SUPPLEMENTAL AND NON-MONETARY COMPENSATION	3

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

IAS SERIES OF LOCKTON SPECIALTIES
180 MONTGOMERY STREET
SAN FRANCISCO, CA 94104

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	804	PRODUCER SERVICE FEES	3

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

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

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

(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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(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)	0
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** [ ] 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** [X] Other (specify) ▶ ADD

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	161000
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [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
EVERGY, INC. JOINT TRUSTEED HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
EVERGY, INC.

D Employer Identification Number (EIN)
82-2733395

Part I **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
BCS 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
36-6033921	38245	ESL-30391	769	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
0	12870

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

LOCKTON COcompanies, LLC
500 W MONROE STREET
CHICAGO, IL 60661

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	12870	STOP LOSS	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	(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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(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)	0
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)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	257393
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 Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
EVERGY, INC. JOINT TRUSTEED HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
EVERGY, INC.

D Employer Identification Number (EIN)
82-2733395

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

COMMERCE BANK N.A.

44-0206815

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

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

(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)

BLUECROSS BLUESHIELD OF SC

57-0287419

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 50	NONE	519637	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LOCKTON COMPANIES

20-3354970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50	NONE	70000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COMMERCE BANK N.A.

44-0206815

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	62495	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)

METROPOLITAN LIFE INSURANCE COMPANY

13-5581829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	40343	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TABEN GROUP

48-0770908

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	33203	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CBIZ CPAS P.C.

43-1947695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	31300	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)

SPENCER FANE BRITT & BROWNE

44-0561981

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	20370	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MHM RETIREMENT PLAN SERVICES

20-1876798

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	10003	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THOMSON REUTERS ENTERPRISE

3 TIMES SQUARE
NEW YORK, NY 10036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	7748	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
EVERGY, INC. JOINT TRUSTEED HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
EVERGY, INC.

D Employer Identification Number (EIN)
82-2733395

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	7962	1421
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	161391	468837
(3) Other	1b(3)	898267	1055953
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	19343828	21927492
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	22950599	19993603
(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)	11839582	12826904
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1216769	457354

		(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	56418398	56731564
Liabilities			
1g Benefit claims payable	1g	541557	990307
1h Operating payables	1h	1023779	2086989
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	1565336	3077296
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	54853062	53654268

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)	11555494	
(B) Participants	2a(1)(B)	2837184	
(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)		14392678
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	778389	
(C) Corporate debt instruments	2b(1)(C)	808742	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	160170	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1747301
(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)	288555	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		288555
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	11533698	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11690578	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-156880
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2954475	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		2954475

		(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		19226129
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	19945611	
(2) To insurance carriers for the provision of benefits	2e(2)	417415	
(3) Other	2e(3)	-737661	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		19625365
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)	559980	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	41303	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	62495	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	20370	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	115410	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		799558
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		20424923
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1198794
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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CBIZ CPAS P.C. **(2)** EIN: 43-1947695

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**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		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**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**		X	
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**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

Evergy, Inc. Joint Trusteed Health and Welfare Plan

Employer ID No.: 82-2733395
Plan Number: 501

Financial Statements as of December 31, 2025 and 2024, and for the Year Ended December 31, 2025, Supplemental Schedules as of and for the Year Ended December 31, 2025, and Independent Auditors' Report

EVERGY, INC.
JOINT TRUSTEED HEALTH AND WELFARE PLAN

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

CBIZ CPAs P.C.

700 W. 47th Street
Suite 1100
Kansas City, MO 64112

P: 816.945.5600

Independent Auditors' Report

To the Participants and Administrative Committee
of Evergy, Inc. Joint Trusteed Health and Welfare Plan:

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

We have performed the audits of the financial statements of Evergy, Inc. Joint Trusteed Health and Welfare Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits and plan's benefit obligations as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits and changes in plan's benefit obligations for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter - Supplemental Schedule(s) Required by ERISA

The supplemental schedule of assets as of December 31, 2025 and schedule 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

CBIZ CPAs P.C.

Kansas City, Missouri
October 15, 2026

EVERGY, INC.
JOINT TRUSTEED HEALTH AND WELFARE PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS:		
Cash	$ 1,421	$ 7,962
Investments:		
Money market fund	3,599,072	3,967,812
Mutual funds	9,227,832	7,871,770
Bonds	42,378,449	43,511,196
Total investments	55,205,353	55,350,778
Receivables:		
Prescription rebates receivable	513,714	531,194
Participant contributions receivable	468,837	161,391
Receivable for annuity true-up	159,190	-
Accrued investment income	383,049	367,073
Total receivables	1,524,790	1,059,658
Total assets	56,731,564	56,418,398
LIABILITIES:		
Accounts payable	2,086,989	1,023,779
NET ASSETS AVAILABLE FOR BENEFITS	$ 54,644,575	$ 55,394,619

See notes to financial statements.

EVERGY, INC.
JOINT TRUSTEED HEALTH AND WELFARE PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2025

ADDITIONS:	
Employer contributions	$ 11,555,494
Participant contributions	2,837,184
Total contributions	14,392,678
Net appreciation in fair value of investments:	
Realized loss on sale of investments	(156,878)
Unrealized gain in fair value of investments	2,954,475
Net appreciation in fair value of investments	2,797,597
Interest and dividend income	2,035,854
Total income	4,833,451
Total additions	19,226,129
DEDUCTIONS:	
Health benefits paid	12,734,058
Dental benefits paid	726,853
Dental administrative fee	40,343
Prescription benefits paid	2,322,786
Prescription rebates earned	(737,661)
Preferred care administrative fee	519,637
Life insurance and AD&D premiums	160,022
Stop loss premiums	257,393
Annuity transfer out	3,713,164
Administrative expenses	239,578
Total deductions	19,976,173
NET DECREASE IN NET ASSETS AVAILABLE FOR BENEFITS	(750,044)
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	55,394,619
End of year	$ 54,644,575

See notes to financial statements.

EVERGY, INC.
JOINT TRUSTEED HEALTH AND WELFARE PLAN

STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS
AS OF DECEMBER 31, 2025 AND 2024

	2025	2024
AMOUNTS CURRENTLY PAYABLE:		
Claims and insurance premiums payable	$ 2,013,198	$ 961,585
Claims incurred but not reported	(1,022,891)	(420,028)
Total currently payable	990,307	541,557
POSTRETIREMENT BENEFIT OBLIGATIONS:		
Retired participants	6,704,386	9,481,076
Other participants fully eligible for benefits	2,482,709	1,784,657
Participants not yet fully eligible for benefits	2,493,163	1,226,370
Total postretirement benefit obligations	11,680,258	12,492,103
PLAN'S TOTAL BENEFIT OBLIGATIONS	$ 12,670,565	$ 13,033,660

See notes to financial statements.

EVERGY, INC.
JOINT TRUSTEED HEALTH AND WELFARE PLAN

STATEMENT OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

AMOUNTS CURRENTLY PAYABLE:	
Balance — beginning of year	$ 541,557
Claims and premiums reported and approved for payment	16,257,671
Claims and premiums paid	(15,206,058)
Net change during the year of claims incurred but not reported	(602,863)
Balance — end of year	990,307
POSTRETIREMENT BENEFIT OBLIGATIONS:	
Balance — beginning of year	12,492,103
Increase (decrease) during the year attributable to:	
Benefits earned and other changes	101,181
Benefits reclassified to current payable and paid	(653,417)
Special termination benefits	246,338
Benefits settled through annuity purchase, net	(3,713,164)
Interest	606,611
Actuarial (gain)	1,563,000
Changes in actuarial assumptions	1,037,606
Balance — end of year	11,680,258
PLAN'S TOTAL BENEFIT OBLIGATIONS	$ 12,670,565

1. DESCRIPTION OF THE PLAN

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

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

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

Stop loss insurance was secured from ReliaStar Life Insurance Company effective January 1, 2025 with a $750,000 deductible and an unlimited annual maximum. The renewal rate for 2025 is $25.20 per employee per month; the 2026 renewal rate is $29.23. The stop loss insurance company for 2026 is BCS Insurance Company. The Plan's Board of Trustees determines annual deductible amounts, maximum out-of-pocket expenses and maximum lifetime limits for health benefits.

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

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

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

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

Eligible employees who were accepted into the program received the following benefit enhancements: An additional 3 years of credited service or cash balance contribution credits under the pension plan.

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

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

As a result of this transaction, the Plan's financial statements reflect a reduction in the present value of future benefit obligations equal to the $3,713,164 net decrease in plan assets. The reduction in Plan assets included a one-time premium payment made to the insurer to facilitate the transfer.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

Risks and Uncertainties — The Plan invests in various investment securities including mutual funds, bonds, and money market funds. Investment securities, in general, are exposed to various risks such as interest rate, market, and credit risk. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

Claims Payable —The Plan's obligation at December 31, 2025 and 2024 for health claims that have been paid by third party administrators but not reimbursed by the Plan are based on actual claims paid in the subsequent periods.

Claims Incurred But Not Reported — The Plan provides for a liability arising from services to participants. The Plan's obligation at December 31, 2025 and 2024 for health claims incurred but not reported was estimated by the Plan's administrator using actual claims data.

Investment Valuation — The Plan's investments are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

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

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

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

For measurement purposes, health care cost trend rates were assumed to be 7% for 2025 decreasing at 0.4% per year to 4.50% in the year 2032 and 6.85% for 2024 decreasing at 0.4% per year to 4.50% in the year 2030 and remain at that level.

The health care cost-trend assumption has a significant effect on the amounts reported. If the assumed rates for 2025 and 2024 increased by one percentage point for each future year, the obligation as of December 31, 2025 and 2024, would increase by approximately $1,922,988 and $684,749, respectively.

Other significant assumptions used in the valuations were as follows:

- Weighted average discount rates of 5.94% and 5.81% in 2025 and 2024, respectively

- 2025 and 2024 Life Expectancy of participants is projected separately for non-annuitants based on the Pri-2012 "Employees" Mortality Table and annuitants based on the Pri-2012 "Combined Non-disabled Annuitant" Mortality Table, utilizing improvement scale of MP-2015 rates for 2007-2009 grading down over 15 years to a long-term rate of 0.75% ages up to 85, declining to 0.00% at age 115.

- 2025 and 2024 Retirement Age: 5% of those age 55 – 58 (10% of those age 55 – 58 with over 30 years of service), 10% of those age 59-61, 25% of those age 62 – 64, 35% of those age 65, 40% of those age 66 – 69 and 100% of participants age 70 or older.

The Plan's postretirement benefit obligation decreased from $12,492,103 as of December 31, 2024, to $11,680,258 as of December 31, 2025. The retiree life buyout resulted in a decrease in the post-retirement benefit obligation. Changes include an increase in the discount rate.

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

3. BENEFIT OBLIGATIONS

The medical and prescription drug portions of the Plan are self-funded, and claims are paid through Blue Cross and Blue Shield of Kansas City (BCBSKC) and Sav-Rx. Medical and prescription drug claims are paid through Company and retiree contributions. Basic life insurance and AD&D are fully insured by Metropolitan Life Insurance Company. The Company pays basic life and AD&D insurance premiums for employees and life insurance premiums for retirees represented by Locals 412, 1464, and 1613. In addition, the Company pays basic AD&D and dependent life insurance premiums for active participants represented by Locals 412 and 1464 only.

4. INFORMATION CERTIFIED BY THE CUSTODIAN

The following is a summary of the unaudited information regarding the Plan as of December 31, 2025 and 2024, and for the year ended December 31, 2025, included in the Plan's financial statements and supplemental schedules that was prepared by or derived from information prepared by Commerce Trust Company, the custodian of the Plan, and furnished to the plan administrator. The plan administrator has obtained certifications from the custodian that such information is complete and accurate.

	2025	2024
Statements of net assets:		
Investments at fair value:		
Money market fund	$ 3,599,072	$ 3,967,812
Mutual funds	9,227,832	7,871,770
Bonds	42,378,449	43,511,196
Total investments at fair value	$ 55,205,353	$ 55,350,778
Accrued investment income	$ 383,049	$ 367,073
Statement of changes in net assets:		
Interest and dividend income	$ 2,035,854	
Net appreciation in fair value of investments:		
Realized loss on sale of investments	$ (156,878)	
Unrealized gain in fair value of investments	2,954,475	
Total net appreciation in fair value of investments	$ 2,797,597	

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

5. FAIR VALUE OF INVESTMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Asset Valuation Techniques — Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

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

Bonds — U.S. Treasury Securities are valued at the closing price reported on the active market on which the individual securities are traded. Corporate bonds and notes, mortgage-backed securities, asset-backed securities, taxable municipal bonds, tax-exempt revenue bonds and federal agency securities are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar securities, the security is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but

includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available.

The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2025 and 2024.

	Total December 31, 2025	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Fixed income securities:				
Money market fund	$ 3,599,072	$ 3,599,072	$ -	$ -
Mutual funds	9,227,832	9,227,832	-	-
Bonds	42,378,449	11,917,125	30,461,324	-
Total Investments	$ 55,205,353	$ 24,744,029	$ 30,461,324	$ -

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

Transfers Between Levels — The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period. There were no transfers between fair value levels during the year ended December 31, 2025.

The valuation methods as described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

6. FEDERAL INCOME TAX STATUS

The trust established under the Plan to hold the Plan's assets is intended to qualify pursuant of Section 501(c)(9) of the Internal Revenue Code (IRC), and accordingly, the trust's net investment income is

exempt from income taxes. The trust has obtained an exemption letter from the Internal Revenue Service (IRS) dated January 18, 1978, and the Plan Sponsor believes that the trust, as amended, continues to qualify and to operate in accordance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

As described in Note 1, the Plan has arrangements with various service providers. These transactions are party in interest transactions under ERISA. Fees paid directly to Commerce totaled $62,495 for 2025.

8. PLAN TERMINATION

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

9. SUBSEQUENT EVENTS

Subsequent events were evaluated through October 15, 2026, the date the financial statements were available to be issued. No significant matters were identified during this evaluation.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2025 and 2024, is as follows:

	2025	2024
Net assets available for benefits per the financial statements	$ 54,644,575	$ 55,394,619
Benefit obligation amounts currently payable	(990,307)	(541,557)
Net assets available for benefits per the Form 5500	$ 53,654,268	$ 54,853,062

The reconciliation of total deductions per the financial statements to the Form 5500 for the year ended December 31, 2025, is as follows:

Total deductions per the financial statements	$ 19,976,173
Add benefit obligation amounts currently payable — December 31, 2025	990,307
Less benefit obligation amounts currently payable — December 31, 2024	(541,557)
Total deductions per the Form 5500	$ 20,424,923

* * * * * *

SUPPLEMENTAL SCHEDULES

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) _____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
EVERGY, INC. JOINT TRUSTEED HEALTH AND WELFARE PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 10/01/1974

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

Evergy, Inc.

P. O. Box 418679

Kansas City MO 64141-9679

2b Employer Identification Number (EIN) 82-2733395

2c Plan Sponsor's telephone number 816-556-2200

2d Business code (see instructions) 221100

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

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

SIGN HERE	Theresa Dodson	10/15/26	Theresa Dodson, HR Compliance Sr Man
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Theresa Dodson	10/15/26	Theresa Dodson, HR Compliance Sr Man
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Evergy, Inc. Joint Board of Trustees

1200 Main Street
P.O. Box 418679
Kansas City MO 64141-9679

3b Administrator's EIN: 82-2733395

3c Administrator's telephone number: 816-556-2200

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	2,628
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)**	1,179
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1,171
b	Retired or separated participants receiving benefits	**6b**	476
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1,647
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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

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

FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain/ (Loss)
SINGLE TRANSACTIONS						
Goldman Sachs Financial Square Trust Prime Government Fund	Money Market Fund	4,330,591		4,330,591	4,330,591	
Goldman Sachs Financial Square Trust Prime Government Fund	Money Market Fund		4,307,917	4,307,917	4,307,917	
Goldman Sachs Financial Square Trust Prime Government Fund	Money Market Fund		3,869,558	3,869,558	3,869,558	
SERIES TRANSACTIONS						
Goldman Sachs Financial Square Trust Prime Government Fund	Money Market Fund 327	29,665,975	-	29,665,975	29,665,975	
	Money Market Fund 164	-	30,034,715	30,034,715	30,034,715	-

See accompanying Independent Auditors' Report.

EVERGY, INC.

JOINT TRUSTEED HEALTH & WELFARE PLAN

EIN # 82-2733395, Plan No. 501

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

AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest,	Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Money Market Fund:				
	FINANCIAL SQUARE TR GOVERNMENT		3,599,072	3,599,072	3,599,072
	Total Money Market Fund:			**3,599,072**	**3,599,072**
	Mutual Fund:				
	VANGUARD TOTAL STOCK MARKET		46,974	1,945,592	7,666,160
	VANGUARD FTSE ALL WORLD EX U S		30,883	996,310	1,411,645
	ISHARES TREASURY INFLATION PROTECTED		1,365	144,117	150,027
	Total Mutual Fund:			**3,086,019**	**9,227,832**
	Bonds:				
	AFLAC INC	SENIOR UNSECURED NOTE 2.875% DUE 10/15/26 DATED 09/19/16	85,000	84,844	84,308
	AT&T INC	SENIOR UNSECURED NOTE 4.35% DUE 03/01/29 DATED 02/19/19	165,000	166,077	165,860
	AIR LEASE CORP	SENIOR UNSECURED NOTE 3.25% DUE 10/01/29 DATED 09/16/19	15,000	14,832	14,317
	AIR PRODUCTS & CHEMICALS	SENIOR UNSECURED NOTE 4.85% DUE 02/08/34 DATED 02/08/24	135,000	129,323	137,250
	ALABAMA POWER CO	SENIOR UNSECURED NOTE 3.94% DUE 09/01/32 DATED 08/12/22	80,000	79,998	77,520
	AMEREN CORPORATION	SENIOR UNSECURED NOTE 1.95% DUE 03/15/27 DATED 11/18/21	65,000	64,988	63,444
	AMEREN ILLINOIS CO	SECURED NOTE 3.8% DUE 05/15/28 DATED 05/22/18	300,000	357,060	299,076
	AMERICAN HONDA FINANCE	SENIOR UNSECURED NOTE 5.125% DUE 07/07/28 DATED 07/07/23	100,000	99,956	102,608
	AMERICAN TOWER CORPORATION	SENIOR UNSECURED NOTE 5% DUE 01/31/30 DATED 11/21/24	210,000	209,206	215,030
	AMGEN INC	SENIOR UNSECURED NOTE 5.25% DUE 03/02/33 DATED 03/02/23	175,000	174,449	181,153
	AON NORTH AMERICA INC	SENIOR UNSECURED NOTE 5.45% DUE 03/01/34 DATED 03/01/24	175,000	177,042	181,864
	ARTHUR J GALLAGHER & CO	SENIOR UNSECURED NOTE 5.5% DUE 03/02/33 DATED 03/02/23	35,000	36,117	36,403
	ARTHUR J GALLAGHER & CO	SENIOR UNSECURED NOTE 5% DUE 02/15/32 DATED 12/19/24	155,000	154,898	158,457
	ATMOS ENERGY KANSAS	SECURED NOTE 5.155% DUE 03/01/33 DATED 06/20/23	81,056	81,041	82,822
	AUTOMATIC DATA PROCESSING INC	SENIOR UNSECURED NOTE 4.45% DUE 09/09/34 DATED 09/09/24	225,000	224,874	224,321
	AVALONBAY COMMUNITIES	SENIOR UNSECURED NOTE 2.3% DUE 03/01/30 DATED 02/25/20	275,000	283,242	254,950
	BHP BILLITON FINANCE USA LIMITED	SENIOR SECURED NOTE 5.1% DUE 09/08/28 DATED 09/08/23	140,000	139,012	144,259
	BAKER HUGHES HOLDINGS LLC	SENIOR UNSECURED NOTE 3.337% DUE 12/15/27 DATED 12/11/17	80,000	86,601	79,103
	BALTIMORE GAS & ELECTRIC	SENIOR UNSECURED NOTE 2.4% DUE 08/15/26 DATED 08/18/16	100,000	99,700	99,069
	BALTIMORE MD REVENUE	TAXABLE REFUNDING 3.711% DUE 07/01/26 DATED 08/14/18	5,000	5,000	4,993

EVERGY, INC.

JOINT TRUSTEED HEALTH & WELFARE PLAN

EIN # 82-2733395, Plan No. 501

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

AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest,	Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	BANCO SANTANDER SA	SENIOR NON PREFERRED NOTE VARIABLE RATE	90,000	89,295	93,129
	BANK OF AMERICA CORP	SENIOR UNSECURED NOTE 3.248% DUE 10/21/27 DATED 10/21/16	140,000	151,368	138,698
	BANK OF AMERICA CORP	SENIOR UNSECURED NOTE VARIABLE RATE	30,000	33,572	29,623
	BANK OF MONTREAL	SENIOR UNSECURED NOTE 5.717% DUE 09/25/28 DATED 09/25/23	25,000	25,407	26,065
	BANK OF MONTREAL	SENIOR UNSECURED NOTE VARIABLE RATE	175,000	175,000	174,778
	BANK OF NY MELLON CORP	SENIOR UNSECURED NOTE 1.05% DUE 10/15/26 DATED 07/27/21	250,000	249,810	244,605
	BANK OF NY MELLON CORP	SENIOR UNSECURED NOTE 2.05% DUE 01/26/27 DATED 01/26/22	25,000	22,358	24,537
	BANK OF NY MELLON CORP	SENIOR UNSECURED NOTE VARIABLE RATE	100,000	96,983	101,818
	THE BANK OF NOVA SCOTIA	SENIOR UNSECURED NOTE 5.45% DUE 08/01/29 DATED 06/04/24	160,000	159,678	166,565
	BLACKROCK INC	SENIOR UNSECURED NOTE 3.25% DUE 04/30/29 DATED 04/29/19	240,000	238,056	235,200
	BLACKROCK FUNDING INC	SENIOR UNSECURED NOTE 5% DUE 03/14/34 DATED 03/14/24	140,000	139,782	144,469
	BORGWARNER INC	SENIOR UNSECURED NOTE 5.4% DUE 08/15/34 DATED 08/16/24	80,000	79,574	82,495
	BP CAP MARKETS AMERICA	SENIOR UNSECURED NOTE 4.812% DUE 02/13/33 DATED 02/13/23	350,000	342,770	354,456
	BROADCOM INC	SENIOR UNSECURED NOTE 4.35% DUE 02/15/30 DATED 10/02/24	235,000	234,586	236,535
	BURLINGTON NORTHERN SANTA FE	SENIOR UNSECURED NOTE 7.95% DUE 08/15/30 DATED 08/08/00	200,000	249,738	231,460
	CGI INC	SENIOR UNSECURED NOTE 2.3% DUE 09/14/31 DATED 03/14/22	150,000	122,432	132,936
	CH ROBINSON WORLDWIDE	SENIOR UNSECURED NOTE 4.2% DUE 04/15/28 DATED 04/11/18	30,000	29,339	30,068
	CVS HEALTH CORP	SENIOR UNSECURED NOTE 3% DUE 08/15/26 DATED 08/15/19	40,000	39,955	39,734
	CARMAX AUTO OWNER TRUST	SERIES 2023-2 CLASS A3 5.05% DUE 01/18/28 DATED 04/26/23	42,045	42,040	42,244
	CARMAX AUTO OWNER TRUST	SERIES 2022-4 CLASS A3 5.34% DUE 08/16/27 DATED 10/31/22	10,002	9,999	10,030
	CARVANA AUTO RECEIVABLES TRUST	SERIES 2021-N4 CLASS A2 1.8% DUE 09/11/28 DATED 12/15/21	136,387	136,377	134,169
	CATERPILLAR FINANCIAL SERVICE	SENIOR UNSECURED NOTE 1.15% DUE 09/14/26 DATED 09/14/21	110,000	109,809	108,016
	CELGENE CORP	SENIOR UNSECURED NOTE 3.9% DUE 02/20/28 DATED 02/20/18	20,000	19,931	20,011
	CENTERPOINT ENERGY INC	SENIOR UNSECURED NOTE 5.4% DUE 06/01/29 DATED 05/10/24	60,000	59,874	62,140
	CENTERPOINT ENERGY HOUSTON ELEC LLC	SECURED NOTE 3% DUE 02/01/27 DATED 01/12/17	230,000	228,496	228,040
	CIGNA CORP	SENIOR UNSECURED NOTE 2.375% DUE 03/15/31 DATED 03/03/21	135,000	122,177	122,186
	CITIGROUP INC	SENIOR UNSECURED NOTE VARIABLE RATE	180,000	180,000	177,939

EVERGY, INC.

JOINT TRUSTEED HEALTH & WELFARE PLAN

EIN # 82-2733395, Plan No. 501

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

AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest,	Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	CITIGROUP INCORPORATED	SUBORDINATED UNSECURED NOTE VARIABLE RATE	50,000	50,000	51,282
	COMERICA INC	SENIOR UNSECURED NOTE 4% DUE 02/01/29 DATED 02/01/19	175,000	187,899	173,205
	COMMONWEALTH FINANCING AUTHORITY PA	TAXABLE PLANCON PROGRAM SERIES A 3.451% DUE 06/01/27 DATED 01/18/18	275,000	275,000	273,999
	CONNECTICUT LIGHT & POWER	SECURED NOTE 3.2% DUE 03/15/27 DATED 03/10/17	60,000	63,086	59,474
	CT STATE TAXABLE SERIES A	GENERAL OBLIGATION UNLIMITED 3.875% DUE 06/15/28 DATED 06/22/22	250,000	250,000	250,943
	CUMMINS INC	SENIOR UNSECURED NOTE 4.7% DUE 02/15/31 DATED 05/09/25	255,000	253,753	260,352
	CUMMINS INC	SENIOR GLOBAL NOTE 5.15% DUE 02/20/34 DATED 02/20/24	130,000	129,568	134,577
	DAIMLER TRUCKS RETAIL TRUST	SERIES 2023-1 CLASS A3 5.9% DUE 03/15/27 DATED 09/27/23	32,686	32,686	32,841
	JOHN DEERE CAPITAL CORP	SENIOR UNSECURED NOTE 4.85% DUE 10/11/29 DATED 10/11/22	25,000	24,978	25,781
	DE STATE HOUSING AUTHORITY TAXABLE	4.578% DUE 01/01/32 DATED 09/10/25	35,000	35,000	35,470
	WALT DISNEY COMPANY	SENIOR UNSECURED NOTE 3.8% DUE 03/22/30 DATED 03/23/20	250,000	249,300	247,820
	DUKE ENERGY FLORIDA LLC	SECURED NOTE 3.8% DUE 07/15/28 DATED 06/21/18	210,000	207,534	209,775
	ERP OPERATING LIMITED PARTNERSHIP	SENIOR UNSECURED NOTE 3% DUE 07/01/29 DATED 06/26/19	80,000	70,762	77,137
	EDWARDS LIFESCIENCES CORP	SENIOR UNSECURED NOTE 4.3% DUE 06/15/28 DATED 06/15/18	20,000	19,953	20,126
	EMERSON ELECTRIC CO	SENIOR UNSECURED NOTE 2% DUE 12/21/28 DATED 12/21/21	260,000	259,425	246,605
	ENBRIDGE INC	SENIOR NOTE 5.625% DUE 04/05/34 DATED 04/05/24	105,000	104,841	109,612
	ENTERGY LOUISIANA LLC	SECURED NOTE 2.4% DUE 10/01/26 DATED 10/04/16	75,000	74,683	74,255
	EQUINOR ASA	SENIOR UNSECURED NOTE 1.75% DUE 01/22/26 DATED 05/22/20	100,000	99,599	99,876
	EXXON MOBIL CORPORATION	SENIOR UNSECURED NOTE 3.043% DUE 03/01/26 DATED 03/03/16	175,000	175,000	174,771
	META PLATFORMS INC	SENIOR UNSECURED NOTE 4.75% DUE 08/15/34 DATED 08/09/24	125,000	126,533	126,025
	FEDERAL HOME LOAN BANK	UNSECURED NOTE 3.25% DUE 06/09/28 DATED 05/08/18	75,000	76,427	74,571
	FEDERAL HOME LOAN BANK	UNSECURED NOTE 3.25% DUE 11/16/28 DATED 11/16/18	250,000	251,960	248,630
	FEDERAL HOME LOAN MORTGAGE CORP	UMBS POOL #SB8100 1% DUE 03/25/36 DATED 05/01/24	186,719	155,735	164,281
	FEDERAL HOME LOAN MORTGAGE CORP	UMBS POOL #SB8257 5.5% DUE 09/01/38 DATED 08/01/23	53,427	53,043	54,834
	FEDERAL HOME LOAN MORTGAGE CORP	UMBS POOL #SB8262 5% DUE 08/01/38 DATED 08/01/23	61,538	61,067	62,386
	FEDERAL HOME LOAN MORTGAGE CORP	UMBS POOL #SB8308 5% DUE 06/25/39 DATED 10/01/24	302,869	303,531	306,800

EVERGY, INC.

JOINT TRUSTEED HEALTH & WELFARE PLAN

EIN # 82-2733395, Plan No. 501

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

AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest,	Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	FEDERAL HOME LOAN MORTGAGE CORP	UMBS POOL #RB5038 3% DUE 03/01/40 DATED 02/01/20	13,324	13,734	12,462
	FEDERAL HOME LOAN MORTGAGE CORP	UMBS POOL #RB5247 5.5% DUE 07/01/43 DATED 07/01/23	65,548	65,205	67,689
	FEDERAL HOME LOAN MORTGAGE CORP	SENIOR UNSECURED NOTE 0% DUE 12/14/29 DATED 08/02/99	500,000	403,010	430,060
	FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #109476 3.75% DUE 08/01/28 DATED 08/01/18	119,403	115,000	118,512
	FANNIEMAE GRANTOR TRUST	SERIES 2011-T2 CLASS A1 2.5% DUE 08/25/51 DATED 08/01/11	26,621	25,523	24,441
	FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2015-19 CLASS CA 3.5% DUE 01/25/43 DATED 03/01/15	8,443	8,600	8,407
	FEDERAL NATIONAL MORTAGE ASSOC	REMIC SERIES 2016-96 CLASS A 1.75% DUE 12/25/46 DATED 11/01/16	23,555	22,841	21,936
	FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2017-69 CLASS HA 3% DUE 06/25/46 DATED 07/01/24	117,636	109,089	112,736
	FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2017-62 CLASS AB 3% DUE 08/25/45 DATED 07/01/17	39,327	40,350	38,709
	FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2020-96 CLASS LY 5% DUE 01/25/51 DATED 08/01/24	136,370	136,732	137,371
	FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2021-3 CLASS PH 1.25% DUE 02/25/51 DATED 01/01/21	78,908	79,895	61,825
	FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2021-69 CLASS WA 2% DUE 04/25/49 DATED 09/01/21	-	-	-
	FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2022-27 CLASS DE 4% DUE 03/25/49 DATED 05/01/22	172,178	172,972	167,987
	FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2022-16 CLASS GA 4% DUE 04/25/49 DATED 10/01/24	550,721	532,500	540,253
	FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2022-61 CLASS D 4% DUE 06/25/44 DATED 08/01/22	61,914	58,247	61,505
	FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 3695 CLASS JG 4.5% DUE 07/15/40 DATED 12/01/24	390,304	384,572	392,258
	FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2024-3910 CLASS GZ 5% DUE 08/15/41 DATED 06/01/24	121,371	119,669	124,410
	FEDERAL HOME LOAN MORTGAGE ASSOC	REMIC SERIES 4180 CLASS ME 2.5% DUE 10/15/42 DATED 03/01/13	38,420	38,430	36,826
	FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 4639 CLASS KB VARIABLE RATE	15,332	15,706	15,048
	FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 4826 CLASS KL 3.5% DUE 11/15/46 DATED 08/01/18	9,805	9,828	9,658
	FHLMC MULTICLASS CERTIFICATES	REMIC SERIES 2024-5000 CLASS NA 1% DUE 06/25/50 DATED 08/01/24	137,841	102,988	106,479
	FEDERAL HOME LOAN MORTGAGE CORP	UMBS POOL #841930 VARIABLE RATE	472,823	448,000	455,158
	FEDERAL HOME LOAN MORTGAGE CORP	UMBS POOL #SB8349 4.5% DUE 01/25/40 DATED 04/01/25	212,188	210,364	212,409
	FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2021-5081 CLASS QA 2% DUE 12/25/50 DATED 02/01/21	73,188	75,681	58,913
	FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2021-5144 CLASS PC 1.5% DUE 09/25/51 DATED 08/01/21	-	-	-
	FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2021-5143 CLASS G 2% DUE 06/25/49 DATED 08/01/21	211,525	215,425	176,217
	FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2022-5257 CLASS GA 4% DUE 08/25/46 DATED 08/01/22	-	-	-

EVERGY, INC.

JOINT TRUSTEED HEALTH & WELFARE PLAN

EIN # 82-2733395, Plan No. 501

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

AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest,	Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2022-5263 CLASS A 5% DUE 12/25/45 DATED 09/01/22	245,258	247,557	247,112
	FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2024-5299 CLASS VG 5% DUE 11/25/33 DATED 08/01/24	133,548	134,382	134,178
	FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 5300 CLASS AB 5.5% DUE 01/25/49 DATED 03/01/23	63,971	62,661	64,841
	FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2024-5391 CLASS A 5.5% DUE 11/25/51 DATED 02/01/24	173,664	172,694	176,390
	FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2024-5417 CLASS AV 5.5% DUE 04/25/35 DATED 07/01/24	355,435	356,240	361,831
	FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2024-5447 CLASS GD 5% DUE 07/25/38 DATED 07/01/24	265,652	264,283	269,694
	FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2024-5458 CLASS LV 4.5% DUE 06/25/37 DATED 09/01/24	185,016	184,756	183,647
	FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2024-5458 CLASS PE 4.5% DUE 12/25/53 DATED 10/01/24	142,685	138,405	141,814
	FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #AJ4087 3% DUE 10/01/26 DATED 10/01/11	1,018	1,050	1,012
	FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 2996 CLASS MK 5.5% DUE 06/15/35 DATED 06/01/05	2,196	2,373	2,262
	FEDERAL HOME LOAN MORTGAGE CORP	REMIC SERIES 3150 CLASS EQ 5% DUE 05/15/26 DATED 05/01/06	15	16	15
	FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #BM3906 5% DUE 02/01/32 DATED 05/01/18	6,991	7,406	7,080
	FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #BM4874 VARIABLE RATE	24,427	24,709	24,043
	FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #BM7586 VARIABLE RATE	328,134	324,045	328,104
	FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #BN5302 VARIABLE RATE	4,093	4,201	4,056
	FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #FM5329 2% DUE 01/01/31 DATED 12/01/20	18,791	19,484	18,115
	FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #MA2947 2.5% DUE 02/01/32 DATED 02/01/17	33,114	33,243	32,089
	FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #MA5020 5% DUE 05/25/43 DATED 04/01/23	272,159	268,290	276,862
	FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #MA5060 5% DUE 05/01/43 DATED 05/01/23	-	-	-
	FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #MA5169 5.5% DUE 09/01/38 DATED 09/01/23	72,128	72,026	74,026
	FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #MA5480 5.5% DUE 09/25/44 DATED 10/01/24	116,464	117,064	120,259
	FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #MA5502 5% DUE 10/25/44 DATED 10/01/24	378,181	375,817	385,109
	FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #MA5539 5% DUE 10/25/44 DATED 10/01/24	401,654	398,014	404,947
	FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #MA5562 5% DUE 12/25/44 DATED 12/01/24	193,832	193,045	195,086
	FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #MA5622 5% DUE 02/25/45 DATED 02/01/25	380,150	374,121	383,671
	FEDERAL NATIONAL MORTGAGE ASSOC	UMBS POOL #MA5833 5% DUE 08/25/45 DATED 08/01/25	164,986	164,934	166,242
	FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2022-11 CLASS D 3% DUE 01/25/50 DATED 09/01/25	440,893	412,649	412,608

EVERGY, INC.

JOINT TRUSTEED HEALTH & WELFARE PLAN

EIN # 82-2733395, Plan No. 501

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

AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest,	Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2025-29 CLASS A 5.5% DUE 06/25/50 DATED 04/01/25	209,479	210,355	212,148
	FEDERAL NATIONAL MORTGAGE ASSOC	REMIC SERIES 2025-30 CLASS BA 5% DUE 04/25/52 DATED 05/01/25	134,925	133,154	135,015
	FIRST NATIONAL MASTER NOTE TRUST	SERIES 2023-2 CLASS A 5.77% DUE 09/17/29 DATED 09/22/23	75,000	74,988	75,954
	FLORIDA POWER & LIGHT CO	FIRST LIEN NOTE 5.1% DUE 04/01/33 DATED 03/03/23	25,000	24,960	25,891
	FREDDIE MAC SCRT	REMIC SERIES 2017-3 CLASS MA 3% DUE 07/25/56 DATED 09/01/17	9,973	10,096	9,513
	FREDDIE MAC - SLST	SERIES 2018-2 CLASS A1 3.5% DUE 11/25/28 DATED 11/01/18	16,336	16,118	16,087
	GOVERNMENT NATIONAL MORTGAGE ASSOC	II POOL #784626 4.5% DUE 10/20/48 DATED 12/01/18	5,776	6,023	5,666
	GE HEALTHCARE TECHNOLOGIES INC	SENIOR UNSECURED NOTE 4.8% DUE 08/14/29 DATED 08/14/24	210,000	209,750	214,654
	GENERAL DYNAMICS CORP	SENIOR UNSECURED NOTE 2.625% DUE 11/15/27 DATED 09/14/17	25,000	24,458	24,563
	GENERAL MOTORS FINANCIAL CO	SENIOR UNSECURED NOTE 2.4% DUE 10/15/28 DATED 10/15/21	110,000	109,725	104,888
	GENERAL MOTORS FINANCIAL CO	SENIOR UNSECURED NOTE 5% DUE 04/09/27 DATED 06/09/22	50,000	49,944	50,536
	GOLDMAN SACHS GROUP INC	SENIOR UNSECURED NOTE VARIABLE RATE	155,000	154,812	154,208
	GOLDMAN SACHS GROUP INC	SENIOR UNSECURED NOTE VARIABLE RATE	160,000	160,000	157,294
	GOVERNMENT NATIONAL MORTGAGE ASSOC	II POOL #MB0565 4.5% DUE 08/20/55 DATED 08/01/25	168,924	168,686	169,270
	GOVERNMENT NATIONAL MORTGAGE ASSOC	REMIC SERIES 2013-144 CLASS PA 2.5% DUE 04/20/43 DATED 10/01/13	20,679	20,717	20,055
	GOVERNMENT NATIONAL MORTGAGE ASSOC	REMIC SERIES 2017-130 CLASS TA 2.5% DUE 08/20/47 DATED 08/01/17	15,431	15,366	13,299
	GOVERNMENT NATIONAL MORTGAGE ASSOC	REMIC SERIES 2022-116 CLASS A 2.1% DUE 04/16/63 DATED 06/01/22	283,862	266,609	246,440
	GOVERNMENT NATIONAL MORTGAGE ASSOC	REMIC SERIES 2019-29 CLASS MT 3.5% DUE 03/20/49 DATED 03/01/19	17,631	17,843	16,323
	GOVERNMENT NATIONAL MORTGAGE ASSOC	REMIC SERIES 2022-34 CLASS PN 3% DUE 02/20/52 DATED 02/01/22	55,853	56,656	52,822
	GOVERNMENT NATIONAL MORTGAGE ASSOC	REMIC SERIES 2023-38 CLASS GA 5% DUE 09/20/48 DATED 03/01/23	64,454	64,293	64,931
	GOVERNMENT NATIONAL MORTGAGE ASSOC	REMIC SERIES 2023-97 CLASS CA 6% DUE 08/20/45 DATED 07/01/23	15,073	15,035	15,059
	GOVERNMENT NATIONAL MORTGAGE ASSOC	REMIC SERIES 2024-127 CLASS UV 6% DUE 06/20/35 DATED 12/01/24	227,134	228,554	233,714
	GOVERNMENT NATIONAL MORTGAGE ASSOC	REMIC SERIES 2024-197 CLASS EC 5% DUE 06/20/53 DATED 01/01/25	287,403	281,431	288,487
	GOVERNMENT NATIONAL MORTGAGE ASSOC	REMIC SERIES 2025-132 CLASS PJ 4% DUE 01/20/55 DATED 09/01/25	228,735	223,660	223,731
	HARTFORD FINANCIAL SERVICES GROUP	SENIOR UNSECURED NOTE 2.8% DUE 08/19/29 DATED 08/19/19	35,000	34,888	33,462
	HI STATE DEPT BUSINESS ECONOMIC	DEVELOPMENT & TOURISM GREEN ENERGY TAXABLE GREEN BONDS SERIES A-2	62,894	62,891	62,037

EVERGY, INC.

JOINT TRUSTEED HEALTH & WELFARE PLAN

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AS OF DECEMBER 31, 2025

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	HEWLETT PACKARD ENTERPRISE COMPANY	SENIOR UNSECURED NOTE 4.85% DUE 10/15/31 DATED 09/26/24	70,000	69,936	70,701
	HONOLULU CITY & COUNTY HI BOARD OF	WATER SUPPLY WATER SYSTEM REVENUE TAXABLE REFUNDING SERIES B	30,000	30,000	28,349
	HORACE MANN EDUCATORS CORPORATION	SENIOR UNSECURED NOTE 7.25% DUE 09/15/28 DATED 09/15/23	15,000	15,771	16,068
	HUBBELL INCORPORATED	SENIOR UNSECURED NOTE 3.5% DUE 02/15/28 DATED 02/02/18	120,000	114,785	118,775
	INTUIT INC	SENIOR UNSECURED NOTE 5.2% DUE 09/15/33 DATED 09/15/23	80,000	79,538	83,637
	JPMORGAN CHASE & CO	SENIOR UNSECURED NOTE VARIABLE RATE	25,000	25,128	24,813
	JPMORGAN CHASE & CO	SENIOR UNSECURED NOTE VARIABLE RATE	130,000	110,343	119,298
	JPMORGAN CHASE & CO	SENIOR UNSECURED NOTE VARIABLE RATE	50,000	50,000	50,204
	KIMBERLY-CLARK CORP	SENIOR UNSECURED NOTE 3.95% DUE 11/01/28 DATED 10/29/18	45,000	44,930	45,102
	KIMBERLY-CLARK CORP	SENIOR UNSECURED NOTE 4.5% DUE 02/16/33 DATED 02/16/23	265,000	264,597	268,514
	LEAR CORP	SENIOR UNSECURED NOTE 4.25% DUE 05/15/29 DATED 05/01/19	120,000	119,629	119,546
	LOCKHEED MARTIN CORP	SENIOR UNSECURED NOTE 1.85% DUE 06/15/30 DATED 05/20/20	130,000	117,364	117,839
	MAGNA INTERNATIONAL INC	SENIOR UNSECURED NOTE 5.875% DUE 06/21/35 DATED 05/22/25	155,000	154,788	164,322
	MASTERCARD INC	SENIOR UNSECURED NOTE 2.95% DUE 06/01/29 DATED 05/31/19	25,000	24,966	24,216
	ME HEALTH AND HIGHER EDUCATIONAL	FACILITIES AUTHORITY REVENUE TAXABLE ME HEALTH- SERIES B	30,000	30,000	29,948
	MID-AMERICA APARTMENTS	SENIOR UNSECURED NOTE 3.95% DUE 03/15/29 DATED 03/07/19	40,000	43,131	39,762
	MORGAN STANLEY PRIVATE BANK NA	SENIOR UNSECURED NOTE VARIABLE RATE	400,000	400,000	405,480
	MPLX LP	SENIOR UNSECURED NOTE 4.95% DUE 09/01/32 DATED 08/11/22	185,000	183,951	186,251
	NATIONAL AUSTRALIA BANK LIMITED	SENIOR UNSECURED NOTE 5.087% DUE 06/11/27 DATED 06/11/24	115,000	115,000	117,168
	NATIONAL RURAL UTILITY COOPERATIVE	SENIOR UNSECURED NOTE 5.05% DUE 09/15/28 DATED 06/29/23	95,000	94,990	97,469
	NATIONAL RURAL UTILITY COOP	SENIOR UNSECURED NOTE 5.15% DUE 06/15/29 DATED 05/10/24	220,000	219,507	227,524
	NATWEST GROUP PLC	SENIOR UNSECURED NOTE VARIABLE RATE	60,000	60,000	59,346
	NEW HOPE TX CULTURAL EDU FACS FIN	CORP EDL FAC REV-TAXABLE-TX A&M UNIV CAIN HALL REDEV PROJ PHASE 2-SER B	75,000	75,000	74,831
	NORTHERN TRUST CORP	SENIOR UNSECURED NOTE 3.15% DUE 05/03/29 DATED 05/03/19	130,000	129,878	126,584
	NOVARTIS CAPITAL CORP	SENIOR UNSECURED NOTE 4% DUE 09/18/31 DATED 09/18/24	135,000	134,413	134,306
	NOVARTIS CAPITAL CORP	SENIOR UNSECURED NOTE 4.2% DUE 09/18/34 DATED 09/18/24	235,000	233,313	229,729

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	NUTRIEN LTD	SENIOR UNSECURED NOTE 4.9% DUE 03/27/28 DATED 03/27/23	135,000	134,757	137,439
	OCCIDENTAL COLLEGE	UNSECURED NOTE 2.515% DUE 10/01/29 DATED 10/16/19	250,000	250,000	229,623
	OH STATE SPECIAL OBLIGATION	REFUNDING REVENUE TAXABLE 1.425% DUE 10/01/28 DATED 08/12/20	160,000	147,491	149,904
	OKLAHOMA GAS AND ELECTRIC COMPANY	SENIOR UNSECURED NOTE 5.4% DUE 01/15/33 DATED 01/05/23	335,000	315,114	350,588
	ONCOR ELECTRIC DELIEVERY	1ST LIEN NOTE 2.75% DUE 05/15/30 DATED 03/20/20	100,000	90,881	94,215
	ONEOK INC	SENIOR UNSECURED NOTE 6.1% DUE 11/15/32 DATED 11/18/22	15,000	14,988	16,051
	ONEOK INC	SENIOR UNSECURED NOTE 4.75% DUE 10/15/31 DATED 09/24/24	210,000	209,084	211,115
	PNC FINANCIAL SERVICES	SENIOR UNSECURED NOTE 3.15% DUE 05/19/27 DATED 05/19/17	100,000	106,806	99,063
	PNC FINANCIAL SERVICES	SENIOR UNSECURED NOTE 1.15% DUE 08/13/26 DATED 08/13/21	105,000	104,802	103,240
	PPG INDUSTRIES INC	SENIOR UNSECURED NOTE 1.2% DUE 03/15/26 DATED 03/04/21	60,000	55,397	59,653
	PACCAR FINANCIAL CORP	SENIOR UNSECURED NOTE 4.45% DUE 08/06/27 DATED 08/06/24	400,000	399,468	404,620
	PACIFICORP	SECURED NOTE 3.5% DUE 06/15/29 DATED 03/01/19	240,000	239,556	232,987
	PACKAGING CORP OF AMERICA	SENIOR UNSECURED NOTE 3% DUE 12/15/29 DATED 11/21/19	40,000	39,948	38,245
	PA STATE ECON DEVELOPMENT FINANCING	AUTHORITY REVENUE TAXABLE SYSTEM HIGHER EDUCATION ACT 105 PROJECT	70,000	70,000	66,638
	PEPSICO INC	SENIOR UNSECURED NOTE 3.9% DUE 07/18/32 DATED 07/18/22	325,000	311,434	319,400
	PFIZER INVESTMENT ENTERPRISES	SENIOR UNSECURED NOTE 4.75% DUE 05/19/33 DATED 05/19/23	240,000	225,958	242,544
	PFIZER INC NOTE	4.2% DUE 11/15/30 DATED 11/21/25	170,000	169,866	170,787
	PHILLIPS 66 COMPANY	SENIOR UNSECURED NOTE 5.25% DUE 06/15/31 DATED 02/28/24	250,000	257,828	259,823
	PORT OF SEATTLE WA REVENUE TAXABLE	REFUNDING INTERMEDIATE LIEN SERIES C 3.993% DUE 08/01/31 DATED 08/11/22	100,000	100,000	99,880
	PROLOGIS LP	SENIOR UNSECURED NOTE 1.25% DUE 10/15/30 DATED 08/20/20	25,000	24,905	21,893
	PROLOGIS LP	SENIOR UNSECURED NOTE 2.25% DUE 01/15/32 DATED 07/15/22	250,000	221,613	221,215
	PROLOGIS LP	SENIOR UNSECURED NOTE 4.75% DUE 06/15/33 DATED 03/30/23	40,000	39,926	40,338
	PUBLIC STORAGE	SENIOR UNSECURED NOTE 1.85% DUE 05/01/28 DATED 04/23/21	90,000	89,947	85,866
	PUBLIC STORAGE	SENIOR UNSECURED NOTE 5.125% DUE 01/15/29 DATED 07/26/23	25,000	24,979	25,828
	RBSGC MORTGAGE PASS THROUGH CERTS	SERIES 2007-B CLASS 3A1 5.623% DUE 07/25/35 DATED 03/01/07	420	406	422
	REALTY INCOME CORPORATION	SENIOR UNSECURED NOTE 5.125% DUE 02/15/34 DATED 01/16/24	100,000	98,910	102,449

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	REINSURANCE GROUP OF AMERICA	SENIOR UNSECURED NOTE 3.95% DUE 09/15/26 DATED 06/08/16	125,000	124,995	124,951
	REINSURANCE GROUP OF AMERICA	SENIOR UNSECURED NOTE 6% DUE 09/15/33 DATED 06/08/23	90,000	87,071	95,862
	RICHMOND CA PENSION FUNDING	TAXABLE REFUNDING 4.988% DUE 01/15/32 DATED 09/08/22	265,000	265,000	270,398
	ROCKWELL AUTOMATION	SENIOR UNSECURED NOTE 3.5% DUE 03/01/29 DATED 03/01/19	25,000	28,249	24,578
	ROPER TECHNOLOGIES INC	SENIOR UNSECURED NOTE 2% DUE 06/30/30 DATED 06/22/20	150,000	148,316	135,699
	SALESFORCE.COM INC	SENIOR UNSECURED NOTE 1.5% DUE 07/15/28 DATED 07/12/21	90,000	89,536	85,271
	SANTANDER UK GROUP HOLDINGS	SENIOR UNSECURED NOTE VARIABLE RATE	130,000	130,000	135,534
	CHARLES SCHWAB CORPORATION	SENIOR UNSECURED NOTE 3.2% DUE 03/02/27 DATED 03/02/17	25,000	24,960	24,801
	CHARLES SCHWAB CORP	SENIOR UNSECURED NOTE 3.25% DUE 05/22/29 DATED 05/22/19	60,000	59,792	58,445
	SEQUOIA MORTGAGE TRUST	SERIES 2013-6 CLASS A1 2.5% DUE 05/25/43 DATED 04/01/13	29,749	29,079	26,546
	SHELL INTERNATIONAL FINANCE	SENIOR UNSECURED NOTE 2.875% DUE 05/10/26 DATED 05/10/16	25,000	24,918	24,921
	SIMON PROPERTY GROUP LP	SENIOR UNSECURED NOTE 3.375% DUE 12/01/27 DATED 12/11/17	190,000	188,507	188,524
	SPIRE MISSOURI INC	FIRST LIEN NOTE 4.8% DUE 02/15/33 DATED 02/13/23	275,000	262,218	276,590
	STATE STREET CORP	SENIOR UNSECURED NOTE VARIABLE RATE	100,000	101,107	103,377
	SUNOCO LOGISTICS PARTNER	SENIOR UNSECURED NOTE 4% DUE 10/01/27 DATED 09/21/17	25,000	24,804	24,960
	TENNESSEE GAS PIPELINE	SENIOR UNSECURED NOTE 7% DUE 03/15/27 DATED 03/13/97	105,000	126,854	108,828
	TEXAS INSTRUMENTS INC	SENIOR UNSECURED NOTE 3.65% DUE 08/16/32 DATED 08/16/22	100,000	99,709	96,036
	TORONTO-DOMINION BANK	SENIOR UNSECURED NOTE 2% DUE 09/10/31 DATED 09/10/21	100,000	99,595	89,373
	TOYOTA MOTOR CREDIT CORP	SENIOR UNSECURED NOTE 4.55% DUE 09/20/27 DATED 09/20/22	335,000	334,675	339,147
	TRANSCANADA PIPELINES	SENIOR UNSECURED NOTE 7.7% DUE 06/15/29 DATED 06/15/99	45,000	61,687	49,095
	TRUIST FINANCIAL CORPORATION	SENIOR UNSECURED NOTE VARIABLE RATE	90,000	90,000	92,458
	UDR INC	SENIOR UNSECURED NOTE 4.4% DUE 01/26/29 DATED 10/26/18	30,000	29,999	30,136
	UDR INC	SENIOR UNSECURED NOTE 3.2% DUE 01/15/30 DATED 07/02/19	90,000	89,696	86,474
	UNION PACIFIC CORP	SENIOR UNSECURED NOTE 5.1% DUE 02/20/35 DATED 02/13/25	25,000	24,905	25,800
	UNION PACIFIC CORP	SENIOR UNSECURED NOTE 6.625% DUE 02/01/29 DATED 02/01/99	180,000	234,218	193,824
	US BANCORP	SENIOR UNSECURED NOTE VARIABLE RATE	300,000	300,000	311,820
	UNITED STATES TREASURY NOTE	2.25% DUE 11/15/27 DATED 11/15/17	420,000	409,369	410,747

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	UNITED STATES TREASURY NOTE	2.875% DUE 05/15/28 DATED 05/15/18	100,000	118,070	98,590
	UNITED STATES TREASURY NOTE	2.875% DUE 08/15/28 DATED 08/15/18	250,000	260,527	246,028
	UNITED STATES TREASURY NOTE	2.625% DUE 02/15/29 DATED 02/15/19	310,000	288,183	301,469
	UNITED STATES TREASURY NOTE	2.375% DUE 05/15/29 DATED 05/15/19	800,000	825,987	769,344
	UNITED STATES TREASURY NOTES	1.5% DUE 02/15/30 DATED 02/15/20	600,000	649,363	551,244
	UNITED STATES TREASURY NOTE	1.125% DUE 02/28/27 DATED 02/29/20	50,000	50,229	48,660
	UNITED STATES TREASURY NOTE	0.625% DUE 05/15/30 DATED 05/15/20	425,000	354,327	373,048
	UNITED STATES TREASURY NOTE	0.75% DUE 01/31/28 DATED 01/31/21	315,000	278,972	297,867
	UNITED STATES TREASURY NOTE	1.25% DUE 08/15/31 DATED 08/15/21	250,000	245,762	217,858
	UNITED STATES TREASURY NOTE	1.375% DUE 10/31/28 DATED 10/31/21	200,000	177,359	188,454
	UNITED STATES TREASURY NOTE	1.875% DUE 02/15/32 DATED 02/15/22	830,000	711,866	740,410
	UNITED STATES TREASURY NOTE	1.875% DUE 02/28/27 DATED 02/28/22	90,000	82,533	88,351
	UNITED STATES TREASURY NOTE	2.875% DUE 05/15/32 DATED 05/15/22	725,000	678,557	683,726
	UNITED STATES TREASURY NOTE	2.75% DUE 07/31/27 DATED 07/31/22	200,000	192,594	197,770
	UNITED STATES TREASURY NOTE	3.125% DUE 08/31/29 DATED 08/31/22	425,000	405,377	417,898
	UNITED STATES TREASURY NOTE	3.875% DUE 09/30/29 DATED 09/30/22	265,000	269,110	267,324
	UNITED STATES TREASURY NOTE	4.125% DUE 11/15/32 DATED 11/15/22	315,000	321,263	318,645
	UNITED STATES TREASURY NOTE	3.5% DUE 02/15/33 DATED 02/15/23	425,000	428,686	413,092
	UNITED STATES TREASURY NOTE	3.375% DUE 05/15/33 DATED 05/15/23	640,000	587,693	615,405
	UNITED STATES TREASURY NOTE	3.375% DUE 11/30/27 DATED 11/30/25	50,000	49,922	49,908
	UNITED STATES TREASURY NOTE	3.75% DUE 05/31/30 DATED 05/31/23	305,000	302,307	305,787
	UNITED STATES TREASURY NOTE	4% DUE 01/31/31 DATED 01/31/24	205,000	207,817	207,407
	UNITED STATES TREASURY NOTE	4% DUE 11/15/35 DATED 11/15/25	250,000	246,875	246,428
	UNITED STATES TREASURY NOTE	4.25% DUE 05/15/35 DATED 05/15/25	75,000	74,344	75,639
	UNITED STATES TREASURY NOTE	4.25% DUE 08/15/35 DATED 08/15/25	500,000	504,492	503,675
	UNITED STATES TREASURY NOTE	4.5% DUE 11/15/33 DATED 11/15/23	645,000	658,328	666,130
	UNITED STATES TREASURY NOTE	4.625% DUE 02/15/35 DATED 02/15/25	640,000	653,825	664,467
	UNITED STATES TREASURY NOTE	4.875% DUE 10/31/28 DATED 10/31/23	435,000	450,920	450,473
	UNITED STATES TREASURY NOTES	3.75% DUE 08/31/31 DATED 08/31/24	1,025,000	1,011,155	1,021,802
	UNITED STATES TREASURY NOTES	3.75% DUE 11/30/32 DATED 11/30/25	50,000	49,641	49,422
	UNITEDHEALTH GROUP INC	SENIOR UNSECURED NOTE 5.35% DUE 02/15/33 DATED 10/28/22	85,000	82,613	88,558
	UNIVERSITY OF MICHIGAN MI	TAXABLE-REFUNDING-SERIES B 1.372% DUE 04/01/27 DATED 06/16/20	200,000	200,000	194,530
	VALERO ENERGY CORP	SENIOR UNSECURED NOTE 2.8% DUE 12/01/31 DATED 11/29/21	50,000	49,875	45,563
	VERIZON COMMUNICATIONS	SENIOR UNSECURED NOTE 2.355% DUE 03/15/32 DATED 03/15/22	175,000	133,651	154,219
	VERIZON MASTER TRUST	SERIES 2023-7 CLASS A1A 0.0567% DUE 11/20/29 DATED 11/20/23	130,000	129,984	132,085
	VIRGINIA POWER FUEL SECURITIZATION	SECURED NOTE 4.877% DUE 05/01/31 DATED 02/14/24	125,000	124,996	127,840
	VOYA FINANCIAL INC	SENIOR UNSECURED NOTE 3.65% DUE 06/15/26 DATED 06/13/16	25,000	24,003	24,946
	WAMU MTG PASS THROUGH CERTS	SERIES 2003-S1 CLASS A5 5.5% DUE 4/25/33 DATED 2/1/03	3,013	3,126	3,063
	WEC ENERGY GROUP INC	SENIOR UNSECURED NOTE 2.2% DUE 12/15/28 DATED 12/13/21	155,000	154,630	147,219

EVERGY, INC.

JOINT TRUSTEED HEALTH & WELFARE PLAN

EIN # 82-2733395, Plan No. 501

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

AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest,	Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	WELLS FARGO & COMPANY	SENIOR UNSECURED NOTE VARIABLE RATE	110,000	110,000	109,559
	WINNEBAGO COUNTY IL TAXABLE	ALTERNATIVE REVENUE SOURCE GENERAL OBLIGATION UNLIMITED	50,000	50,000	50,160
				42,420,104	**42,378,449**
				49,105,194	**55,205,353**