

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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan; or ☐ 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)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>AGC HOUSTON CHAPTER MULTIPLE EMPLOYER 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u> 1c Effective date of plan <u>12/15/2000</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>HOUSTON CHAPTER ASSOCIATED GENERAL CONTRACTORS OF AMERICA, INC.</u> <u>3825 DACOMA ST</u> <u>HOUSTON, TX 77092</u>	2b Employer Identification Number (EIN) <u>74-0490820</u> 2c Sponsor's telephone number <u>713-843-3700</u> 2d Business code (see instructions) <u>813000</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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	ADA LAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	2689
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants	6a	1942
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	1018
d Subtotal. Add lines 6a , 6b , and 6c	6d	2960
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	3
f Total. Add lines 6d and 6e	6f	2963
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	2960
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	65
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2013 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **12/31/2013**

A Name of plan AGC HOUSTON CHAPTER MULTIPLE EMPLOYER 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 HOUSTON CHAPTER ASSOCIATED GENERAL CONTRACTORS OF AMERICA, INC.	D Employer Identification Number (EIN) 74-0490820	

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.
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1 Coverage Information:

(a) Name of insurance carrier

TRANSAMERICA FINANCIAL LIFE INS COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	932232		01/01/2013	12/31/2013

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
292971	

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

BAIRD INSURANCE SERVICES INC
STEPHEN ELLSWORTH
777 E WISCONSIN AVE
MILWAUKEE, WI 53202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
173478			3

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

BAIRD INSURANCE SERVICES INC
ROBERT BRANN
777 E WISCONSIN AVE
MILWAUKEE, WI 53202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
88508			3

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

BAIRD INSURANCE SERVICES INC

DAVID TURNER
777 E. WISCONSIN AVE
MILWAUKEE, WI 53020

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30985			3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 85061447**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE ADV OPTION**b** Balance at the end of the previous year **7b** 12094890**c** Additions: (1) Contributions deposited during the year **7c(1)** 7212232(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 201087(4) Transferred from separate account **7c(4)** 3678147(5) Other (specify below) **7c(5)** 154897

▶ DEP INT LOAN REPAY MISC DEP

(6) Total additions **7c(6)** 11246363**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 23341253**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1605319(2) Administration charge made by carrier **7e(2)** 24961(3) Transferred to separate account **7e(3)** 2532033(4) Other (specify below) **7e(4)** 2000743

▶ CONT ADJ EX CONTRIB REF LOAN REQ MISC SURRENDER

(5) Total deductions **7e(5)** 6163056**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 17178197

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:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>AGC HOUSTON CHAPTER MULTIPLE EMPLOYER 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HOUSTON CHAPTER ASSOCIATED GENERAL CONTRACTORS OF AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>74-0490820</u>

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
TRANSAMERICA FINANCIAL LIFE INS CO

36-6071399

(b) Enter name and EIN or address of person who provided you disclosure 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)

TRANSAMERICA FINANCIAL LIFE INS CO

36-6071399

(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?
15 37 52 62 64 67	RECORDKEEPER	197035	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ROBERT W. BAIRD & CO INC

39-1236032

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 23 53	BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	769	Yes ☐ No ☐

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

HOUSTON CHAPTER AGC OF AMERICA INC

74-0490820

(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?
30	SPONSOR-EMPLOYEE	0	Yes ☒ No ☐	Yes ☐ No ☒	224	Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2013</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
<p>For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013</p>		
<p>A Name of plan AGC HOUSTON CHAPTER MULTIPLE EMPLOYER 401(K) PLAN</p>		<p>B Three-digit plan number (PN) ▶ 002</p>
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HOUSTON CHAPTER ASSOCIATED GENERAL CONTRACTORS OF AMERICA, INC.</p>		<p>D Employer Identification Number (EIN) 74-0490820</p>
<p>Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)</p>		
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY GROWTH RET ACCT</p>		
<p>b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</p>		
<p>c EIN-PN 36-6071399-305</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6423663</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS HIGH YIE</p>		
<p>b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</p>		
<p>c EIN-PN 36-6071399-102</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 889785</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STOCK IN</p>		
<p>b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</p>		
<p>c EIN-PN 36-6071399-139</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1704849</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP INDEX R</p>		
<p>b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</p>		
<p>c EIN-PN 36-6071399-437</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 578711</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA INTERNATIONAL INDEX RET A</p>		
<p>b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</p>		
<p>c EIN-PN 36-6071399-004</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 809020</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MID CAP INDEX RET ACC</p>		
<p>b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</p>		
<p>c EIN-PN 36-6071399-438</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 191197</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA U.S. BOND INDEX RET ACCT</p>		
<p>b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</p>		
<p>c EIN-PN 36-6071399-416</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 123439</p>

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP VALUE I		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-355	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 219478
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT INC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-417	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 360172
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 201		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-356	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1786609
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 202		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-018	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2514110
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 203		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-019	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4160615
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 204		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-295	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1557165
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS MID-CAP OPPORTUN		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-446	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2163041
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GRO		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-076	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3068281
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INVESTMENT GRADE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-094	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6370820
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD REIT INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 502662

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL-CAP GROWTH INDE**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-131	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 778180
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 201**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-134	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 600725
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 202**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-135	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2360876
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 203**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-163	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3453740
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 204**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-164	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3338011
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 205**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-165	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2216257
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOTAL STOCK MARKET IN**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-166	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1662612
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA EMERGING MARKETS INDEX RE**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-169	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 670764
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL LARGE CAP VALUE I**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-171	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 221549
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL LARGE CAP GROWTH**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-173	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 231617
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a Name of MTIA, CCT, PSA, or 103-12 IE: THORNBURG INTERNATIONAL VALUE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-210	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BALANCED RET AC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-228	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7297113
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS WASHINGTON MUTU		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-231	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6260184
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER MAIN STREET RET AC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-238	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR LEVERAGED COM		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-243	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT EQUITY PORTFOLIO RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-258	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY INFLATION-ADJ		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-262	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 276559
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN UTILITIES RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-263	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 360598
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO ADVANTAGE PRECIOUS		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-272	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 262573
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GLOBAL REAL ESTATE RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-274	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 148172

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA ACORN INTERNATIONAL R**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-321	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1068141
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN MARKET EXPANSION ENHA**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-332	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2495999
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a Name of MTIA, CCT, PSA, or 103-12 IE: RIDGEWORTH MID-CAP VALUE EQUIT**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-339	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2841666
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a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND RET ACCT**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-350	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	612093
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a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MASSACHUSETTS INVESTORS RE**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-470	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1848780
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a Name of MTIA, CCT, PSA, or 103-12 IE: RIDGEWORTH SMALL CAP VALUE EQU**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-478	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	952102
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY CONSERVA**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-501	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3400461
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY GROWTH R**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-502	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	907414
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY INCOME R**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-503	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	604214
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY MODERATE**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-504	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2660636
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a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT DEVELOPING GROWTH

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-382	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 205

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-505	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52706
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a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP EQUITY RET A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-533	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1237864
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a Name of MTIA, CCT, PSA, or 103-12 IE: OAKMARK INTERNATIONAL RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-539	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 327491
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a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS TRITON RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-578	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2488733
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>AGC HOUSTON CHAPTER MULTIPLE EMPLOYER 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HOUSTON CHAPTER ASSOCIATED GENERAL CONTRACTORS OF AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>74-0490820</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	28155754224
(2) Participant contributions		1b(2)	84128183634
(3) Other.....		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property).....		1c(6)	0
(7) Loans (other than to participants)		1c(7)	
(8) Participant loans.....		1c(8)	24522983125389
(9) Value of interest in common/collective trusts		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	6390695185061447
(11) Value of interest in master trust investment accounts		1c(11)	
(12) Value of interest in 103-12 investment entities.....		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	1209489017178197
(15) Other.....		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	78566422	106302891

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	43070	49499
k Total liabilities (add all amounts in lines 1g through 1j)	1k	43070	49499

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	78523352	106253392
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2004800	
(B) Participants	2a(1)(B)	7111983	
(C) Others (including rollovers)	2a(1)(C)	892488	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		10009271
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	107155	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		107155
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		14057385
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		209071
d Total income. Add all income amounts in column (b) and enter total.....	2d		24382882

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6780334	
(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)		6780334
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	181460	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		181460
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6961794

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		17421088
l Transfers of assets:			
(1) To this plan.....	2l(1)		14815439
(2) From this plan.....	2l(2)		4506487

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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: BLAZEK AND VETTERLING

(2) EIN: 76-0269860

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a	X		131969
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
READER'S WHOLESALE DISTRIBUTORS 401(K) PLAN	74-1037875	002

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>		<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013					
A Name of plan AGC HOUSTON CHAPTER MULTIPLE EMPLOYER 401(K) PLAN				B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HOUSTON CHAPTER ASSOCIATED GENERAL CONTRACTORS OF AMERICA, INC.				D Employer Identification Number (EIN) 74-0490820	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-1445542					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2013 v. 130118	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**AGC Houston Chapter
Multiple Employer 401(k) Plan**

Financial Statements and Supplemental Schedules
for the year ended December 31, 2013
and Independent Auditors' Report

AGC Houston Chapter Multiple Employer 401(k) Plan

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Blazek & Vetterling

CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditors' Report

To the Plan Administrator of
AGC Houston Chapter Multiple Employer 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the AGC Houston Chapter Multiple Employer 401(k) Plan as of December 31, 2013 and 2012 and for the year ended December 31, 2013, as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 5, which was certified by Transamerica Financial Life Insurance Company (Transamerica), as an insurance company, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that Transamerica holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from Transamerica as of December 31, 2013 and 2012 and for the year ended December 31, 2013, that the information provided to the plan administrator by Transamerica is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of delinquent participant contributions for the year ended December 31, 2013 and the supplemental schedule of assets (held at end of year) as of December 31, 2013 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by Transamerica, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Blazek & Vetterling

October 2, 2014

AGC Houston Chapter Multiple Employer 401(k) Plan

Statements of Net Assets Available for Benefits as of December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
ASSETS:		
Receivables:		
Notes receivable from participants	\$ 3,125,389	\$ 2,452,298
Employee contributions	183,634	84,128
Employer contributions	<u>754,224</u>	<u>28,155</u>
Total receivables	4,063,247	2,564,581
Investments, at fair value <i>(Notes 4, 5, 6 and 7)</i>	<u>102,239,644</u>	<u>76,001,841</u>
Total assets	<u>106,302,891</u>	<u>78,566,422</u>
LIABILITIES:		
Excess contributions payable	<u>49,499</u>	<u>43,070</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 106,253,392</u>	<u>\$ 78,523,352</u>

See accompanying notes to financial statements.

AGC Houston Chapter Multiple Employer 401(k) Plan

Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2013

ADDITIONS:

Participant contributions	\$ 7,111,983
Employer contributions	2,004,800
Rollover contributions	892,488
Net appreciation in fair value of pooled separate accounts <i>(Note 5)</i>	14,057,385
Investment income <i>(Note 5)</i>	209,071
Interest income on notes receivable from participants	<u>107,155</u>
Total additions	<u>24,382,882</u>

DEDUCTIONS:

Benefits paid directly to participants	6,780,334
Administrative expenses	<u>181,460</u>
Total deductions	<u>6,961,794</u>

Transfers in from other qualified plans <i>(Note 8)</i>	14,815,439
Transfers out to other qualified plans <i>(Note 8)</i>	<u>(4,506,487)</u>
Net transfers in	<u>10,308,952</u>

CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	27,730,040
--	------------

Net assets available for benefits, beginning of year	<u>78,523,352</u>
--	-------------------

Net assets available for benefits, end of year	<u>\$ 106,253,392</u>
--	-----------------------

See accompanying notes to financial statements.

AGC Houston Chapter Multiple Employer 401(k) Plan

Notes to Financial Statements for the year ended December 31, 2013

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of the AGC Houston Chapter Multiple Employer 401(k) Plan (the Plan) is provided for general informational purposes only. More information regarding the Plan's provisions may be found in the Plan document.

General – The Plan is a multiple employer tax-favored savings and discretionary contribution plan established to provide retirement benefits for covered employees of participating employers that are also members of the Houston Chapter, Associated General Contractors of America, Inc. (the Association). Employees who are not covered by the terms of a collective bargaining agreement or non-resident aliens with no U. S. source income and are covered employees of participating employers are eligible. A participating employer, upon adoption of the Plan, may elect to have different eligibility requirements provided that the maximum age is not greater than 21 years of age or length of service is not greater than one year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions – The Plan provides for contributions by both the participant and participating employers as follows:

- *Participant contributions* – Participants may contribute up to 100% of their compensation as defined by the Plan, subject to certain limitations under the Internal Revenue Code (the Code). The Plan allows catch-up contributions, as defined by the Code, for participants who have attained the age of 50 prior to the end of the year. Participants also may rollover any amounts they receive as distributions from another qualified plan into their individual account. Each participating employer has the option of instituting automatic enrollment for those employees hired on or after a specified date, as defined by the adoption agreement of the participating employer, wherein the participating employer will automatically withhold a specific percentage of the employee's compensation upon becoming eligible to participate unless otherwise elected by the participant. Certain participating employers have elected automatic enrollment.
- *Employer contributions* – Participating employers may elect to make discretionary matching contributions to participants who make elective deferrals. The discretionary matching contribution percentages are determined by each individual participating employer. Participating employers may, at their discretion, make non-elective contributions to the Plan, which are allocated to participant accounts based on a percentage of compensation as determined by the participating employers. Non-elective contributions are allocated to participants in the same proportion as a participant's compensation bears to the total of all participants' compensation of that employer.

Participant accounts – Each participant's account is credited with the participant's contributions, the employer contributions, and an allocation of the investment return for each fund in which their account is invested. The only benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Investments in these accounts are 100% participant directed.

Vesting – Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in employer contributions plus actual earnings thereon is based on years of continuous service. Vesting schedules are based on annual vesting periods not to exceed 6 years and vary by participating

employer. Any amount not vested upon a participant's separation from service is forfeited as of the last day of the Plan year following the later of a one-year break in service or the date of distribution of the vested amount.

Notes receivable from participants – Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 reduced by the highest outstanding loan balance in the preceding one-year period or 50% of their vested account balance. The balances in the participants' accounts secure the loans. Loan terms range from one to five years, unless for the purchase of a principal residence, in which case, the loan must be repaid within a reasonable period of time. Under the terms of the Plan agreement, plan loans will bear a reasonable rate of interest determined by the plan administrator.

Benefit payments – The Plan provides for benefit distributions to plan participants or their beneficiaries, equal to the vested balance of their accounts upon death, disability, retirement, or other termination of employment. Participants may withdraw a portion or all of their vested balance, while still employed, upon reaching the age of 59½. Additionally, participants may qualify for a hardship withdrawal of their vested account balance, while still employed, for the purpose of immediate and heavy financial needs, as defined in the Plan document.

Forfeitures – The Plan uses any amounts forfeited to pay participating employers' share of plan administrative expenses, with any remaining amount used to reduce future participating employers' contributions. During 2013, approximately \$51,000 in forfeitures was utilized to reduce employer contributions and \$400 was utilized to reduce administrative expenses. At December 31, 2013 and 2012, the balance of unutilized forfeitures and related earnings was \$284,403 and \$205,579, respectively.

Plan termination – Although they have not expressed any intent to do so, the trustees of the Plan have the right to terminate the Plan subject to the provisions set forth in ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses have been recorded as of December 2013 or 2012. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

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 adviser and insurance company. See Note 7 for discussion of fair value measurements.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available

for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the Plan. The statement of net assets available for benefits does not present an adjustment from fair value to contract value for fully benefit-responsive investment contracts as contract value approximates fair value for all fully benefit-responsive investment contracts at December 31, 2013 and 2012.

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

Benefit payments – Benefit payments to participants are recorded upon distribution.

Expenses – All expenses of maintaining the Plan are paid by the Plan. Fees related to the administration of notes receivable from participants and benefit payments are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of pooled separate accounts.

Estimates – Management must make estimates and assumptions to prepare financial statements in accordance with generally accepted accounting principles. These estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported amounts of additions and deductions. Actual results could vary from the estimates that were used.

NOTE 3 – TAX STATUS

The underlying volume submitter prototype plan has received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2008, stating that the form of the Plan is qualified under Section 401 of the Code, and therefore, the related trust is tax exempt. In accordance with IRS Revenue Procedures, the plan administrator has determined that it is eligible to and has chosen to rely on the current IRS volume submitter prototype plan opinion letter. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan sponsor has indicated it will take the necessary steps, if any, to bring the Plan's operations into compliance with the Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013, 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 for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to December 31, 2010.

NOTE 4 – INVESTMENTS

At December 31, 2013 and 2012, substantially all assets of the Plan were invested in funds managed by Transamerica Financial Life Insurance Company (Transamerica), as an insurance company of the Plan. These transactions qualify as party-in-interest transactions; however, these transactions are exempt from the prohibited transaction rules of ERISA. Fees incurred by the Plan for investment management

services are included in net appreciation in fair value of pooled separate accounts because they are paid through revenue sharing, rather than a direct payment.

Individual investments that represent 5% or more of the Plan's net assets as of December 31, 2013 and 2012 are as follows:

	<u>2013</u>	<u>2012</u>
Transamerica Stable Value Advantage Fund	\$17,178,197	\$12,094,890
American Funds Balanced Fund	\$7,297,113	\$4,513,950
Morgan Stanley Growth Fund	\$6,423,663	\$4,256,595
Loomis Sayles Investment Grade Bond Fund	\$6,370,820	\$6,464,800
American Funds Washington Mutual Investors Fund	\$6,260,184	\$4,371,352

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

NOTE 5 – INFORMATION CERTIFIED BY INSURANCE COMPANY

Investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2013 and 2012, and net appreciation in fair value of pooled separate accounts and investment income for the year ended December 31, 2013, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Transamerica, as an insurance company of the Plan.

NOTE 6 – INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan entered into a benefit-responsive investment contract with Transamerica. The general account portion of this contract, or the Transamerica Stable Value Advantage Fund (the Stable Value Fund), has no stated maturity and is backed by Transamerica's claims-paying ability. The Stable Value Fund is reported at contract value and assets held in the Stable Value Fund are commingled with assets in the general account of Transamerica. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Interest rates are reset at the beginning of each month, during which time a new interest rate is applied daily to the total outstanding balance of the investment. The credited interest rate is backed by the income received from assets held in the general account. The Stable Value Fund seeks to protect against any loss of principal while providing returns in excess of money market funds and one-year U. S. Treasury bills. There is no stated minimum or maximum interest rate for the Stable Value Fund. The rates for 2013 and 2012 are as follows:

	<u>2013</u>	<u>2012</u>
Lowest rate	1.70%	1.90%
Average rate	1.70%	2.00%
Closing rate	1.70%	1.90%

Certain events may limit the ability of the Plan to transact at contract value such as: (1) complete or partial plan termination or (2) the failure of the trust to qualify for exemption from federal income taxes.

Upon occurrence of any of these events, a market value adjustment may apply. The plan administrator does not believe the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

NOTE 7 – FAIR VALUE MEASUREMENTS

Generally accepted accounting principles require that certain assets and liabilities be reported at fair value and establish a hierarchy that prioritizes inputs used to measure 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 three levels of the fair value hierarchy are as follows:

- *Level 1* – Inputs are unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the reporting date.
- *Level 2* – Inputs are other than quoted prices included in Level 1, which are either directly observable or can be derived from or corroborated by observable market data at the reporting date.
- *Level 3* – Inputs are not observable and are based on the reporting entity's assumptions about the inputs market participants would use in pricing the asset or liability.

Assets measured at fair value at December 31, 2013 are as follows:

	<u>LEVEL 1</u>	<u>LEVEL 2</u>	<u>LEVEL 3</u>	<u>TOTAL</u>
Pooled separate accounts (a):				
Target-date retirement		\$ 22,400,986		\$ 22,400,986
Large/mid-cap value equity		9,323,399		9,323,399
Large/mid-cap growth equity		8,818,321		8,818,321
Bond		8,272,696		8,272,696
Large/mid-cap blend equity		7,903,437		7,903,437
Asset allocation		7,572,725		7,572,725
Hybrid		7,297,113		7,297,113
Small-cap equity		6,255,068		6,255,068
International equity		5,943,697		5,943,697
Specialty		1,274,005		1,274,005
Stable Value Fund			\$ 17,178,197	17,178,197
Total assets measured at fair value	<u>\$ 0</u>	<u>\$ 85,061,447</u>	<u>\$ 17,178,197</u>	<u>\$ 102,239,644</u>

Assets measured at fair value at December 31, 2012 are as follows:

	<u>LEVEL 1</u>	<u>LEVEL 2</u>	<u>LEVEL 3</u>	<u>TOTAL</u>
Pooled separate accounts (a):				
Target-date retirement		\$ 16,529,503		\$ 16,529,503
Large/mid-cap value equity		6,644,003		6,644,003
Large/mid-cap growth equity		6,288,889		6,288,889
Bond		8,834,327		8,834,327
Large/mid-cap blend equity		5,515,971		5,515,971
Asset allocation		6,537,153		6,537,153
Hybrid		4,513,950		4,513,950
Small-cap equity		3,630,481		3,630,481
International equity		3,837,597		3,837,597
Specialty		1,575,077		1,575,077
Stable Value Fund			\$ 12,094,890	12,094,890
Total assets measured at fair value	<u>\$ 0</u>	<u>\$ 63,906,951</u>	<u>\$ 12,094,890</u>	<u>\$ 76,001,841</u>

- (a) Target-date retirement accounts seek high total return over time through a combination of capital appreciation and income by investing in an asset allocation strategy designed for investors planning to retire at certain intervals. Equity accounts seek a favorable rate-of-return through capital appreciation and investment income by investing primarily in a broadly diversified portfolio of U. S. common stocks. Bond accounts seek a high total investment return through both current income and capital appreciation by investing in bonds and other investments with similar economic characteristics. Asset allocation accounts seek capital appreciation and current income by investing in a target allocation of equity and fixed-income funds based on risk profiles of the accounts. Hybrid accounts seek to provide capital appreciation and current income by investing in a diversified portfolio of various asset classes and investment strategies, including equity securities and fixed-income securities. International equity accounts seek a favorable long-term rate-of-return through capital appreciation and income from broadly diversified portfolios that consist primarily of foreign and domestic equity securities. Specialty accounts seek capital appreciation and income by investing in domestic and foreign equity and debt securities while giving special consideration to certain criteria (i.e., real estate, precious metals, utilities, etc.). Participant-directed redemptions have no restrictions; however, should the Plan discontinue its contract with Transamerica, the date of discontinuance must be the first day of a month not earlier than 30 days after the notice of discontinuance is received by Transamerica.

Following is a description of the valuation methods used for assets measured at fair value. There have been no changes in the methods used at December 31, 2013 and 2012.

- *Pooled separate accounts* are valued at net asset value by the issuer based on the fair value of the underlying assets, as determined by quoted market prices.
- The *Stable Value Fund* is valued at contract value which approximates fair value. Contract value represents principal plus accrued interest, less withdrawals and expenses, plus or minus net transfer activity with the Plan's other investment funds.

These valuation methods may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate, the use of different methods or assumptions could result in a different fair value measurement at the reporting date.

Changes in the fair value of the Plan's Level 3 assets during the year ended December 31, 2013 consist of the following:

	STABLE VALUE FUND
Balance, beginning of year	\$ 12,094,890
Purchases	7,568,216
Sales	(3,631,023)
Interfund transfers in	3,678,147
Interfund transfers out	(2,532,033)
Balance, end of year	<u>\$ 17,178,197</u>

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

INSTRUMENT	FAIR VALUE	VALUATION TECHNIQUE	SIGNIFICANT UNOBSERVABLE INPUTS	RANGE OF SIGNIFICANT INPUT VALUES
Stable Value Fund	\$17,178,197	Contract value	Interest rates applied	1.70%

NOTE 8 – TRANSFERS FROM OTHER QUALIFIED PLANS

During 2013, three plans of participating employers merged into the Plan and approximately \$14,800,000 was transferred into the Plan, and one participating employer withdrew from the Plan and approximately \$4,500,000 was transferred into another plan.

NOTE 9 – SUBSEQUENT EVENTS

On January 30, 2014, the Plan merged with Louisiana AGC 401(k) Multiple Employer Plan and changed its name to AGC Southwest Chapters 401(k) Plan. Assets of approximately \$24,000,000 were transferred into the Plan from 23 participating employers.

Management has evaluated subsequent events through October 2, 2014, which is the date that the financial statements were available for issuance. As a result of this evaluation, no other events were identified that are required to be disclosed or would have a material impact on reported net assets available for benefits or changes in net assets available for benefits.

AGC Houston Chapter Multiple Employer 401(k) Plan

Employer Identification Number 74-0490820

Plan Number 002

Schedule H, Line 4(a)

Schedule of Delinquent Participant Contributions for the year ended December 31, 2013

Participant Contributions Transferred Late to <u>Plan</u>	Total that Constitutes Non-exempt Prohibited <u>Transaction</u>	Contributions Not <u>Corrected</u>	Contributions Corrected Outside <u>VFCP</u>	Contributions Pending Correction <u>in VFCP</u>	Total Fully Corrected Under VFCP and PTE <u>2002 – 51</u>
\$60,502*	\$60,502*	\$60,502*	\$0	\$0	\$0
\$71,467**	\$71,467**	\$71,467**	\$0	\$0	\$0

*Represents delinquent participant contributions and participant loan repayments for 2011 and 2012. The participating employers remitted lost earnings and filed the required Form 5330 in February 2014.

**Represents delinquent participant contributions and participant loan repayments for 2013. The participating employers intend to remit lost earnings and file the required Form 5330 in 2014.

AGC Houston Chapter Multiple Employer 401(k) Plan

Employer Identification Number 74-0490820

Plan Number 002

Schedule H, Line 4(i)

Schedule of Assets (Held at End of Year) as of December 31, 2013

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Current Value
<u>Transamerica Financial Life Insurance Company general account:</u>		
* Transamerica Financial Life Insurance Company	Stable Value Advantage Fund	\$ 17,178,197
<u>Transamerica Financial Life Insurance Company pooled separate accounts:</u>		
* American Funds	American Funds Balanced Fund	7,297,113
* Morgan Stanley Investment Management	Morgan Stanley Growth Fund	6,423,663
* Natixis Global Asset Management	Loomis Sayles Investment Grade Bond Fund	6,370,820
* American Funds	American Funds Washington Mutual Investors Fund	6,260,184
* The Vanguard Group, Inc.	Vanguard Target Retirement 2035 Fund	4,160,615
* The Vanguard Group, Inc.	Vanguard Target Retirement 2030 Fund	3,453,740
* The Vanguard Group, Inc.	Vanguard LifeStrategy Conservative Growth Fund	3,400,461
* The Vanguard Group, Inc.	Vanguard Target Retirement 2040 Fund	3,338,011
* American Funds	American Funds EuroPacific Growth Fund	3,068,281
* RidgeWorth Capital Management, Inc.	RidgeWorth Mid-Cap Value Equity Fund	2,841,666
* The Vanguard Group, Inc.	Vanguard LifeStrategy Moderate Growth Fund	2,660,636
* The Vanguard Group, Inc.	Vanguard Target Retirement 2025 Fund	2,514,110
* JPMorgan Asset Management	JPMorgan Market Expansions Enhanced Index Fund	2,495,999
* Janus Investment Fund	Janus Triton Fund	2,488,733
* The Vanguard Group, Inc.	Vanguard Target Retirement 2020 Fund	2,360,876
* The Vanguard Group, Inc.	Vanguard Target Retirement 2050 Fund	2,216,257
* Goldman Sachs Asset Management	Goldman Sachs Mid-Cap Opportunities Fund	2,163,041
* MFS Investment Management	MFS Massachusetts Investors Fund	1,848,780
* The Vanguard Group, Inc.	Vanguard Target Retirement 2015 Fund	1,786,609
* Transamerica Asset Management, Inc.	Transamerica Partners Stock Index Fund	1,704,849
* The Vanguard Group, Inc.	Vanguard Total Stock Market Index Fund	1,662,612
* The Vanguard Group, Inc.	Vanguard Target Retirement 2045 Fund	1,557,165
* Invesco Investment Services, Inc.	Invesco Small Cap Equity Fund	1,237,864
* Columbia Management Investment Advisers, LLC	Columbia Acorn International Fund	1,068,141
* RidgeWorth Capital Management, Inc.	RidgeWorth Small Cap Value Equity Fund	952,102
* The Vanguard Group, Inc.	Vanguard LifeStrategy Growth Fund	907,414
* Transamerica Asset Management, Inc.	Transamerica Partners High Yield Bond Fund	889,785
* State Street Global Advisors	SSgA International Index Fund	809,020
* The Vanguard Group, Inc.	Vanguard Small-Cap Growth Index Fund	778,180
* State Street Global Advisors	SSgA Emerging Markets Index Fund	670,764
* Franklin Templeton Investments	Templeton Global Bond Fund	612,093
* The Vanguard Group, Inc.	Vanguard LifeStrategy Income Fund	604,214
* The Vanguard Group, Inc.	Vanguard Target Retirement 2010 Fund	600,725
* State Street Global Advisors	SSgA Russell Small Cap Index Fund	578,711
* The Vanguard Group, Inc.	Vanguard REIT Index Fund	502,662
* Franklin Templeton Investments	Franklin Utilities Fund	360,598
* The Vanguard Group, Inc.	Vanguard Target Retirement Income Fund	360,172
* Oakmark Funds	Oakmark International Fund	327,491
* American Century Investment Services, Inc.	American Century Inflation-Adjusted Bond Fund	276,559
* Wells Fargo Funds Management, LLC	Wells Fargo Advantage Precious Metals Fund	262,573
* State Street Global Advisors	SSgA Russell Large Cap Growth Index Fund	231,617

(continued)

AGC Houston Chapter Multiple Employer 401(k) Plan

Employer Identification Number 74-0490820

Plan Number 002

Schedule H, Line 4(i)

Schedule of Assets (Held at End of Year) as of December 31, 2013

(continued)

Identity of Issue, Borrower, Lessor or <u>Similar Party</u>	Description of <u>Investment</u>	Current <u>Value</u>
* State Street Global Advisors	SSgA Russell Large Cap Value Index Fund	221,549
* State Street Global Advisors	SSgA Russell Small Cap Value Index Fund	219,478
* State Street Global Advisors	SSgA S&P Mid Cap Index Fund	191,197
* Invesco Investment Services, Inc.	Invesco Global Real Estate Fund	148,172
* State Street Global Advisors	SSgA US Bond Index Fund	123,439
* The Vanguard Group, Inc.	Vanguard Target Retirement 2055 Fund	52,706
Total pooled separate accounts		85,061,447
* Participant loans	Varying dates of maturity with interest rates ranging from 3.25% to 10.00%	3,125,389
Total		\$105,365,033

* Party-in-interest

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

Plan Name: AGC Houston Chapter Multiple Employer 401(k) Plan
Contract #: 932232
EIN: 74-0490820
Plan ID: 8933
Plan #: 002
Period: 01/01/2013 - 12/31/2013

(a)	(b) Identity of issue, borrower, lessor, or similar a party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Morgan Stanley Growth Ret Acct	\$6,423,663.53
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Transamerica Partners High Yield Bond Ret Acct	\$889,784.62
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Transamerica Partners Stock Index Ret Acct	\$1,704,849.15
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	SSgA Russell Small Cap Index Ret Acct	\$578,711.32
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	SSgA International Index Ret Acct	\$809,019.56
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	SSgA S&P Mid Cap Index Ret Acct	\$191,196.98
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	SSgA U.S. Bond Index Ret Acct	\$123,438.70
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	SSgA Russell Small Cap Value Index Ret Acct	\$219,478.04
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement Income Ret Acct	\$360,172.17
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2015 Ret Acct	\$1,786,609.25
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2025 Ret Acct	\$2,514,109.76
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2035 Ret Acct	\$4,160,614.83
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2045 Ret Acct	\$1,557,165.23
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Goldman Sachs Mid-Cap Opportunities Ret Acct	\$2,163,040.71
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	American Funds EuroPacific Growth Ret Acct	\$3,068,280.61
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Loomis Sayles Investment Grade Bond Ret Acct	\$6,370,820.34
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard REIT Index Ret Acct	\$502,662.06
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Small-Cap Growth Index Ret Acct	\$778,180.17
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2010 Ret Acct	\$600,725.05
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2020 Ret Acct	\$2,360,875.68
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2030 Ret Acct	\$3,453,740.12
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2040 Ret Acct	\$3,338,010.79
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2050 Ret Acct	\$2,216,257.52
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Total Stock Market Index Ret Acct	\$1,662,612.39
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	SSgA Emerging Markets Index Ret Acct	\$670,763.91
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	SSgA Russell Large Cap Value Index Ret Acct	\$221,549.52
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	SSgA Russell Large Cap Growth Index Ret Acct	\$231,616.83
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	American Funds Balanced Ret Acct	\$7,297,113.44
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	American Funds Washington Mutual Investors Ret Acct	\$6,260,184.48
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	American Century Inflation-Adjusted Bond Ret Acct	\$276,558.79

*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Franklin Utilities Ret Acct	\$360,597.89
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Wells Fargo Advantage Precious Metals Ret Acct	\$262,573.02
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Invesco Global Real Estate Ret Acct	\$148,171.82
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Columbia Acorn International Ret Acct	\$1,068,140.90
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	JPMorgan Market Expansion Enhanced Index Ret Acct	\$2,495,998.61
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	RidgeWorth Mid-Cap Value Equity Ret Acct	\$2,841,665.72
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Templeton Global Bond Ret Acct	\$612,093.02
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	MFS Massachusetts Investors Ret Acct	\$1,848,780.02
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	RidgeWorth Small Cap Value Equity Ret Acct	\$952,101.88
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard LifeStrategy Conservative Growth Ret Acct	\$3,400,460.79
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard LifeStrategy Growth Ret Acct	\$907,413.78
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard LifeStrategy Income Ret Acct	\$604,214.07
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard LifeStrategy Moderate Growth Ret Acct	\$2,660,635.81
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2055 Ret Acct	\$52,705.78
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Invesco Small Cap Equity Ret Acct	\$1,237,864.14
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Oakmark International Ret Acct	\$327,491.13
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Janus Triton Ret Acct	\$2,488,733.08
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Transamerica Stable Value Adv	\$17,178,197.05
*	PARTICIPANT LOANS	Loan Fund	\$3,125,388.96

(e) Current Value

\$6,423,663.53
\$889,784.62
\$1,704,849.15
\$578,711.32
\$809,019.56
\$191,196.98
\$123,438.70
\$219,478.04
\$360,172.17
\$1,786,609.25
\$2,514,109.76
\$4,160,614.83
\$1,557,165.23
\$2,163,040.71
\$3,068,280.61
\$6,370,820.34
\$502,662.06
\$778,180.17
\$600,725.05
\$2,360,875.68
\$3,453,740.12
\$3,338,010.79
\$2,216,257.52
\$1,662,612.39
\$670,763.91
\$221,549.52
\$231,616.83
\$7,297,113.44
\$6,260,184.48
\$276,558.79

\$360,597.89
\$262,573.02
\$148,171.82
\$1,068,140.90
\$2,495,998.61
\$2,841,665.72
\$612,093.02
\$1,848,780.02
\$952,101.88
\$3,400,460.79
\$907,413.78
\$604,214.07
\$2,660,635.81
\$52,705.78
\$1,237,864.14
\$327,491.13
\$2,488,733.08
\$17,178,197.05
\$3,125,388.96