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 KANSAS CENTRAL, INC. GROUP WELFARE PLANS FOR RETIRED EMPLOYEES

1b Three-digit plan number (PN) ▶ 557

1c Effective date of plan 01/01/2013

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 KANSAS CENTRAL, INC.

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

2b Employer Identification Number (EIN)
48-0290150

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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	3979
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)**	1675
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1631
b	Retired or separated participants receiving benefits	**6b**	1866
c	Other retired or separated participants entitled to future benefits	**6c**	19
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3516
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 1
- **(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 KANSAS CENTRAL, INC. GROUP WELFARE PLANS FOR RETIRED EMPLOYEES

B Three-digit plan number (PN) ▶ 557

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

D Employer Identification Number (EIN)
48-0290150

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	0240698	55	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	19789

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
	14820	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
	4969	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** [ ] 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	792861
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 KANSAS CENTRAL, INC. GROUP WELFARE PLANS FOR RETIRED EMPLOYEES

B Three-digit plan number (PN) ▶ 557

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

D Employer Identification Number (EIN)
48-0290150

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

SEI INVESTMENT

23-1707341

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

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

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

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

WILLIS TOWERS WATSON

26-0775680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 38 50	NONE	86700	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEI INVESTMENT

23-1707341

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	INVESTMENT MANAGER	77052	Yes [X] No [ ]	Yes [X] No [ ]	0	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	NONE	25800	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)

THE BANK OF NEW YORK MELLON

13-5160382

(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	24891	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE TABEN GROUP

10875 BENSON DR
OVERLAND PARK, KS 66210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	NONE	13865	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CBIZ ADVISORS, LLC

34-1846498

(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	NONE	5880	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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(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 KANSAS CENTRAL, INC. GROUP WELFARE PLANS FOR RETIRED EMPLOYEES

B Three-digit plan number (PN) ▶ 557

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

D Employer Identification Number (EIN)
48-0290150

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	6536	15268
(3) Other	1b(3)	1971385	1715446
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	99104470	82316301
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	101082391	84047015
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	23827	22296
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	123085	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	146912	22296
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	100935479	84024719

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)	503376	
(B) Participants	2a(1)(B)	157106	
(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)		660482
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)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)	3119396	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3119396
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(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)		8842634
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		12622512
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27180098	
(2) To insurance carriers for the provision of benefits	2e(2)	793581	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		27973679
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)	1320	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	25800	
(5) Investment advisory and investment management fees	2i(5)	77052	
(6) Bank or trust company trustee/custodial fees	2i(6)	24891	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1430530	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1559593
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		29533272
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-16910760
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**			
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 KANSAS CENTRAL, INC. GROUP WELFARE PLANS FOR RETIRED EMPLOYEES

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITORS' REPORT
DECEMBER 31, 2025, AND 2024

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 Kansas Central, Inc. Group Welfare Plans for Retired Employees:

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

We have performed the audits of the financial statements of Evergy Kansas Central, Inc. Group Welfare Plans for Retired Employees ("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 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 KANSAS CENTRAL, INC. GROUP WELFARE PLANS FOR RETIRED EMPLOYEES

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

Registered investment companies	$ 82,316,301	$ 99,104,470
Interest receivable	124	4,014
Participant contributions receivable	15,268	6,536
Deferred unrelated business income taxes	1,190,922	1,967,371
Refundable unrelated business income taxes	8,980	-
Receivable for annuity true-up	515,420	-
Total assets	84,047,015	101,082,391
LIABILITIES		
Administrative expense payable	22,296	23,827
Accrued unrelated business income taxes	-	123,085
Total liabilities	22,296	146,912
NET ASSETS AVAILABLE FOR BENEFITS	$ 84,024,719	$ 100,935,479

See the accompanying notes to the financial statements.

EVERGY KANSAS CENTRAL, INC. GROUP WELFARE PLANS FOR RETIRED EMPLOYEES

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

ADDITIONS		
Investment income:		
Interest income	$	40,065
Net appreciation in fair value of investments		8,802,569
Dividend income		3,119,396
Total investment income		11,962,030
Contributions:		
Employer		503,376
Participant		157,106
Total contributions		660,482
Total additions		12,622,512
DEDUCTIONS		
Benefits paid		6,686,644
Premiums paid to insurance companies		793,581
Unrelated business income tax		1,319,384
Annuity transfer out		20,493,454
Administrative expenses and fees		240,209
Total deductions		29,533,272
NET (DECREASE)		(16,910,760)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		100,935,479
End of year	$	84,024,719

See accompanying notes to the financial statements.

EVERGY KANSAS CENTRAL, INC. GROUP WELFARE PLANS FOR RETIRED EMPLOYEES

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

	2025	2024
AMOUNTS CURRENTLY PAYABLE:		
Claims payable to benefit providers	$ -	$ -
Premiums payable to insurers	-	-
Claims incurred but not reported	-	-
Total currently payable	-	-
POSTEMPLOYMENT LONG-TERM DISABILITY MEDICAL BENEFIT OBLIGATIONS	542,004	607,298
POSTRETIREMENT BENEFIT OBLIGATIONS:		
Current retirees	56,622,110	71,376,943
Other participants fully eligible for benefits	6,281,024	7,893,553
Other participants not yet fully eligible for benefits	12,923,606	14,758,009
Total postretirement benefit obligations	75,826,740	94,028,505
PLAN'S TOTAL BENEFIT OBLIGATIONS	$ 76,368,744	$ 94,635,803

See accompanying notes to the financial statements.

EVERGY KANSAS CENTRAL, INC. GROUP WELFARE PLANS FOR RETIRED EMPLOYEES

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

AMOUNTS CURRENTLY PAYABLE:	
Balance at beginning of year	$ -
Claims and premiums reported and approved for payment	7,480,225
Claims and premiums paid	(7,480,225)
Net change during the year of claims incurred but not reported	-
Balance at end of year	-
POSTEMPLOYMENT LONG-TERM DISABILITY MEDICAL BENEFIT OBLIGATIONS	
Balance at beginning of year	607,298
Increase (decrease) during the year attributable to:	
Benefits accumulated	17,226
Interest	32,431
Employee contributions	5,280
Benefits paid	(102,953)
Benefits settled	(28,656)
Change in actuarial assumptions	11,378
Balance at end of year	542,004
POSTRETIREMENT BENEFIT OBLIGATIONS:	
Balance at beginning of year	94,028,505
Increase (decrease) during the year attributable to:	
Benefits accumulated	910,275
Actuarial (gain)	(58,567)
Interest	4,701,763
Employee contributions	129,031
Benefits paid	(7,479,849)
Change in actuarial assumptions	2,387,683
Special/contractual termination benefits	1,566,142
Benefits settled through annuity purchase, net	(20,493,454)
Plan amendments	135,211
Balance at end of year	75,826,740
PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	$ 76,368,744

See accompanying notes to the financial statements.

EVERGY KANSAS CENTRAL, INC. GROUP WELFARE PLANS FOR RETIRED EMPLOYEES

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2025 AND 2024

1. DESCRIPTION OF THE PLAN

The following description of the Evergy Kansas Central, Inc. (the "Company") Group Welfare Plans for Retired Employees (the "Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions. The Plan was effective as of January 1, 2013. Prior to that date, medical, prescription, vision, dental, life, and long-term disability for Company retirees were included as part of a different plan which also included active employees of the Company. The Plan was amended and restated effective January 1, 2021, with substantially the same provisions.

General – The Westar Energy, Inc. Post-Retirement and Disability Benefit Trust (the "Trust") was established in 1995. The Bank of New York Mellon/BNY Mellon, N.A. (the "trustee") serves as the Trustee of the Plan. Assets of the Plan are invested in the Trust and are held by the trustee to provide benefits to certain retirees and disabled employees of Westar Energy, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective January 1, 2015, the Plan was amended to provide postretirement medical benefits in the form of an HRA for the purpose of allowing certain former employees of the Company to obtain reimbursement of eligible medical expenses incurred by such former employees and their eligible dependents. The Plan Sponsor intends for the Plan to qualify as a health reimbursement arrangement ("HRA") as that term is defined under IRS Notice 2002-45 and medical reimbursement plan under Sections 105 and 106 of the Internal Revenue Code of 1986, as amended, and the Plan will be interpreted at all times in a manner consistent with such intent.

Effective January 1, 2021, the Plan was amended and restated with the following changes. Effective January 1, 2021, the benefits provided to Wolf Creek Nuclear Operating Corporation Retiree Group Health Plan ("the WCNOC plan") post-65 retirees and their beneficiaries were merged into this plan. Also, Effective January 1, 2021, the Plan was amended to provide postretirement medical benefits for Wolf Creek post-65 retirees in the form of an HRA for the purpose of allowing reimbursement of eligible medical expense incurred by former employees and their dependents. Lastly the Plan was amended to freeze the class of individuals eligible to participate in the Plan to exclude non-union employees hired on or after January 1, 2021.

The Plan provides the following benefits for all retirees of the Company and their dependents, as described in the Plan document, as amended:

- Health Reimbursement Account
- Dental
- Life

The Plan is administered under insurance contracts and service agreements between the Company and those insurers and service providers as listed in the Plan document. For union retirees under the age of 65, Delta Dental pays all dental benefits, the Plan then reimburses Delta Dental for such benefit payments through a self-funded arrangement. Delta Dental provides dental insurance for union retirees age 65 or over who elect such coverage. The Plan was amended effective January 1, 2022 to eliminate pre-65 dental plan for the Company's non-union employees. Instead of offering a dental plan, the HRA contributions were increased by a small amount to allow for reimbursement of dental premiums for plans purchased through the exchange.

The Plan pays premiums to MetLife for life insurance. VIA Benefits, which provides retirees with access to their own medical coverage in the private market, administers the Health Reimbursement Arrangement

("HRA"). VIA Benefits processes the reimbursement to retirees for eligible medical expenses up to the amount of their available HRA contributions and the Plan then reimburses VIA Benefits for those claims.

Wolf Creek 304 Union employees participate in the NECA-IBEW Family Medical Care Plan (FMCP) United Healthcare Group Medicare Advantage Plan. The company and retiree share in the premium payment to FMCP.

Contributions – The majority of retirees receive an annual contribution to the HRA, with a small population of non-union employees who retired on or after January 1, 2009, with a hire date on or after May 1, 2000, received a lump sum contribution to the HRA (See tables below for contribution amounts). Each HRA account established shall be a hypothetical account which merely reflects a bookkeeping concept and does not represent assets that are actually set aside for the exclusive purpose of providing benefits to the participant under the terms of the Plan. In no event may any benefits under the HRA be funded with participant contributions.

To the extent a participant with the lump sum contribution has a balance in his or her HRA account at the end of the plan year, the balance shall be carried over to the following year. Certain participant groups may also be credited with interest at a rate of 4%, calculated on the balance remaining at December 31 each year.

Participants make monthly contributions to cover a portion of the estimated annual costs of dental claims and life insurance premiums. The participant contribution rate may be adjusted by the Company.

Retiree Welfare Plan HRA Credits

The tables below illustrate the annual HRA credits by retiree group with no plan for indexing.

HRA - New Non-Union Retirees	
*Non-Union Hired on or after May 1, 2000 and before January 1, 2021 and retired on or after January 1, 2025	
Tier	**2025 Company Funding HRA**
Retiree	$ 4,000
Spouse	$ 2,000

RMU6509 - RU6509 New Non-Union Retirees	
*Non-Union Hired before May 1, 2000 and retired after January 1, 2009 *Non-Union Retired between 01/01/2006 – 01/01/2009 & Elected to increase contributions at 3%	
Tier	**2025 Company Funding HRA**
Retiree	$ 10,650
Spouse	$ 3,600

RMU6506 - This group is closed.	
*Non-Union hired prior to May 1, 2000 and retired between 01/01/2006 - 01/01/2009 & Elected to retain lower contributions at 3% indexed	
Tier	**2025 Company Funding HRA**
Retiree	$ 6,804
Spouse	$ 3,792

RMU6508 - New Union Retirees	
*Union Retired after 07/01/2008 *Union Retired before 07/01/2005 who elected increased pre-65 contribution	
Tier	**2025 Company Funding HRA**
Retiree	$ 9,000
Spouse	$ 3,000

RMU65- This group is closed.	
*Non-Union Retired before 01/01/2006 *Union Retired before 07/01/2005	
Tier	**2025 Company Funding HRA**
Retiree	$ 5,400
Spouse	$ 3,000

RMU6505- This group is closed.	
*Union Retired after 07/01/2005 & before 07/01/2008	
Tier	**2025 Company Funding HRA**
Retiree	$ 6,000
Spouse	$ 3,000

HRA - New Non-Union Retirees	
*Non-Union hired on or after May 1, 2000 and before Jnaury 1, 2021 and retired on or after January 1, 2025 *All Wolf Creek Non-union employees and retirees	
Tier	**2025 Company Funding HRA**
Retiree	$ 2,800
Spouse	$ 1,400

RMOV65 - New Non-Union Retirees RMOV65	
*Non-Union Retired after 1/1/1993 *Includes previous plans RMOV6507 & RMOV65NU	
Tier	**2025 Company Funding HRA**
Retiree	$ 2,520
Spouse	$ 1,680

RMOV65U - New Union Retirees RO65UN	
*Union - Retired after 7/1/2008 *Union Retirees who elected increase in Pre 65 contribution	
Tier	**2025 Company Funding HRA**
Retiree	$ 1,680
Spouse	$ 1,680

MGSCAT - Gas Service MGS065- This group is closed.	
Tier	**2025 Company Funding HRA**
Retiree	$ 2,880
Spouse	$ 2,880

RMOV6590 RO6590- This group is closed.	
*Retired prior to 1990	
Tier	**2025 Company Funding HRA**
Retiree	$ 2,880
Spouse	$ 2,880

RMOV6593 RO6593- This group is closed.	
*Retired 1/1/1990 - 12/31/1992	
Tier	**2025 Company Funding HRA**
Retiree	$ 2,880
Spouse	$ 2,520

In addition to the tables above, any non-union employee hired on or after May 1, 2000, and retired prior to January 1, 2025 received a one-time contribution to their HRA calculated as $1,450 multiplied by the years of service of the employee.

WCNOC UGSOA Post-65 Retiree Welfare Plan HRA Credits for 2025

Post 65 (Medicare Eligible)	
Years of Service	Annual Subsidy Per Years of Service per Member
5	$180
6	$216
7	$252
8	$288
9	$324
10	$360
11	$396
12	$432
13	$468
14	$504
15	$540
16	$576
17	$612
18	$648
19	$684
20	$720
21	$756
22	$792
23	$828
24	$864
25+	$900

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

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 results could differ from those estimates.

Risks, Uncertainties, and Concentrations – The Plan invests in various investment securities including registered investment companies and common collective trusts. 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 a least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Approximately 84% of the Plan's investments were invested in the following three funds: SIIT Core Fixed Income A, SEI Inst Inv World Equity Index and SEI Inst Inv Large Cap Index funds at December 31, 2025 and 2024, respectively.

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

Administrative Expenses – Expenses incurred in the administration of the Plan are paid by the Plan, as provided in the Plan document. These expenses include the following:

Professional fees	$ 163,156
Investment advisory and management fees	77,053
	$ 240,209

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 $20,493,454 decrease in plan assets, net of refunds. The reduction in Plan assets included a one-time premium payment made to the insurer to facilitate the transfer.

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 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.

In March 2010, two pieces of legislation were passed, the Patient Protection and Affordable Care Act, followed by the Health Care and Education Reconciliation Act of 2010, collectively referred to as the Affordable Care Act ("ACA"). Although the legislation generally deals with the health care system, it does contain many revisions to the Internal Revenue Code, which may affect plan design or operation.

Significant actuarial assumptions used in the valuation were:

Discount rate:	For non-WCNOC Participants 5.66% and 5.79% as of December 31, 2025 and 2024, respectively For WCNOC Participants in this plan 5.78% as of December 31, 2025 and 2024.
Mortality:	2025 and 2024: Pri-2012 Mortality Table using Scale MP-2015 with a 15-year convergence from 2007-2009 to 0.75% ultimate rate
Retirement age:	For non-WCNOC Participants Average retirement age was 59 for 2025 and 2024. For WCNOC Participants in this plan Average retirement age was 61 for 2025 and 2024.
Investment return:	6.50% as of December 31, 2025 and 2024
Participation:	Spouses of married retirees that were not covered at December 31, 2025, are assumed to re-enroll in the Plan upon attaining Medicare eligibility

Changes in actuarial assumptions resulted in a decrease in the postretirement accumulated benefit obligation of $2,387,683. Changes include an increase in the discount rate and annuity buyout.

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. Obligations for retiree claims incurred but not reported at year end, are included in the postretirement benefit obligation.

Postemployment Benefits – The postemployment benefit obligation represents Plan benefit obligations for long-term disabled lives as estimated by the Plan's actuary. The significant assumptions for the postemployment benefits are the same as the assumptions for postretirement benefits listed above, except for the discount rate. The discount rate was 5.29% and 5.80% for 2025 and 2024, respectively.

3. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Accounting Standards Codification 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). It also allows the measurement of certain investments that do not have a readily determinable fair value at Net Asset Value ("NAV"). These investments do not consider the observability of inputs, therefore, they are not included within the fair value hierarchy. Further explanation of these levels and NAV is summarized below:

Level 1 – Inputs consist of unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access.

Level 2 – Inputs consist of 1) quoted prices for similar assets in active markets, 2) quoted prices for identical or similar assets in inactive markets, 3) inputs other than quoted prices that are observable, and 4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term.

Level 3 – Inputs consist of unobservable inputs where there is little or no market activity, and the reporting entity makes estimates and assumptions related to the pricing of the asset including assumptions regarding risk.

Net Asset Value – Investments that do not have a readily determinable fair value are measured at NAV as a practical expedient. These investments do not consider the observability of inputs, therefore, they are not included within the fair value hierarchy. Included in this category are investments in common collective trusts.

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

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.

Registered Investment Companies – Valued at the NAV of shares held by the Plan at year end based on valuation procedures approved by the managing member for the funds.

Management, with the assistance of external investment advisors, assesses the reasonableness of the valuation methodology by reviewing a variety of factors including review of fund investment profiles, economic conditions, and industry and market developments.

The preceding methods described 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.

The Plan's investments are reported at fair value at December 31, 2025 and 2024 as follows:

	Fair Value Measurements Using:			
	Level 1	Level 2	Level 3	Fair Value
December 31, 2025:				
Registered investment companies	$ 82,316,301	$ -	$ -	$ 82,316,301
Investments measured at fair value	$ 82,316,301	$ -	$ -	$ 82,316,301
December 31, 2024:				
Registered investment companies	$ 99,104,470	$ -	$ -	$ 99,104,470
Investments measured at fair value	$ 99,104,470	$ -	$ -	$ 99,104,470

4. INFORMATION CERTIFIED BY THE TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate with respect to investments as of December 31, 2025 and 2024, and for the year ended December 31, 2025:

- Investments, at fair value
- Net appreciation in fair value of investments
- Interest income
- Interest receivable
- Dividend income
- Schedule of Assets (Held at End of Year)
- Schedule of Reportable Transactions

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

5. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of a registered investment company managed by SEI Investments Company ("SEI"). SEI is an investment manager as defined by the Plan, and therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid directly to SEI totaled $77,052 for 2025.

6. FEDERAL INCOME TAX STATUS

The Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code, and accordingly, the Trust's net investment income is exempt from income taxes, except as noted below. The Trust has obtained an exemption letter dated September 3, 1996, from the Internal Revenue Service, and the Plan Sponsor believes that the Trust, as amended,

continues to qualify and to operate in accordance with the applicable requirements of the Internal Revenue Code. From time to time, the Plan pays unrelated business income tax ("UBIT") on the investment assets of the Trust used to pay medical expenses of the non-union members. The Plan incurred UBIT expense of $1,319,384 for the year ended December 31, 2025.

Components of unrelated business income tax benefit are detailed in the following table:

	2025	2024
Current income taxes		
Federal	$ (8,980)	$ 123,085
Total	$ (8,980)	$ 123,085
Deferred income taxes		
Federal	$ (1,190,922)	$ (1,967,371)
Total	$ (1,190,922)	$ (1,967,371)
Unrelated Business Income Tax Benefit	$ (1,199,902)	$ (1,844,286)

Income tax benefit and the effective tax rates reflected in the financial statements and the reasons for their differences from the statutory federal rate are detailed in the following table:

	Unrelated Business Income Tax Benefit 2025	Income Tax Rate 2025
Federal Statutory income tax	$ (499,881)	37.0%
Provision to return adjustment	(549,155)	7.1%
Graduated tax rate table and long-term capital gain tax rate difference	(139,951)	-0.50%
Other	(10,915)	0.40%
Total	$ (1,199,902)	44.00%

The effect of major temporary differences resulting from deferred income tax assets in the statements of net assets available for benefits in the following table:

Deferred income tax asset	2025	2024
Unrealized depreciation in fair value of investments	$ 1,190,922	$ 1,967,371

Generally accepted accounting principles ("GAAP") requires Plan management to evaluate tax positions taken by the Plan and recognizes a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to modify the benefits provided under the Plan, including amending and terminating 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. No assets of the Plan may revert to the Company or be used for purposes other than for the exclusive benefit of the Plan's participants.

8. SUBSEQUENT EVENTS

Subsequent events were evaluated through October 15, 2026, the date the financial statements were available to be issued.

* * * * * *

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 KANSAS CENTRAL, INC. GROUP WELFARE PLANS FOR RETIRED EMPLOYEES

1b Three-digit plan number (PN) ▶ 557

1c Effective date of plan 01/01/2013

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 Kansas Central, Inc.

P. O. Box 418679

Kansas City MO 64141-9679

2b Employer Identification Number (EIN) 48-0290150

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	
	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	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	3,979
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)**	1,675
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1,631
b	Retired or separated participants receiving benefits	**6b**	1,866
c	Other retired or separated participants entitled to future benefits	**6c**	19
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3,516
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)		**9b** Plan benefit arrangement (check all that apply)	
(1) ☒	Insurance	**(1)** ☒	Insurance
(2) ☐	Code section 412(e)(3) insurance contracts	**(2)** ☐	Code section 412(e)(3) insurance contracts
(3) ☒	Trust	**(3)** ☒	Trust
(4) ☐	General assets of the sponsor	**(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 1
- **(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 KANSAS CENTRAL, INC. GROUP WELFARE PLANS FOR RETIRED EMPLOYEES

FORM 5500, SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2025
EIN: 48-0290150 PLAN NO: 557

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Identity of Party Involved	**Description of Asset**	**Purchase Price**	**Selling Price**	**Cost of Asset**	**Current Value of Asset on Transaction Date**	**Net Gain or Loss**
SINGLE TRANSACTIONS:						
SIIT CORE FIXED INCOME-A	Registered Investment Companies	-	5,773,828	6,534,182	-	(760,354)
SERIES TRANSACTIONS:						
SIIT CORE FIXED INCOME-A	Registered Investment Companies					
	(52 Purchases)	6,002,780	-	-	6,002,780	-
	(14 Sales)	-	11,439,936	13,045,246		(1,605,310)
SIIT WORLD EQUITY EX-US-A	Registered Investment Companies					
	(10 Purchases)	1,349,125	-	-	1,349,125	-
	(49 Sales)	-	9,213,139	9,956,799	-	(743,659)
SIIT LARGE CAP INDEX-A	Registered Investment Companies					
	(25 Purchases)	4,274,617	-	-	4,274,617	-
	(42 Sales)	-	8,164,752	7,489,380	-	675,371
JP MORGAN US TRES INC IJPM199	Registered Investment Company					
	(107 Purchases)	3,077,909	-	-	3,077,909	-
	(38 Sales)	-	2,832,792	2,832,792	2,832,792	-

SUPPLEMENTAL SCHEDULES

EVERGY KANSAS CENTRAL, INC. GROUP WELFARE PLANS FOR RETIRED EMPLOYEES

FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR) – DECEMBER 31, 2025
EIN: 48-0290150 PLAN NO: 557

(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
*	SIIT CORE FIXED INCOME-A	Registered Investment Company	$ 45,825,074	$ 39,920,967
*	SIIT HIGH YIELD BOND-A	Registered Investment Company	$ 2,879,161	$ 2,432,384
*	SEI EXTENDED MKT INDEX-A	Registered Investment Company	$ 3,823,893	$ 3,259,947
*	SEI MUTLI-ASSET REAL RET-A	Registered Investment Company	$ 4,335,355	$ 3,947,550
*	SEI INST INV EMG MKT DEBT-A	Registered Investment Company	$ 2,607,018	$ 2,480,553
*	SEI INST INV WORLD EQUITY INDEX	Registered Investment Company	$ 12,256,690	$ 11,699,901
*	SEI INST INV LARGE CAP INDEX	Registered Investment Company	$ 17,231,134	$ 17,333,095
*	JP MORGAN US TRES INC IJPM199	Registered Investment Company	$ 1,241,904	$ 1,241,904
	Total Investments		$ 90,200,229	$ 82,316,301

* Represents party-in-interest to the plan.

See Accompanying Independent Auditors' Report