

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

- 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**

<b>1a</b> Name of plan TEXAS IRON WORKERS' HEALTH BENEFIT FUND	<b>1b</b> Three-digit plan number (PN) ▶ <u>501</u>
<b>2a</b> 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) BOARD OF TRUSTEES, TEXAS IRON WORKERS' HEALTH BENEFIT FUND TEXAS IRON WORKERS' HEALTH BENEFIT FUND  1600 HIGHWAY 6 SOUTH, SUITE 340 SUGAR LAND, TX 77478	<b>1c</b> Effective date of plan <u>09/06/1955</u>  <b>2b</b> Employer Identification Number (EIN) <u>74-6038639</u>  <b>2c</b> Plan Sponsor's telephone number <u>713-219-1200</u>  <b>2d</b> Business code (see instructions) <u>525100</u>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1675
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1670
	<b>6a(2)</b>	1635
	<b>6b</b>	2
	<b>6c</b>	3
	<b>6d</b>	1640
	<b>6e</b>	0
	<b>6f</b>	1640
	<b>6g(1)</b>	0
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	94

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4A 4B 4C 4D 4F

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

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>3</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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

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

Receipt Confirmation Code \_\_\_\_\_

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**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

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<b>A</b> Name of plan <b>TEXAS IRON WORKERS' HEALTH BENEFIT FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES, TEXAS IRON WORKERS' HEALTH BENEFIT FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>74-6038639</b>

**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  
**THE UNION LABOR LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-1423090</b>	<b>69744</b>	<b>G-2697 C3985</b>	<b>1580</b>	<b>12/01/2023</b>	<b>11/30/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

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

**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**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves .....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	29749
<b>b</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.	<b>10b</b>	

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  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

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<b>A</b> Name of plan <b>TEXAS IRON WORKERS' HEALTH BENEFIT FUND</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES, TEXAS IRON WORKERS' HEALTH BENEFIT FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>74-6038639</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**BLUE CROSS BLUE SHIELD**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>36-1236610</b>	<b>70670</b>	<b>17091</b>	<b>1600</b>	<b>05/01/2023</b>	<b>04/30/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**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**

**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
 (2) Dividends and credits..... **7c(2)**  
 (3) Interest credited during the year..... **7c(3)**  
 (4) Transferred from separate account ..... **7c(4)**  
 (5) Other (specify below)..... **7c(5)**  
 ▶

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d**

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
 (2) Administration charge made by carrier..... **7e(2)**  
 (3) Transferred to separate account ..... **7e(3)**  
 (4) Other (specify below)..... **7e(4)**  
 ▶

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

**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**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	8775045	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>		8775045
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	8235082	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>		8235082
	(4) Claims charged .....	<b>9b(4)</b>		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	215211	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>	324752	
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....	<b>9c(1)(H)</b>		539963
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>		
	(2) Claim reserves .....	<b>9d(2)</b>		
	(3) Other reserves .....	<b>9d(3)</b>		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>		

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

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  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

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<b>A</b> Name of plan <b>TEXAS IRON WORKERS' HEALTH BENEFIT FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES, TEXAS IRON WORKERS' HEALTH BENEFIT FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>74-6038639</b>

**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  
**UNION LABOR LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-1423090</b>	<b>69744</b>	<b>C9712</b>	<b>1580</b>	<b>12/01/2023</b>	<b>11/30/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
---	--------------------------------------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**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**

**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
 (2) Dividends and credits..... **7c(2)**  
 (3) Interest credited during the year..... **7c(3)**  
 (4) Transferred from separate account ..... **7c(4)**  
 (5) Other (specify below)..... **7c(5)**  
 ▶

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d**

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
 (2) Administration charge made by carrier..... **7e(2)**  
 (3) Transferred to separate account ..... **7e(3)**  
 (4) Other (specify below)..... **7e(4)**  
 ▶

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

**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**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	1441766
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>	1441766
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>	
	(4) Claims charged .....	<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....	<b>9c(1)(H)</b>	
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>	
	(2) Claim reserves .....	<b>9d(2)</b>	
	(3) Other reserves .....	<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

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  No

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<b>A</b> Name of plan <b>TEXAS IRON WORKERS' HEALTH BENEFIT FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES, TEXAS IRON WORKERS' HEALTH BENEFIT FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>74-6038639</b>	

**Part I Service Provider Information (see instructions)**

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

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

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

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

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

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

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

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

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

ZENITH-AMERICAN SOLUTIONS

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	ADMINISTRATOR	462473	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE SEGAL COMPANY

94-1503999

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	69092	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CONNER & WINTERS

73-1388566

(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	ATTORNEY	33130	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BARROW HANLEY

75-2403190

(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	INVEST. MGR.	37510	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EDWARDS AND LEATHERS, P.C.

20-8739519

(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	AUDITOR	10500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HARPER & PEARSON

74-1695589

(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	PAYROLL AUDITOR	16000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>04/01/2024</b> and ending <b>03/31/2025</b>	
<b>A</b> Name of plan <b>TEXAS IRON WORKERS' HEALTH BENEFIT FUND</b>	<b>B</b> Three-digit plan number (PN) <b>►</b> <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES, TEXAS IRON WORKERS' HEALTH BENEFIT FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>74-6038639</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	-182676	-13526
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1569273	1386704
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	474218	292934
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	13702372	16322623
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	3872446	4364180
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	3539244	3444726
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	3766618	4109028
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	26741495	29906669
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	1521600	3218000
<b>h</b> Operating payables.....	<b>1h</b>	685198	305410
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	2206798	3523410
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	24534697	26383259

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	12584291	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	40415	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	1125913	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		13750619
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	5491	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	501832	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	351423	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	137850	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		996596
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	86978	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	35530829	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	34937107	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-311651	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(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)	
<b>c</b> Other income .....	2c	46415
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	15162679

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	12565671
(2) To insurance carriers for the provision of benefits .....	2e(2)	
(3) Other .....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	12565671
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	
<b>h</b> Interest expense .....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	496659
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	26500
(5) Investment advisory and investment management fees .....	2i(5)	41004
(6) Bank or trust company trustee/custodial fees .....	2i(6)	
(7) Actuarial fees .....	2i(7)	69092
(8) Legal fees .....	2i(8)	33129
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	10586
(11) Other expenses .....	2i(11)	71476
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	748446
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	13314117

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	1848562
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	
(2) From this plan .....	2l(2)	

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: EDWARDS AND LEATHERS, P.C.

(2) EIN: 20-8739519

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		10000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.		X	

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

TEXAS IRON WORKERS'  
HEALTH BENEFIT FUND

REPORT ON AUDITS OF  
FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULES

MARCH 31, 2025 AND 2024

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## INDEPENDENT AUDITOR'S REPORT

To the Participants and the Board of Trustees of  
Texas Iron Workers' Health Benefit Fund  
Houston, Texas

### **Opinion**

We have audited the accompanying financial statements of Texas Iron Workers' Health Benefit Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan's benefit obligations of March 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the year ended March 31, 2025, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of Texas Iron Workers' Health Benefit Fund as of March 31, 2025 and 2024, and the changes in its net assets available for benefits and changes in its benefit obligations for the year ended March 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

### **Basis of Opinion**

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

### **Responsibilities of Management for the Financial Statements**

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

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

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

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

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures including 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 Texas Iron Workers' Health Benefit Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Texas Iron Workers' Health Benefit Fund's ability to continue as a going concern for a reasonable period of time.

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

## **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Investments Held at Year End are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

## **Other Matters**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Operating Expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying account and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Baytown, Texas  
October 20, 2025

Edwards and Leathers, P.C.  
Certified Public Accountants

TEXAS IRON WORKERS' HEALTH BENEFIT FUND  
 Statements of Net Assets Available for Benefits  
 As of March 31, 2025 and 2024

ASSETS	2025	2024
Investments, at fair value (Notes B & C)		
U.S. government securities	\$ 4,364,180	\$ 3,872,446
Corporate bonds	3,056,147	3,047,917
Foreign obligations	388,579	491,327
Common stock	3,298,794	3,258,996
Foreign stock	810,234	507,622
Cash equivalents	16,322,623	13,702,372
Total Investments	\$ 28,240,557	\$ 24,880,680
Receivables		
Employers' contribution (Note B)	1,386,704	1,569,273
Reciprocal contributions (Note B)	143,335	352,822
Accrued interest	142,828	115,100
Accrued dividends	6,771	6,296
Total Receivables	1,679,638	2,043,491
Cash		
Cash	(13,526)	(182,676)
Total Cash	(13,526)	(182,676)
TOTAL ASSETS	\$ 29,906,669	\$ 26,741,495

The accompanying notes are an integral part of these financial statements.

TEXAS IRON WORKERS' HEALTH BENEFIT FUND  
 Statements of Net Assets Available for Benefits  
 As of March 31, 2025 and 2024

	2025	2024
LIABILITIES		
Accounts payable	\$ 58,966	\$ 93,945
Accounts payable – other plans	246,444	591,253
TOTAL LIABILITIES	\$ 305,410	\$ 685,198
 NEW ASSETS AVAILABLE FOR BENEFITS	 \$ 29,601,259	 \$ 26,056,297

The accompanying notes are an integral part of these financial statements.

TEXAS IRON WORKERS' HEALTH BENEFIT FUND  
Statements of Changes in Net Assets Available for Benefits  
For the Year Ended March 31, 2025 and 2024

	2025	2024
<u>Additions</u>		
Investment income:		
Net appreciation/(depreciation) in fair value of investments (Note C)	\$ 282,071	\$ 871,744
Interest income	996,596	773,399
Dividend income	86,978	78,216
Total investment income	1,365,645	1,723,359
Less investment expenses	(41,004)	(37,707)
Net investment income	1,324,641	1,685,652
 <u>Contributions</u>		
Employers' contributions (Note A)	12,584,291	13,983,095
Employees' contributions (Note A)	40,415	49,685
Reciprocal contributions	1,125,913	1,570,475
Total contributions	13,750,619	15,603,255
 Subrogation Settlements	4,583	4,739
Misc. income	41,833	21,309
 TOTAL ADDITIONS	15,121,676	17,314,955
 <u>Deductions</u>		
Benefits paid to participants	9,322,204	8,919,621
Group insurance premiums	1,540,076	1,732,426
Transitional reinsurance	6,992	6,645
Total benefits paid	10,869,272	10,658,692
 Operating expenses (Note B)	707,442	688,127
 TOTAL DEDUCTIONS	11,576,714	11,346,819
 INCREASE/(DECREASE) IN NET ASSETS	3,544,962	5,968,136
 Beginning of year net assets	26,056,297	20,088,161
 End of year net assets	\$ 29,601,259	\$ 26,056,297

The accompanying notes are an integral part of these financial statements.

TEXAS IRON WORKERS' HEALTH BENEFIT FUND  
 Statements of Plan's Benefit Obligations  
 March 31, 2025 and 2024

	2025	2024
Amounts currently payable		
Claims incurred but unreported	\$ 3,218,800	\$ 2,546,800
Estimated future benefits based on Participants' accumulated eligibility	2,892,181	2,979,033
 PLAN'S TOTAL BENEFIT OBLIGATIONS	 \$ 6,110,981	 \$ 5,525,833

The accompanying notes are an integral part of these financial statements.

TEXAS IRON WORKERS' HEALTH BENEFIT PLAN  
 Statements of Changes in Plan's Benefit Obligations  
 Year Ended March 31, 2025 and 2024

	2025	2024
Amounts currently payable		
Balance at beginning of year	\$ 5,525,833	\$ 3,851,620
Claims reported and approved for payment, including benefits reclassified from benefit obligations	9,914,344	12,332,905
Claims paid	(9,329,196)	(10,658,692)
<b>PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR</b>	<b>\$ 6,110,981</b>	<b>\$ 5,525,833</b>

The accompanying notes are an integral part of these financial statements.

TEXAS IRON WORKERS' HEALTH BENEFIT FUND  
NOTES TO FINANCIAL STATEMENTS  
March 31, 2025 and 2024

**A. DESCRIPTION OF THE PLAN**

The following description of the Texas Iron Workers' Health Benefit Fund provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**1. General**

The Texas Iron Workers' Health Benefit Fund is a defined benefit Plan. The Plan provides health and death benefits to all eligible participants and their dependents. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Eligible participants include persons for whom contributions to the Plan are required under the terms of a collective bargaining agreement between an employer or employer organization and the Union. The "Union" means the Iron Workers' District Council of Texas and the Mid-South States representing the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers' Local Union No. 84 of Houston, Texas, Local Union 135 of Galveston, Texas, Local Union No. 66 of San Antonio, Texas Local Union No. 482 of Austin, Texas, and Local Union No. 263 of Dallas-Ft. Worth, Texas and any other Iron Workers' Local Union or Local Union whose office and principal place of business is located within the State of Texas.

**2. Benefits**

The Plan provides health benefits (medical, hospital, surgical, major medical, hospice care and dental) and death benefits to all eligible participants of the Plan. In order to become eligible for benefits under the Plan the participant must complete 500 hours of covered employment during a period of not more than six calendar months. Coverage begins on the first day of the third calendar month following successful completion of the above mentioned 500 hour requirement. The Plan also provides health and death benefits to active and retired employees if they have accumulated credit amounts (expressed in hours) in excess of hours required for current coverage. All hours of covered employment will be credited to the participants, hour bank. Five hundred hours will be deducted from the hour bank for the initial month of coverage, and 125 hours will be deducted for each month of coverage thereafter. Effective January 1, 1997 the charge off will be two hundred and fifty hours for the initial month of coverage. Coverage will continue as long as at least 125 hours remain in the hour bank. In general the maximum number of hours that may be accumulated in your hour bank is 375 hours.

The accompanying notes are an integral part of these financial statements.

## Notes to Financial Statements - Continue

### 3. Contributions

Contributions are made by contributing employers in accordance with their collective bargaining agreement, adoption agreement, reciprocity agreement, national labor agreement, participation agreement or other written agreement between a person or his employer and the Trustees of the Plan. The amount contributed is based on the agreement between the Trustees and the participating employee or employer. Active and retired participants may contribute to the Plan in order to maintain coverage for themselves and eligible dependents. The amounts that active and retired participants must contribute to maintain coverage is determined by the Trustees.

## B. SUMMARY OF ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

1. **Date of Management's Review.** Subsequent events were evaluated through October 20, 2025 which is the date the financial statements were available to be issued.
2. **Basis of Accounting.** The accompanying financial statements have been prepared in conformity with generally accepted accounting principles and conform to the 2024 Audit Guide of Employee Benefit Plans prepared by the Employee Benefit Plan Committee as recommended by the American Institute of Certified Public Accountants.
3. **Contributions Receivable.** Accrued employer, employee and reciprocal contributions as of the end of the fiscal year represent contributions received during the two months subsequent to the fiscal year - end attributable to the prior year. Contributions received subsequent to the two-month period but applicable to the prior year are recorded as income in the year received.
4. **Investment Valuation and Income Recognition.** Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note C for discussion of fair value measurements.

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. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

The accompanying notes are an integral part of these financial statements.

Notes to Financial Statements - Continue

5. **Other Plan Benefits.** Plan obligations at March 31, 2025 and 2024 consisted of the accumulated eligibility of participants (hour bank liability), and was determined by multiplying the per capita costs at March 31, 2025 and 2024, respectively, for member and dependent coverage by the number of “bank months” accumulated by active participants. In the years ended March 31, 2025 and 2024 the Plan had benefit obligations for claims reported but not paid and for claims incurred but not reported which were provided by the Plan’s actuary.
  
6. **Funding Policy.** The Plan is funded by employer, employee, reciprocal contributions, and investment income for the years ended March 31, 2025 and 2024. The funding policy has not changed since the prior year’s audit report was delivered.

**C. FAIR VALUE MEASUREMENTS**

The Plan’s investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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.

	Fair Value	(Level 1)	(Level 2)
<b><u>March 31, 2025</u></b>			
U.S. government securities	\$ 4,364,180	\$	\$ 4,364,180
Corporate bonds	3,056,147		3,056,147
Foreign obligations	388,579		388,579
Common stock	3,298,794	3,298,794	
Foreign stock	810,234	810,234	
Cash equivalent in trust accounts	<u>16,322,623</u>	<u>16,322,623</u>	
TOTAL	<u>\$ 28,240,557</u>	<u>\$ 20,431,651</u>	<u>\$ 7,808,906</u>

The accompanying notes are an integral part of these financial statements.

Notes to Financial Statements - Continue

<b><u>March 31, 2024</u></b>	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>
U.S. government securities	\$ 3,872,446	\$	\$ 3,872,446
Corporate bonds	3,047,917		3,047,917
Foreign obligations	491,327		491,327
Common stock	3,258,996	3,258,996	
Foreign stock	507,622	507,622	
Cash equivalent in trust accounts	<u>13,702,372</u>	<u>13,702,372</u>	
TOTAL	<u>\$ 24,880,680</u>	<u>\$ 17,468,990</u>	<u>\$ 7,411,690</u>

The fair value measurements accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs were used only when Level 1 inputs were not available.

*Level 1 Fair Value Measurements*

The fair values of common stock, cash equivalents in trust accounts, and foreign stock in trust accounts are based on quoted market prices from active markets.

*Level 2 Fair Value Measurements*

The fair value of corporate bonds, U.S. government securities, and foreign obligations are valued using a market approach on yields currently available on comparable securities of issuers with similar credit ratings.

Notes to Financial Statements – Continued

**D. INVESTMENTS**

The Plan’s investments are held by a bank - administered trust fund. During the fiscal year ended March 31, 2025 and 2024 the Plan’s investments (including investments bought, sold, and held during the year) appreciated/(depreciated) in value by \$282,071 and \$871,744, respectively, as follows:

	<u>March 31, 2025</u>	<u>March 31, 2024</u>
	Net Increase/ (Decrease) in Value During Year	Net Increase/ (Decrease) in Value During Year
Investments at Fair Value as determined by Quoted Market Price:		
U.S. Government Securities	\$ 103,290	\$ 301,994
Corporate Bonds	72,332	237,693
Foreign Obligations	9,197	38,316
Corporate Stocks	78,078	254,154
Foreign Stocks	19,176	39,587
	<u>\$ 282,071</u>	<u>\$ 871,744</u>
<b>TOTAL INVESTMENTS</b>	<u>\$ 282,071</u>	<u>\$ 871,744</u>

**E. INCOME TAX STATUS**

The Internal Revenue Service has ruled that the Plan qualifies under Section 501 (c) (9) of the Internal Revenue Code and is, therefore, not subject to tax under the present income tax laws. The Plan obtained its latest determination letter on January 14, 1980, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan’s tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date, and no provision for taxes is included in the financial statements.

Generally accepted accounting principles require management to evaluate tax positions taken and recognize a tax liability if the entity has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has evaluated the tax positions taken by the Plan and concluded that as of March 31, 2025 there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. Management believes the Plan is no longer subject to income tax examinations for years prior to 2022.

Notes to Financial Statements – Continued

**F. PARTY – IN – INTEREST**

Transactions with the Plan’s administrator were for administrative services. Transactions with the Plan’s auditor was for accounting and auditing services, while transactions with the Plan’s attorney was for legal services. Transactions with the Plan’s consultant was for actuarial services. Transactions with the Plan’s investment managers were for investment management services. All of the transactions were conducted in the ordinary course of business. Transactions with all parties – in – interest are equivalent to those that prevail in arms – length transactions.

**G. RECONCILIATION OF FINANCIAL STATEMENTS AND INTERNAL REVENUE SERVICE FORM 5500 AMOUNTS**

The difference between the information in the separate financial statements and in the assets, liabilities, income, expenses, and changes in net assets reported in Form 5500 are explained below.

Liabilities	<u>March 31, 2025</u>	<u>March 31, 2024</u>
Liabilities per financial statements	\$ 305,410	\$ 685,198
Liabilities per Form 5500	<u>3,524,210</u>	<u>3,231,998</u>
Difference	<u>\$ 3,218,800</u>	<u>\$ 2,546,800</u>

Difference is that claims payable, insurance premiums payable, HRA liability and CINR are reported on the Statement of Plan’s Benefit Obligations in the financial statements and they are included in Liabilities on the Form 5500.

Income	<u>March 31, 2025</u>	<u>March 31, 2024</u>
Income per financial statements	\$ 15,121,676	\$ 17,314,955
Income per Form 5500	<u>15,162,680</u>	<u>17,352,662</u>
Difference	<u>\$ 41,004</u>	<u>\$ 37,707</u>

Difference is that investment fee is netted against investment income in the financial statements and it is included in expenses on the Form 5500.

Notes to Financial Statements – Continued

Expenses	<u>March 31, 2025</u>	<u>March 31, 2024</u>
Expenses per financial statements	\$ 11,576,714	\$ 11,346,819
Investment expenses	(41,004)	(37,707)
Change in Benefit Obligations	<u>585,148</u>	<u>1,674,213</u>
Difference	<u>\$ 12,120,858</u>	<u>\$ 12,983,325</u>

Difference is the investment fee is included in expenses on the Form 5500, and it is deducted from investment income in the financial statements. Also, the change in benefits obligations is excluded from the expenses in the financial statements.

**Per Report**

Total real & unreal G/L Per Report	\$ 282,071	\$ 871,744
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**Per 5500**

Net appreciation (depreciation)	(251,579)	817,863
Realized gain/(loss)	<u>533,650</u>	<u>53,881</u>
	<u>\$ 282,071</u>	<u>\$ 871,744</u>

The realized gain or loss per the financial statements is calculated by subtracting the cost of the investments sold from the proceeds received. The realized gain or loss per the Form 5500 is calculated by subtracting from the proceeds on the sale of investments the current value of the investment at the beginning of the Plan year, if the investment was held at the beginning of the Plan year, or the purchase price if the investment was purchased during the Plan year.

The unrealized gain (loss) on the Form 5500 is obtained by subtracting the current value of assets at the beginning of the year plus the cost of any assets acquired during the Plan year, from the current value of assets at the end of the Plan year excluding the assets included in realized gain (loss) on the Form 5500. Unrealized gain (loss) in the separate financial statements is calculated by taking the difference between cost and fair value at the end of the current Plan year and the difference between cost and fair value at the end of the previous Plan year. After obtaining the results, the results are compared to determine if there is net appreciation or depreciation of investments.

**H. CONCENTRATION OF RISK**

The employers who contributed to the Plan are located in Texas. A down turn in the economy in this region of the country could adversely affect the Plan.

## Notes to Financial Statements – Continued

### **I. PLAN TERMINATION**

The Trust herein created shall continue until such time as its purposes are accomplished or until the Association or the Union serve written notice of its desire to terminate the Trust by registered mail upon the other and the Chairman of the Board of Trustees, in which event this Agreement and Trust shall terminate sixty (60) days after the mailing of such notice.

Currently there are no plans to terminate this Plan, but upon the termination of the Plan by notice as herein provided, the Trust shall nevertheless continue for the sole purpose of administration of the Trust Fund and providing health and welfare benefits as set out in the Plan created for the funds held hereunder until such funds are completely exhausted, upon the occurrence of which event the Trust, shall be completely terminated. Upon termination of the Trust, assets shall be applied to the payment of expenses and benefits in a manner not inconsistent with the requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

### **J. USE OF ESTIMATES**

The financial statements included herein, prepared in conformity with generally accepted accounting principles, contain estimates made by management. The estimates contained in these financial statements are those for the fair value of investments and for benefit obligations. These estimates may change prior to March 31, 2026.

### **K. ACTUARIAL BENEFIT OBLIGATION**

Methods and assumptions – Typically the determination of the pending and incurred claims reserves includes a calculation of the plan's paid claims for the year times a standard factor meant to represent the percentage of claims that are expected to be incurred but not yet reported at year end. Adjustments to consider any significant changes in the number of employees eligible for benefits in the last quarter of the year as well as any changes in the benefit plan to reflect the benefit levels present during the run-out period may be made. Also, if the inquiry to the claims processor determines that a change in the claims in-house to be processed has changed significantly from the prior year end an adjustment may be made to the standard factors.

### **L. COMMITMENTS AND CONTINGENCIES**

Excess Clock Hour Credits. The Agreement allows participants having "excess clock hour credits" to satisfy the minimum work requirements in a subsequent period.

## Notes to Financial Statements – Continued

This estimated liability is determined by multiplying the number of bank months in the hour bank liability account by the average per capita cost of claims for a month which was provided by the consultant. The estimated future benefits based on accumulated eligibility was \$2,892,181 and \$2,979,033 at March 31, 2025 and 2024, respectively.

### **M. RISKS AND UNCERTAINTIES**

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

**SUPPLEMENTAL SCHEDULES**

TEXAS IRON WORKERS' HEALTH BENEFIT FUND  
Supplemental Schedules  
March 31, 2025 and 2024

(A) Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

See Schedule 1

(B) Schedule of Investment Assets That Were Both Acquired and Disposed of Within the Plan Year

None

(C) Schedule of Loans and Fixed Income Obligations

None

(D) Schedule of Leases in Default or Classified as Uncollectible

None

(E) Schedule of Reportable Transactions

None

(F) Schedule of Nonexempt (Prohibited) Transactions That Are Disclosed in Notes to Financial Statements

None

(G) Schedule of Nonexempt (Prohibited) Transactions That Are Not Disclosed in Notes to Financial Statements

None

TEXAS IRON WORKERS' HEALTH BENEFIT FUND  
EIN # 74-6038639  
PN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
March 31, 2025

Schedule 1

(a) (b) Identity of issue, borrower, lessor, similar party	(c) Description of investment including maturity date, number of shares, rate of interest, par or maturity value			(d) Cost	(e) Current Value
<b>US BANK - ACCT 1050989630</b>					
<b>CASH EQUIVALENTS</b>					
FIRST AMER				16,274,873	16,274,873
TOTAL CASH EQUIVALENTS				<u>16,274,873</u>	<u>16,274,873</u>
<b>US BANK - ACCT 1050989631</b>					
<b>CASH EQUIVALENTS</b>					
FIRST AMER				51,377	51,377
CASH PENDING				(44,706)	(44,706)
TOTAL CASH EQUIVALENTS				<u>\$ 6,671</u>	<u>\$ 6,671</u>
<b>GOVERNMENT ISSUES</b>					
US TREASURY	4.875%	4/30/2026	1,825,000	1,829,294	1,840,622
US TREASURY	4.625%	4/30/2029	1,230,000	1,258,404	1,262,054
US TREASURY	0.250%	5/31/2025	1,270,000	1,255,578	1,261,504
TOTAL GOVERNMENT AGENCY OBLIGATIONS			<u>4,325,000</u>	<u>\$ 4,343,276</u>	<u>\$ 4,364,180</u>
<b>CORPORATE OBLIGATIONS</b>					
ALLY AUTO REC V TR	3.310%	11/16/2026	5,413	5,412	5,396
AMERICREDIT AM	5.890%	2/18/2028	31,097	31,095	31,196
AMERICREDIT AUTOMOBILE	6.190%	4/19/2027	17,383	17,382	17,436
AMERICR ATMBL REC	4.380%	4/18/2028	7,450	7,449	7,445
AMERICREDIT AUTO	2.450%	11/18/2026	2,214	2,214	2,211
AMGEN INC	5.150%	3/2/2028	140,000	139,756	142,517
BMW VEHICLE	5.990%	9/25/2026	43,440	43,439	43,646
BMW VEH OWNER TR	3.210%	8/25/2026	3,009	3,009	2,999
BANK OF AMERICA MTN	3.974%	2/7/1930	180,000	177,489	175,147
BMW VEHICLE	4.850%	9/25/2029	75,000	74,993	75,351
BP CAP MARKETS	3.410%	2/11/2026	75,000	72,681	74,349
CNH EQUIPMENT TR	0.810%	12/15/2026	2,920	2,920	2,906
CARMAX AUTO OWNER	5.500%	1/16/2029	35,000	34,999	35,579
CNH EQUIPMENT	5.420%	10/15/2027	31,181	31,178	31,295
CONSTELLATION BRANDS	5.000%	2/2/2026	75,000	74,872	74,964
DUKE ENERGY	4.850%	3/15/1930	140,000	139,801	141,415
DUKE ENERGY PROGRESS	1.561%	7/1/1930	38,084	38,084	36,054
ENERGY TRASFER LP	6.100%	12/1/2028	45,000	44,949	46,981
FACTSET RESH	2.900%	3/1/2027	60,000	59,897	58,112
FIFTH THIRD AUTO	6.300%	11/16/2026	7,676	7,676	7,682
FORD CREDIT AUTO OWN	1.290%	6/15/2026	2,766	2,765	2,757
FORD CR AUTO OWNER	4.610%	8/15/2029	90,000	89,997	90,577
GM FINANCIAL	4.660%	2/21/2028	30,000	29,996	30,139
GENERAL MTRS FINL CO	5.050%	4/4/2028	165,000	164,967	165,170
GM FINANCIAL	5.350%	6/16/2027	50,385	50,385	50,542
HONDA AUTO	4.570%	9/21/2029	75,000	74,998	75,385
HONDA AUTO REC OWN	1.880%	5/15/2026	8,264	8,263	8,220
JPMORGAN CHASE CO	2.956%	5/13/1931	240,000	214,814	218,232
JOHN DEERE OWNER	5.420%	5/17/2027	64,596	64,592	64,868
JOHN DEERE OWNER	2.320%	9/15/2026	11,531	11,489	11,471
JOHN DEERE OWNER TR	3.740%	2/16/2027	15,716	15,714	15,655
MERCEDES BENZ AUTO	4.230%	2/15/2028	75,000	74,987	74,871
MERCEDES BENZ AUTO	5.440%	2/16/2027	58,467	58,461	58,672
MORGAN STANLEY MTN	2.699%	1/22/1931	180,000	159,986	163,069
NATIONAL FUEL	4.750%	9/1/2028	155,000	146,714	154,560
NATIONAL RURAL MTN	3.450%	6/15/2025	35,000	34,991	34,907
OGE ENERGY CORP	5.450%	5/15/2029	40,000	39,948	40,928
PHILIP MORRIS INTL	4.875%	2/13/2026	80,000	79,721	80,196
PUBLIC STORAGE	1.500%	11/9/2026	130,000	129,801	124,314
SEMPRA	3.300%	4/1/2025	80,000	79,858	80,000

\* No investments were held in any party-in-interest

TEXAS IRON WORKERS' HEALTH BENEFIT FUND  
EIN # 74-6038639  
PN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
March 31, 2025

Schedule 1

*(a) (b) Identity of issue, borrower, lessor, similar party	(c) Description of investment including maturity date, number of shares, rate of interest, par or maturity value			(d) Cost	(e) Current Value
SYNOPSIS INC SR	4.650%	4/1/2028	85,000	84,939	85,486
TOYOTA AUTO	4.630%	9/15/2027	47,303	47,303	47,327
VMWARE INC	1.800%	8/15/2028	85,000	72,715	77,492
VOLKSWAHEN AUTO LN	1.020%	6/22/2026	1,299	1,299	1,297
WESTERN UN CO SR	1.350%	3/15/2026	50,000	49,942	48,360
WORLD OMNI SET AUTO	5.790%	2/15/2028	15,043	15,043	15,090
WORLD OMI AUTO			20,000	19,999	19,992
XCEL ENERGY INC	3.350%	12/1/2026	80,000	75,527	78,418
XCEL ENERGY INC	4.750%	3/21/2028	125,000	124,665	125,469
<b>TOTAL CORPORATE OBLIGATIONS</b>			<b>3,110,239</b>	<b>3,033,177</b>	<b>3,056,147</b>
<b>FOREIGN OBLIGATIONS</b>					
AERCAP IRELAND	3.000%	10/29/2028	155,000	144,308	145,655
ENBRIDGE INC	4.250%	12/1/2026	105,000	99,509	104,456
NATIONAL GRID	5.602%	6/12/2028	135,000	135,000	138,468
<b>TOTAL FOREIGN OBLIGATIONS</b>			<b>395,000</b>	<b>\$ 378,817</b>	<b>\$ 388,579</b>
<b>TOTAL BARROW HANLEY - ACCT 1050989631</b>			<b>7,830,239</b>	<b>\$ 7,761,941</b>	<b>\$ 7,815,576</b>
<b>US BANK - ACCT 1050989632</b>					
<b>CASH EQUIVALENTS</b>					
FIRST AMER			41,079	41,079	41,079
<b>TOTAL CASH EQUIVALENTS</b>			<b>41,079</b>	<b>41,079</b>	<b>41,079</b>
<b>DOMESTIC COMMON STOCKS</b>					
AECOM			260	14,684	24,110
AIR PRODUCS CHEMICALS INC			399	101,113	117,673
ALPHABET INC			423	40,714	66,085
AMERICAN EXPRESS CO			291	22,348	78,294
AMERICAN INTERNATIONAL GROUP			1,168	32,818	101,546
ELEVANCE HEALTH INC			176	53,075	76,553
AVANTOR INC			4,704	105,254	76,252
BANK OF AMERICA CORP			3,102	122,100	129,446
COGNIZANT TECH SOLUTIONS CL A			808	48,084	61,812
COMCAST CORP CLASS A			2,252	87,798	83,099
ELECTRONIC ARTS INC COM			355	42,446	51,305
ENTEGRIS INC			410	43,462	35,867
ENTERGY CORP			1,898	94,231	162,280
EXXON MOBIL CORP			1,195	111,421	142,121
FIDELITY NATIONAL INFO SERV			1,504	112,754	112,319
FORTIVE CORP W/			566	42,805	41,420
HALIBURTON CO			3,461	108,343	87,806
HESS CORP			367	26,808	58,621
HUNT J B TRANS SVCS INC			438	49,954	64,802
JACOBS SOLUTIONS INC			257	30,513	31,069
KEURIG DR PEPPER			4,094	130,259	140,097
LAS VEGAS SANDS CORP			2,410	117,130	93,098
LENNAR CORP			531	69,794	60,948
MERCK CO INC			1,045	80,804	93,799
MICROCHIP TECHNOLOGY INC			1,126	65,211	54,510
ORACLE CORPORATION			358	15,054	50,052
PERMIAN RESOURCES CORP			3,789	53,865	52,478
PHILLIP MORRIS INTL			861	85,061	136,667
PHILLIPS 66			759	74,767	93,721
PINNACLE WEST CAP CORP			987	75,364	94,012
PROLOGIS INC COM			393	42,474	43,933
PUBLIC STORAGE INC			255	68,090	76,319
QUALCOMM INC			706	74,249	108,449
UNITEDHEALTH GROUP INC			209	75,195	109,464
VERTIV HOLDINGS LLC LP			1,076	97,774	77,687

\* No investments were held in any party-in-interest.

**TEXAS IRON WORKERS' HEALTH BENEFIT FUND**  
**EIN # 74-6038639**  
**PN # 001**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 March 31, 2025

Schedule 1

*(a) (b) Identity of issue, borrower, lessor, similar party	(c) Description of investment including maturity date, number of shares, rate of interest, par or maturity value	(d) Cost	(e) Current Value
VICI PPTYS INC		2,992	69,919
WELLS FARGO CO		1,063	35,162
WESTERN ALLIANCE BANCORPORATION		982	88,853
WYNN RESORTS		712	69,064
XCEL ENERGY INC COM		1,445	92,714
<b>TOTAL DOMESTIC COMMON STOCKS</b>		<b>49,827</b>	<b>2,771,528</b>
<b>FOREIGN STOCKS</b>			
AXALTA COATING SYSTEMS LTD		2,059	64,312
CRH PLC		1,110	64,655
EVEREST GROUP LTD COM		119	43,538
APTIV PLC COM		1,228	113,999
JOHNSON CTLS INTL PLC		1,304	88,222
MEDTRONIC PLC		938	78,327
WILLIS TOWERS WATSON PLC LTD		166	35,074
BANK OF NOVA SCOTIA		1,247	58,556
CARNIVAL CORP		6,102	97,716
SANOFI A D R		1,890	91,862
<b>TOTAL FOREIGN STOCKS</b>		<b>16,163</b>	<b>736,261</b>
<b>TOTAL BARROW HANLEY - ACCT 1050989632</b>		<b>107,069</b>	<b>3,548,868</b>
<b>TOTAL TEXAS IRON WORKERS' HEALTH BENEFIT FUND INVESTS.</b>		<b>7,937,307</b>	<b>28,240,557</b>

\* No investments were held in any party-in-interest.

TEXAS IRON WORKERS' HEALTH BENEFIT FUND  
EIN # 74-6038639  
PN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
March 31, 2024

Schedule 1

*(a) (b) Identity of issue, borrower, lessor, similar party	(c ) Description of investment including maturity date, number of shares, rate of interest, par or maturity value			(d) Cost	(e) Current Value
<b>US BANK - ACCT 1050989630</b>					
<b>CASH EQUIVALENTS</b>					
FIRST AMER				13,559,017	13,559,017
<b>TOTAL CASH EQUIVALENTS</b>				<b>13,559,017</b>	<b>13,559,017</b>
<b>US BANK - ACCT 1050989631</b>					
<b>CASH EQUIVALENTS</b>					
FIRST AMER				10,987	10,987
CASH				6,129	6,129
<b>TOTAL CASH EQUIVALENTS</b>				<b>\$ 17,116</b>	<b>\$ 17,116</b>
<b>GOVERNMENT ISSUES</b>					
US TREASURY	0.375%	8/15/2024	690,000	659,583	677,428
US TREASURY	0.375%	9/15/2024	1,030,000	1,014,810	1,007,608
US TREASURY	4.125%	10/31/2027	495,000	496,760	491,075
US TREASURY	3.750%	4/15/2026	55,000	53,808	54,050
US TREASURY	3.625%	5/31/2028	1,685,000	1,647,206	1,642,285
<b>TOTAL GOVERNMENT AGENCY OBLIGATIONS</b>			<b>3,955,000</b>	<b>\$ 3,872,167</b>	<b>\$ 3,872,446</b>
<b>CORPORATE OBLIGATIONS</b>					
AETNA INC	3.500%	11/15/2024	80,000	82,111	78,930
ALLY AUTO RECV TR	3.310%	11/16/2026	19,617	19,613	19,348
AMERICAN AUTOMOBILE	6.190%	4/19/2027	63,023	63,023	63,224
AMERICR ATMBL REC	43.800%	9/15/2026	25,000	24,995	24,765
AMERICREDIT AUTO	0.760%	8/18/2026	10,650	10,650	10,446
AMERICREDIT	0.340%	12/18/2026	1,346	1,346	1,340
AMERICREDIT AUTO	2.450%	11/18/2026	27,488	27,483	27,023
AMGEN INC	5.150%	9/11/2022	140,000	139,756	140,897
BMW VEH OWNER TR	5.990%	9/25/2026	70,000	69,999	70,561
BMW VEH OWNER TR	3.210%	8/25/2026	11,914	11,913	11,733
BANK OF AMERICA MTN	3.093%	10/1/2025	180,000	174,415	177,624
BP CAP MARKETS	3.410%	2/1/2026	75,000	72,681	72,910
CNH EQUIPMENT TR	0.810%	12/16/2026	9,658	9,657	9,355
CITIGROUP INC	1.281%	11/3/2025	70,000	70,000	68,095
CITIGROUP INC	2.014%	1/25/2026	80,000	74,752	77,567
CONOCOPHILLIPS	2.400%	3/7/2025	60,000	6,992	6,815
CONSTELLATION BRANDS	5.000%	2/2/2026	125,000	74,507	74,507
DTE ENERGY CO	2.529%	10/1/2024	55,000	52,406	54,104
DELTA AIR LINES 2019	3.204%	10/25/2025	65,000	68,763	64,950
DUKE ENERGY PROGRESS	1.295%	7/1/2030	49,006	49,006	44,989
ENERGY TRASFER LP	6.100%	12/1/2028	45,000	44,949	46,652
FACTSET RESH	2.900%	3/1/2027	60,000	59,897	56,408
FIFTH THIRD	6.300%	11/16/2026	67,690	67,688	67,740
FORD CREDIT AT LEASE	3.230%	5/15/2025	13,235	13,234	13,214
FORD CREDIT AUTO OWN	1.290%	6/15/2026	17,914	17,912	17,485
GM FIN AUTO LSNG TR	1.900%	3/20/2025	6,240	6,240	6,225
GM FIN ATMBL LEASE	4.010%	9/22/2025	27,906	27,903	27,797
GOLDMAN SACHS GROUP	85.500%	2/12/2026	120,000	111,059	114,946
HONDA AUTO REC OWN	4.930%	5/15/2026	25,000	24,996	24,928
HONDA AUTO REC OWN	1.880%	5/15/2026	35,711	35,705	34,881
JPMORGAN CHASE CO	82.400%	6/1/2025	115,000	112,284	114,005

\* No investments were held in any party-in-interest.

TEXAS IRON WORKERS' HEALTH BENEFIT FUND  
EIN # 74-6038639  
PN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
March 31, 2024

Schedule 1

*(a) (b) Identity of issue, borrower, lessor, similar party	(c) Description of investment including maturity date, number of shares, rate of interest, par or maturity value			(d) Cost	(e) Current Value
<b><u>CORPORATE OBLIGATIONS - CONT.</u></b>					
JPMORGAN CHASE CO	3.845%	6/1/2025	75,000	73,649	74,673
JOHN DEERE OWNER	2.320%	9/15/2026	41,661	41,507	40,786
JOHN DEERE OWNER	2.320%	9/15/2026	35,000	34,997	34,488
WARNERMEDIA HLDBS	6.412%	3/15/2026	80,000	80,000	80,002
MORGAN STANLEY FXD	2.720%	7/22/2025	30,000	29,078	29,697
MORGAN STANLEY MTN	3.620%	4/17/2025	120,000	120,000	119,866
NATIONAL FUEL	4.750%	9/1/2028	155,000	146,714	150,714
NATIONAL RURAL MTN	1.000%	10/18/2024	35,000	34,968	34,136
NATIONAL RURAL MTN	3.450%	6/15/2025	35,000	34,991	34,255
OVINTIV INC	5.650%	5/15/2028	75,000	74,220	76,240
PHILIP MORRIS INTL	1.125%	5/1/2023	80,000	79,721	79,681
PUBLIC STORAGE	1.500%	11/9/2026	130,000	129,801	119,312
QUANTA SCVS INC	0.950%	10/1/2024	55,000	54,970	53,664
SABINE PASS	5.750%	5/15/2024	6,000	5,997	5,998
SABINE PASS	5.625%	3/1/2025	20,000	21,117	19,982
SEMPRA	3.300%	4/1/2025	80,000	79,858	78,268
TOYOTA AUTO	4.630%	9/15/2027	60,000	60,000	59,477
VERIZON MASTER	0.500%	5/20/2027	45,000	44,997	44,676
VMWARE INC	1.000%	8/15/2024	45,000	44,978	44,210
VMWARE INC	1.800%	8/15/2028	85,000	72,715	74,058
VOLKSWAHEN AUTO LN	1.020%	6/22/2026	51,525	51,523	50,322
WELLS FARGO	2.406%	10/30/2025	60,000	57,499	58,857
WELLS FARGO	0.805%	5/19/2025	15,000	14,455	14,886
WESTERN UN CO	1.350%	3/15/2026	50,000	49,942	46,205
<b>TOTAL CORPORATE OBLIGATIONS</b>			<b><u>3,165,584</u></b>	<b><u>3,063,633</u></b>	<b><u>3,047,917</u></b>
<b><u>FOREIGN OBLIGATIONS</u></b>					
APTIV PLC	2.396%	2/18/2025	60,000	60,000	58,241
AERCAP IRELAND	2.450%	10/29/2026	155,000	154,740	143,942
ENBRIDGE INC	4.250%	12/1/2026	105,000	99,509	102,879
NATIONAL GRID	5.602%	6/12/2028	135,000	135,000	137,518
TRANSCANADA PIPELINE	1.000%	10/12/2024	50,000	49,986	48,747
<b>TOTAL FOREIGN OBLIGATIONS</b>			<b><u>505,000</u></b>	<b><u>\$ 499,234</u></b>	<b><u>\$ 491,327</u></b>
<b>TOTAL BARROW HANLEY - ACCT 1050989631</b>			<b><u>7,625,584</u></b>	<b><u>\$ 7,452,150</u></b>	<b><u>\$ 7,428,806</u></b>

TEXAS IRON WORKERS' HEALTH BENEFIT FUND  
EIN # 74-6038639  
PN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
March 31, 2024

Schedule 1

*(a) (b) Identity of issue, borrower, lessor, similar party	(c ) Description of investment including maturity date, number of shares, rate of interest, par or maturity value	(d) Cost	(e) Current Value
<b>US BANK - ACCT 1050989632</b>			
<b>CASH EQUIVALENTS</b>			
FIRST AMER		125,431	125,431
CASH EQUIVALENTS		0	808
<b>TOTAL CASH EQUIVALENTS</b>		<b>125,431</b>	<b>126,239</b>
<b>DOMESTIC COMMON STOCKS</b>			
AECOM		258	14,517
AIR PRODUCS CHEMICALS INC		415	108,923
ALLSTATE CORP		462	51,762
ALPHABET INC		421	40,330
AMERICAN EXPRESS CO		290	22,111
AMERICAN INTERNATIONAL GROUP		1,160	32,210
ELEVANCE HEALTH INC		219	64,766
ARAMARK		1,989	43,954
AVANTOR INC		3,485	80,901
BROADCOM INC		86	24,937
CVS HEALTH CORPORATION		1,069	84,224
COGNIZANT TECH SOLUTIONS CL A		802	47,681
COMCAST CORP CLASS A		2,834	109,714
DUPONT DE NEMOURS INC W1		448	33,086
ELECTRONIC ARTS INC COM		353	42,161
ENTERGY CORP		964	94,923
FIDELITY NATIONAL INFO SERV		1,899	150,280
HALIBURTON CO		2,373	78,815
HESS CORP		476	35,436
HUNT J B TRANS SVCS INC		436	49,638
JACOBS SOLUTIONS INC		511	70,238
KEURIG DR PEPPER		1,499	44,227
LAS VEGAS SANDS CORP		2,144	103,054
LITHIA MOTORS INC CL A		214	62,088
M T BANK CORP		274	36,493
MERCK CO INC		804	60,347
ORACLE CORPORATION		356	14,770
PHILLIP MORRIS		1,049	104,767
PHILLIPS 66		541	36,813
PINNACLE WEST CAP CORP		658	48,025
PIONEER NATURAL RESOURCES CO		343	67,285
PUBLIC STORAGE INC		264	67,802
QUALCOMM INC		702	73,414
SKYWORKS		653	65,462
STANLEY BLACK DECKER INC		393	50,207
US BANCORP		814	30,593
UNITEDHEALTH GROUP INC		113	27,967
VERTIV HOLDINGS LLC LP		2,209	35,846
VICI PPTYS INC		2,106	40,214
WELLS FARGO CO		1,441	45,304
WYNN RESORTS		708	68,729
<b>TOTAL DOMESTIC COMMON STOCKS</b>		<b>38,225</b>	<b>2,364,014</b>

TEXAS IRON WORKERS' HEALTH BENEFIT FUND  
 EIN # 74-6038639  
 PN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 March 31, 2024

Schedule 1

*(a) (b) Identity of issue, borrower, lessor, similar party	(c ) Description of investment including maturity date, number of shares, rate of interest, par or maturity value	(d) Cost	(e) Current Value
<b>FOREIGN STOCKS</b>			
AXALTA COATING SYSTEMS LTD		2,045	63,831
CRH PLC		1,103	64,122
MEDTRONIC PLC		827	68,795
APTIV PIC SHS		1,103	103,731
WILLIS TOWERS WATSON PLC		165	34,818
ENBRIDGE INC		2,736	99,604
SANOFI A D R		779	37,043
<b>TOTAL FOREIGN STOCKS</b>		<u>8,758</u>	<u>471,944</u>
<b>TOTAL BARROW HANLEY - ACCT 1050989632</b>		<u>172,414</u>	<u>3,892,857</u>
<b>TOTAL TEXAS IRON WORKERS' HEALTH BENEFIT FUND INVESTS.</b>		<u>7,797,998</u>	<u>23,973,364</u>

\* No investments were held in any party-in-interest

TEXAS IRON WORKERS' HEALTH BENEFIT FUND  
Schedule of Operating Expenses  
March 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Administrative fees	\$ 496,659	\$ 467,754
Legal fees – trust	29,014	35,306
Legal fees – collection	4,115	10,422
Audit fee – annual	10,500	10,530
Audit fee – payroll	16,000	14,900
Save RX fees	1,382	1,358
Consultant fee	69,092	51,854
Bank service charge	4,282	4,362
Insurance Expense	3,919	2,123
Trustee expense	10,585	7,771
Dues and subscriptions	1,505	1,537
Printing	34,247	34,264
Postage	14,014	22,733
Telephone	464	665
Miscellaneous	-0-	11,354
Supplies	11,664	11,194
	<u>11,664</u>	<u>11,194</u>
 TOTAL OPERATING EXPENSES	 <u>\$ 707,442</u>	 <u>\$ 688,127</u>

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 4/1/2024 and ending 3/31/2025

- A This return/report is for: [X] 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 [X]
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: Texas Iron Workers' Health Benefit Fund
1b Three-digit plan number (PN): 501
1c Effective date of plan: 9/6/1955
2a Plan sponsor's name (employer, if for a single-employer plan): Board of Trustees, Texas Iron Workers' Health Benefit Fund
2b Employer Identification Number (EIN): 74-6038639
2c Plan Sponsor's telephone number: (713) 219-1200
2d Business code (see instructions): 525100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Elaine Rios Shea (plan administrator), Eric Fryar (employer/plan sponsor), and a blank row for DFE.

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

Form 5500 (2024) v. 240311

TEXAS IRON WORKERS' HEALTH BENEFIT FUND  
EIN # 74-6038639  
PN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
March 31, 2025

Schedule 1

*(a) (b) Identity of issue, borrower, lessor, similar party	(c) Description of investment including maturity date, number of shares, rate of interest, par or maturity value			(d) Cost	(e) Current Value
<b>US BANK - ACCT 1050989630</b>					
<b>CASH EQUIVALENTS</b>					
FIRST AMER				16,274,873	16,274,873
TOTAL CASH EQUIVALENTS				<u>16,274,873</u>	<u>16,274,873</u>
<b>US BANK - ACCT 1050989631</b>					
<b>CASH EQUIVALENTS</b>					
FIRST AMER				51,377	51,377
CASH PENDING				(44,706)	(44,706)
TOTAL CASH EQUIVALENTS				<u>\$ 6,671</u>	<u>\$ 6,671</u>
<b>GOVERNMENT ISSUES</b>					
US TREASURY	4.875%	4/30/2026	1,825,000	1,829,294	1,840,622
US TREASURY	4.625%	4/30/2029	1,230,000	1,258,404	1,262,054
US TREASURY	0.250%	5/31/2025	1,270,000	1,255,578	1,261,504
TOTAL GOVERNMENT AGENCY OBLIGATIONS			<u>4,325,000</u>	<u>\$ 4,343,276</u>	<u>\$ 4,364,180</u>
<b>CORPORATE OBLIGATIONS</b>					
ALLY AUTO RECV TR	3.310%	11/16/2026	5,413	5,412	5,396
AMERICREDIT AM	5.890%	2/18/2028	31,097	31,095	31,196
AMERICREDIT AUTOMOBILE	6.190%	4/19/2027	17,383	17,382	17,436
AMERICR ATMBL REC	4.380%	4/18/2028	7,450	7,449	7,445
AMERICREDIT AUTO	2.450%	11/18/2026	2,214	2,214	2,211
AMGEN INC	5.150%	3/2/2028	140,000	139,756	142,517
BMW VEHICLE	5.990%	9/25/2026	43,440	43,439	43,646
BMW VEH OWNER TR	3.210%	8/25/2026	3,009	3,009	2,999
BANK OF AMERICA MTN	3.974%	2/7/1930	180,000	177,489	175,147
BMW VEHICLE	4.850%	9/25/2029	75,000	74,993	75,351
BP CAP MARKETS	3.410%	2/11/2026	75,000	72,681	74,349
CNH EQUIPMENT TR	0.810%	12/15/2026	2,920	2,920	2,906
CARMAX AUTO OWNER	5.500%	1/16/2029	35,000	34,999	35,579
CNH EQUIPMENT	5.420%	10/15/2027	31,181	31,178	31,295
CONSTELLATION BRANDS	5.000%	2/2/2026	75,000	74,872	74,964
DUKE ENERGY	4.850%	3/15/1930	140,000	139,801	141,415
DUKE ENERGY PROGRESS	1.561%	7/1/1930	38,084	38,084	36,054
ENERGY TRASFER LP	6.100%	12/1/2028	45,000	44,949	46,981
FACTSET RESH	2.900%	3/1/2027	60,000	59,897	58,112
FIFTH THIRD AUTO	6.300%	11/16/2026	7,676	7,676	7,682
FORD CREDIT AUTO OWN	1.290%	6/15/2026	2,766	2,765	2,757
FORD CR AUTO OWNER	4.610%	8/15/2029	90,000	89,997	90,577
GM FINANCIAL	4.660%	2/21/2028	30,000	29,996	30,139
GENERAL MTRS FINL CO	5.050%	4/4/2028	165,000	164,967	165,170
GM FINANCIAL	5.350%	6/16/2027	50,385	50,385	50,542
HONDA AUTO	4.570%	9/21/2029	75,000	74,998	75,385
HONDA AUTO REC OWN	1.880%	5/15/2026	8,264	8,263	8,220
JPMORGAN CHASE CO	2.956%	5/13/1931	240,000	214,814	218,232
JOHN DEERE OWNER	5.420%	5/17/2027	64,596	64,592	64,868
JOHN DEERE OWNER	2.320%	9/15/2026	11,531	11,489	11,471
JOHN DEERE OWNER TR	3.740%	2/16/2027	15,716	15,714	15,655
MERCEDES BENZ AUTO	4.230%	2/15/2028	75,000	74,987	74,871
MERCEDES BENZ AUTO	5.440%	2/16/2027	58,467	58,461	58,672
MORGAN STANLEY MTN	2.699%	1/22/1931	180,000	159,986	163,069
NATIONAL FUEL	4.750%	9/1/2028	155,000	146,714	154,560
NATIONAL RURAL MTN	3.450%	6/15/2025	35,000	34,991	34,907
OGE ENERGY CORP	5.450%	5/15/2029	40,000	39,948	40,928
PHILIP MORRIS INTL	4.875%	2/13/2026	80,000	79,721	80,196
PUBLIC STORAGE	1.500%	11/9/2026	130,000	129,801	124,314
SEMPRA	3.300%	4/1/2025	80,000	79,858	80,000

\* No investments were held in any party-in-interest.

TEXAS IRON WORKERS' HEALTH BENEFIT FUND  
EIN # 74-6038639  
PN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
March 31, 2025

Schedule 1

*(a) (b) Identity of issue, borrower, lessor, similar party	(c) Description of investment including maturity date, number of shares, rate of interest, par or maturity value			(d) Cost	(e) Current Value
SYNOPLYS INC SR	4.650%	4/1/2028	85,000	84,939	85,486
TOYOTA AUTO	4.630%	9/15/2027	47,303	47,303	47,327
VMWARE INC	1.800%	8/15/2028	85,000	72,715	77,492
VOLKSWAHEN AUTO LN	1.020%	6/22/2026	1,299	1,299	1,297
WESTERN UN CO SR	1.350%	3/15/2026	50,000	49,942	48,360
WORLD OMNI SET AUTO	5.790%	2/15/2028	15,043	15,043	15,090
WORLD OMI AUTO			20,000	19,999	19,992
XCEL ENERGY INC	3.350%	12/1/2026	80,000	75,527	78,418
XCEL ENERGY INC	4.750%	3/21/2028	125,000	124,665	125,469
<b>TOTAL CORPORATE OBLIGATIONS</b>			<u>3,110,239</u>	<u>3,033,177</u>	<u>3,056,147</u>
<b>FOREIGN OBLIGATIONS</b>					
AERCAP IRELAND	3.000%	10/29/2028	155,000	144,308	145,655
ENBRIDGE INC	4.250%	12/1/2026	105,000	99,509	104,456
NATIONAL GRID	5.602%	6/12/2028	135,000	135,000	138,468
<b>TOTAL FOREIGN OBLIGATIONS</b>			<u>395,000</u>	<u>\$ 378,817</u>	<u>\$ 388,579</u>
<b>TOTAL BARROW HANLEY - ACCT 1050989631</b>			<u>7,830,239</u>	<u>\$ 7,761,941</u>	<u>\$ 7,815,576</u>
<b>US BANK - ACCT 1050989632</b>					
<b>CASH EQUIVALENTS</b>					
FIRST AMER			41,079	41,079	41,079
<b>TOTAL CASH EQUIVALENTS</b>			<u>41,079</u>	<u>41,079</u>	<u>41,079</u>
<b>DOMESTIC COMMON STOCKS</b>					
AECOM			260	14,684	24,110
AIR PRODUCS CHEMICALS INC			399	101,113	117,673
ALPHABET INC			423	40,714	66,085
AMERICAN EXPRESS CO			291	22,348	78,294
AMERICAN INTERNATIONAL GROUP			1,168	32,818	101,546
ELEVANCE HEALTH INC			176	53,075	76,553
AVANTOR INC			4,704	105,254	76,252
BANK OF AMERICA CORP			3,102	122,100	129,446
COGNIZANT TECH SOLUTIONS CL A			808	48,084	61,812
COMCAST CORP CLASS A			2,252	87,798	83,099
ELECTRONIC ARTS INC COM			355	42,446	51,305
ENTEGRIS INC			410	43,462	35,867
ENERGY CORP			1,898	94,231	162,260
EXXON MOBIL CORP			1,195	111,421	142,121
FIDELITY NATIONAL INFO SERV			1,504	112,754	112,319
FORTIVE CORP W/			566	42,805	41,420
HALIBURTON CO			3,461	108,343	87,806
HESS CORP			367	26,808	58,621
HUNT J B TRANS SVCS INC			438	49,954	64,802
JACOBS SOLUTIONS INC			257	30,513	31,069
KEURIG DR PEPPER			4,094	130,259	140,097
LAS VEGAS SANDS CORP			2,410	117,130	93,098
LENNAR CORP			531	69,794	60,948
MERCK CO INC			1,045	80,804	93,799
MICROCHIP TECHNOLOGY INC			1,126	65,211	54,510
ORACLE CORPORATION			358	15,054	50,052
PERMIAN RESOURCES CORP			3,789	53,865	52,478
PHILLIP MORRIS INTL			861	85,061	136,667
PHILLIPS 66			759	74,767	93,721
PINNACLE WEST CAP CORP			987	75,364	94,012
PROLOGIS INC COM			393	42,474	43,933
PUBLIC STORAGE INC			255	68,090	76,319
QUALCOMM INC			706	74,249	108,449
UNITEDHEALTH GROUP INC			209	75,195	109,464
VERTIV HOLDINGS LLC LP			1,076	97,774	77,687

\* No investments were held in any party-in-interest.

TEXAS IRON WORKERS' HEALTH BENEFIT FUND  
EIN # 74-6038639  
PN # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
March 31, 2025

Schedule 1

*(a) (b) Identity of issue, borrower, lessor, similar party	(c) Description of investment including maturity date, number of shares, rate of interest, par or maturity value	(d) Cost	(e) Current Value
VICI PPTYS INC		2,992	69,919
WELLS FARGO CO		1,063	35,162
WESTERN ALLIANCE BANCORPORATION		982	88,853
WYNN RESORTS		712	69,064
XCEL ENERGY INC COM		1,445	92,714
<b>TOTAL DOMESTIC COMMON STOCKS</b>		<u>49,827</u>	<u>2,771,528</u>
<b>FOREIGN STOCKS</b>			
AXALTA COATING SYSTEMS LTD		2,059	64,312
CRH PLC		1,110	64,655
EVEREST GROUP LTD COM		119	43,538
APTIV PLC COM		1,228	113,999
JOHNSON CTLS INTL PLC		1,304	88,222
MEDTRONIC PLC		938	78,327
WILLIS TOWERS WATSON PLC LTD		166	35,074
BANK OF NOVA SCOTIA		1,247	58,556
CARNIVAL CORP		6,102	97,716
SANOFI A D R		1,890	91,862
<b>TOTAL FOREIGN STOCKS</b>		<u>16,163</u>	<u>736,261</u>
<b>TOTAL BARROW HANLEY - ACCT 1050989632</b>		<u>107,069</u>	<u>3,548,868</u>
<b>TOTAL TEXAS IRON WORKERS' HEALTH BENEFIT FUND INVESTS.</b>		<u>7,937,307</u>	<u>27,585,682</u>