Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A This return/report is for:
- [ ] a multiemployer plan
- [X] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TEXO MEMBERS 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2011

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

TEXO ABC/AGC, INC.

2600 NETWORK BLVD
STE 130
FRISCO, TX 75034

2b Employer Identification Number (EIN)
32-0274111

2c Plan Sponsor's telephone number
972-987-8830

2d Business code (see instructions)
519100

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.	10/15/2018	STEVEN HEUSSNER
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	2072
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	1735
a(2) Total number of active participants at the end of the plan year	**6a(2)**	2108
b Retired or separated participants receiving benefits	**6b**	7
c Other retired or separated participants entitled to future benefits	**6c**	341
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2456
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f Total. Add lines **6d** and **6e**.	**6f**	2459
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1778
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	94
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 2K 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)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

(1)	[X]	**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)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
TEXO MEMBERS 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TEXO ABC/AGC, INC.

D Employer Identification Number (EIN)
32-0274111

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
36-6071399	70688	932293	1778	01/01/2017	12/31/2017

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
156962	

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

NYLIFE SECURITIES LLC
STEVEN J HEUSSNER
51 MADISON AVE ROOM 51
NEW YORK, NY 10010

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
80147			3

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

NYLIFE SECURITIES LLC
KIRK G QUASCHNICK
51 MADISON AVE ROOM 51
NEW YORK, NY 10010

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
76815			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	14277548
5	Current value of plan's interest under this contract in separate accounts at year end	5	53217457

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 OPTION

b	Balance at the end of the previous year			7b	1952773
c	Additions: (1) Contributions deposited during the year	7c(1)	12301543		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	15718		
	(4) Transferred from separate account	7c(4)	539681		
	(5) Other (specify below)	7c(5)	275357		
	▶ STABLE FORFEITURES, LOAN PRINCIPAL AND INTEREST, EMPLOYER LEVEL ACTIVITY				
	(6) Total additions			7c(6)	13132299
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	15085072
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	181585		
	(2) Administration charge made by carrier	7e(2)	35243		
	(3) Transferred to separate account	7e(3)	462141		
	(4) Other (specify below)	7e(4)	128555		
	▶ LOANS ISSUED, EMPLOYER LEVEL ACTIVITY				
	(5) Total deductions			7e(5)	807524
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	14277548

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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
TEXO MEMBERS 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TEXO ABC/AGC, INC.

D Employer Identification Number (EIN)
32-0274111

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

36-6071399

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

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

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	RECORKEEPER	119517	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MESIROW FINANCIAL INVESTMENT

13-2808480

(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?
27	INVESTMENT ADVISORY-PLAN	8916	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CORNWELL JACKSON

27-4461251

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	14290	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

(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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
TEXO MEMBERS 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TEXO ABC/AGC, INC.

D Employer Identification Number (EIN)
32-0274111

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY GROWTH RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

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)
13-6071399-305	P	778866

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA MID CAP VAL OPPORTUN

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

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)
13-6071399-495	P	397538

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS HIGH YIELD

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

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)
13-6071399-102	P	402889

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES BOND RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

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)
13-6071399-107	P	190083

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STOCK INDEX

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

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)
13-6071399-139	P	1096019

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PART HIGH QUALITY BOND

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

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)
13-6071399-159	P	134675

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP INDEX RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

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)
13-6071399-437	P	48922

a Name of MTIA, CCT, PSA, or 103-12 IE:	SSGA INTERNATIONAL INDEX RET ACCT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	546919
a Name of MTIA, CCT, PSA, or 103-12 IE:	SSGA S&P MID CAP INDEX RET ACCT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-438	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	503019
a Name of MTIA, CCT, PSA, or 103-12 IE:	SSGA RUSSELL SMALL CAP VALUE INDEX		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-355	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	148436
a Name of MTIA, CCT, PSA, or 103-12 IE:	GOLDMAN SACHS MID-CAP OPPORTUNITIES		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-446	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	130871
a Name of MTIA, CCT, PSA, or 103-12 IE:	LOOMIS SAYLES INVESTMENT GRADE BOND		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-094	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1785530
a Name of MTIA, CCT, PSA, or 103-12 IE:	PIONEER BOND RET ACCT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-099	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	37886
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA VANGUARD REAL ESTATE INDEX RET		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-130	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	728709
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD SMALL-CAP INDEX RET ACCT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-132	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	599466
a Name of MTIA, CCT, PSA, or 103-12 IE:	OPPENHEIMER INTERNATIONAL GROWTH		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-168	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	296614
a Name of MTIA, CCT, PSA, or 103-12 IE:	SSGA RUSSELL LARGE CAP VALUE INDEX		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-171	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	402961

a Name of MTIA, CCT, PSA, or 103-12 IE:	SSGA RUSSELL SMALL CAP GROWTH INDEX		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-172	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	56394
a Name of MTIA, CCT, PSA, or 103-12 IE:	SSGA RUSSELL LARGE CAP GROWTH INDEX		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-173	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	617124
a Name of MTIA, CCT, PSA, or 103-12 IE:	JANUS BALANCED RET ACCT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-227	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	325188
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS BALANCED RET ACCT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-228	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	504531
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMER FUNDS FUNDAMENTAL INVESTORS		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-232	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	752638
a Name of MTIA, CCT, PSA, or 103-12 IE:	INVESCO MID CAP CORE EQUITY RET		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-241	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	130067
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS NEW PERSPECTIVE RET		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-255	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	819677
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMER CENT INFLATION-ADJ BOND RET		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-262	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	123183
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 INS. CO.		
c EIN-PN 13-6071399-263	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	127545
a Name of MTIA, CCT, PSA, or 103-12 IE:	GOLDMAN SACHS TECHNOLOGY TOLLKEEPER		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-265	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	438764

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL JENN NATURAL RESOURCES			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-268	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	61549
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO ADVANTAGE PRECIOUS MET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-272	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	132643
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN MARKET EXPANSION INDEX RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-332	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	813310
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN U.S. EQUITY RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-334	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	822522
a Name of MTIA, CCT, PSA, or 103-12 IE: VIRTUS CEREDEX MID-CAP VAL EQTY RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-339	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	581403
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN GENESIS RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-348	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	146304
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY LIVESTRONG 2020			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-415	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4895889
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY LIVESTRONG 2025			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-434	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5253365
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY LIVESTRONG 2030			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-435	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5501277
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY LIVESTRONG 2035			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-436	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3714718

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY LIVESTRONG 2040			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-361	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3794565
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY LIVESTRONG 2045			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-362	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1743841
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY LIVESTRONG 2050			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-363	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1586643
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER CENT LIVESTRONG INCOME RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-364	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4992570
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HEALTH SCIENCES OPS RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-365	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	560050
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MARKETS RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-471	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	611258
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL JENNISON SMALL COMPANY			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-476	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	52538
a Name of MTIA, CCT, PSA, or 103-12 IE: VIRTUS CEREDEX LRG CAP VAL EQTY RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-477	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	436325
a Name of MTIA, CCT, PSA, or 103-12 IE: VIRTUS CEREDEX SMLL CAP VAL EQT RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-478	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	346266
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRAT CONSER GROWTH			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-501	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11797

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY GROWTH RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-502	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 409642
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY INCOME RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-503	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101305
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY MODERATE GROW		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-504	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 572789
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN EXTENDED DURATION RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-522	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 238311
a Name of MTIA, CCT, PSA, or 103-12 IE: EATON VANCE FLOATING RATE RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-514	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24888
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL JENNISON MID CAP GROWTH		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-542	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 946615
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO DIVERSIFIED DIVIDEND RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-574	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1116855
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 INS. CO.		
c EIN-PN 13-6071399-578	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 291459
a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER FUNDAMENTAL GROWTH RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-595	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 716420
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY OC 2055		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-624	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 349869

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS ENTERPRISE			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-647	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	148485
a Name of MTIA, CCT, PSA, or 103-12 IE: DREYFUSSTANDISH GLB FIXED INC			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-761	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	117472
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 INS. CO.			
c EIN-PN 13-6071399-350	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: MANNING & NAPIER PRO-MIX CONSERVATI			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-385	**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: MANNING & NAPIER PRO-MIX EXTENDED			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-386	**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: MANNING & NAPIER PRO-MIX MAXIMUM			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-387	**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: MANNING & NAPIER PRO-MIX MODERATE			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-388	**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: IVY ASSET STRATEGY RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-534	**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: WELLS FARGO GROWTH RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-547	**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: LORD ABBETT DEVELOPING GROWTH RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-382	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0

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 plan sponsor	**c** EIN-PN

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
TEXO MEMBERS 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TEXO ABC/AGC, INC.

D Employer Identification Number (EIN)
32-0274111

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)		954518
(2) Participant contributions	1b(2)		78917
(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)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1160524	2207863
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	29950216	53217457
(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)	1952773	14277548
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**		
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	33063513	70736303
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	33063513	70736303

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)**	2313557	
	(B) Participants	**2a(1)(B)**	4572356	
	(C) Others (including rollovers)	**2a(1)(C)**	2134842	
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		9020755
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)**	70506	
	(F) Other	**2b(1)(F)**	46612	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		117118
	(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)		5496444
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		14634317
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3920337	
(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)		3920337
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		75211
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	14290	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	8916	
(4) Other	2i(4)	119517	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		142723
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4138271
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		10496046
l Transfers of assets:			
(1) To this plan	2l(1)		27532566
(2) From this plan	2l(2)		355822

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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: CORNWELL JACKSON PLLC **(2)** EIN: 27-4461251

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		521094
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			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.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
TEXO MEMBERS 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TEXO ABC/AGC, INC.

D Employer Identification Number (EIN)
32-0274111

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): 13-3689044

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**

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): _____

---

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):

Financial Statements and Supplemental Schedules
TEXO Members 401(k) Plan
As of December 31, 2017 and 2016, and
for the Year Ended December 31, 2017

Financial Statements and Supplemental Schedules

TEXO Members 401(k) Plan

As of December 31, 2017 and 2016, and for the Year Ended December 31, 2017

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* All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act have been omitted because they are not applicable or the required information is shown in the financial statements or notes thereto.

CJ CORNWELL JACKSON
CERTIFIED PUBLIC ACCOUNTANTS

Report of Independent Auditors

To the Trustee and Participants,
TEXO Members 401(k) Plan

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of the TEXO Members 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

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 Trustee instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was prepared and certified by Transamerica Financial Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the trustee that the custodian holds the Plan's investment assets and executes investment transactions. The trustee has obtained a certification from the custodian as of and for the years ended December 31, 2017 and 2016, that the information provided to the custodian 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 schedules, which are composed of the Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2017 and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2017, are required by the Department of Labor's (DOL) 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, 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 the custodian, 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.

Cornwell Jackson, PLLC

Plano, Texas
October 12, 2018

6865 Windcrest Drive | Suite 100 | Plano, TX 75024 | Main: 972.202.8000
www.CornwellJackson.com

An Independent Member Firm of BKR International. Firms in Principal Cities Worldwide.

Statements of Net Assets Available For Benefits As of December 31,		**2017**		2016
Assets:				
Investments:				
Stable value account, at contract value	**$**	**14,277,548**	$	1,952,773
Pooled separate accounts, at fair value		**53,217,457**		29,950,216
Total investments		**67,495,005**		31,902,989
Receivables:				
Employee contributions		**78,917**		31,516
Employer contributions		**920,243**		567,476
Non-elective employer contributions		**34,275**		46,632
Notes receivable from participants		**2,324,774**		1,160,524
Total receivables		**3,358,209**		1,806,148
Total assets		**70,853,214**		33,709,137
Liabilities:				
Excess contributions payable		**123,935**		128,291
Net assets available for benefits	**$**	**70,729,279**	$	33,580,846

Statement of Changes in Net Assets Available For Benefits
For the Year Ended December 31,

		2017
Additions:		
Investment income:		
Net appreciation in fair value of investments	**$**	**5,496,444**
Interest income		**46,612**
Net investment income		**5,543,056**
Interest income on notes receivable from participants		**70,506**
Contributions:		
Employee contributions		**4,439,709**
Employer contributions		**1,625,598**
Non-elective employer contributions		**34,275**
Rollover contributions		**2,134,842**
Total contributions		**8,234,424**
Total additions		**13,847,986**
Deductions:		
Benefits paid		**3,733,574**
Administrative expenses		**142,723**
Total deductions		**3,876,297**
Net increase		**9,971,689**
Transfers in		**27,532,566**
Transfers out		**(355,822)**
Net assets available for benefits:		
Beginning of year		**33,580,846**
End of year	**$**	**70,729,279**

NOTES TO FINANCIAL STATEMENTS
As of December 31, 2017 and 2016, and for the Year Ended December 31, 2017

1. Description of Plan

The following brief description of the TEXO Members 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

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 TEXO Association (the "Association" or "Principal Participating Employer"). The Plan was established on January 1, 2011 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

During the year ended December 31, 2017, the following employers adopted the Plan:

- Rone Engineering Services
- Prism Electric, Inc.
- Roti, Inc.
- Electrical Talent
- Polk Mechanical Company
- Baker Drywall Partnership, LLP
- Momentum Mechanical, Inc.

Eligibility
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. Employees of the Principal Participating Employer are specifically excluded from participation. 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 and length of service is not greater than one year.

Participant Contributions
Participants may contribute up to 100% of their pre-tax compensation, as defined by the Plan, subject to certain limitations under the Internal Revenue Code (the "Code"). The Plan allows catch-up contributions, 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 other qualified retirement plans into their individual account. After-tax ("Roth") elective contributions are also permitted by the Plan. 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 this automatic enrollment feature.

1. Description of Plan (continued)

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. Participating employers may also elect to make safe harbor matching contributions to the Plan, which are calculated as a certain percentage of participant contributions, as elected by the individual adopting employers, and subject to IRS limitations.

Participant Accounts
Each participant's account is credited with the participant's contribution (including rollovers), any employer contributions, and an allocation of a proportionate share of the investment return for each fund in which their account is invested. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. 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 six years and vary by participating employer based on each employer's election at the time of Plan adoption. Any amount not vested upon a participant's separation of service is forfeited as of the last day of the Plan year following the later of a five year break in service or the date of distribution of the vested amount. Participants are 100% vested in employer safe harbor contributions and non-elective employer contributions.

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: (a) $50,000 reduced by the highest outstanding loan balance in the preceding one-year period, or (b) 50% of their vested account balance. The vested 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, not to exceed 30 years. Under the terms of the Plan agreement, Plan loans will bear a reasonable rate of interest determined by the Plan administrator. Participants may have up to two loans outstanding at once.

Payment of Benefits
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 59 ½. Additionally, participants may qualify for a hardship withdrawal of their vested account balance, while still employed, for the purpose of an immediate and heavy financial need, as defined in the Plan document.

1. Description of Plan (continued)

Forfeited Accounts
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 the Plan year ended December 31, 2017, participants forfeited a total of $136,199 in non-vested employer contributions. During the Plan year ended December 31, 2017, $52 and $70,576 in forfeitures were utilized to reduce administrative expenses and employer contributions, respectively. At December 31, 2017 and 2016, the balance of unutilized forfeitures and related earnings was $401,840 and $271,495, respectively.

2. Summary of Significant Accounting Policies

Basis of Accounting
The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the Unites States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition
The Plan's investments in pooled separate accounts are stated at net asset value ("NAV") as determined by the custodian as of the end of the Plan year. The NAV, as reported by the custodian, is used as a practical expedient to estimate fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisors, plan administrator, and custodian. Refer to Note 4 for a discussion of fair value measurements.

The Plan's investment in the Transamerica Stable Value Compass Account, a fully benefit-responsive investment contract, is stated at contract value. Contract value is the relevant measure for the 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 normally would receive if they were to initiate permitted transactions under the terms of the Plan.

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

2. Summary of Significant Accounting Policies (continued)

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus an accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded directly to participant's accounts and are expensed when they are incurred. 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. No allowance for credit losses has been recorded as of December 31, 2017 and 2016.

Excess Contributions Payable
Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. A portion of the amounts required to be distributed were distributed after the March 15, 2018 deadline, but prior to the 12-month maximum allowed by the IRS. Additionally, a portion of these amounts have not been distributed as of the date of the report of independent auditors. As the corrective action was not taken within 2 ½ months following the end of the plan year, the plan administrator is required to pay a 10% excise tax on this amount.

Top Heavy Failure
Subsequent to year end an adopting employer made $34,275 in non-elective employer contributions to satisfy the Plan's top-heavy test failure. This amount is recorded as a receivable at December 31, 2017.

Benefit Payments
Benefits are recorded when paid.

Expenses
Participating employers, at their sole discretion, may pay certain expenses of maintaining the Plan. Such expenses are excluded from these financial statements. If such expenses are not paid by the participating employer, they are paid out of the Plan's assets and included as expenses in these financial statements. Fees related to withdrawals and the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses.

Subsequent Events
Subsequent events have been evaluated through the date of the report of independent auditors, which is the date these financial statements were available to be issued. With the exception of the matter discussed in Note 13, there were no material subsequent events that required recognition or additional disclosure in the financial statements.

3. Information Prepared Certified by the Custodian (unaudited)

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted under such election, the trustee instructed the Plan's independent auditor not to perform any auditing procedures with respect to the following information certified by Transamerica Financial Life Insurance Company, the custodian of the Plan, as complete and accurate, except for comparing such information certified by the custodian with information included in the Plan's financial statements and supplemental schedules:

3. Information Prepared Certified by the Custodian (unaudited) (continued)

As of December 31,	**2017**	2016
Investments:		
Stable value account, at contract value	**$ 14,277,548**	$ 1,952,773
Pooled separate accounts, at fair value	**53,217,457**	29,950,216
Total investments	**67,495,005**	31,902,989
Notes receivable from participants	**$ 2,324,774**	$ 1,160,524

For the Year Ended December 31,	**2017**
Net appreciation in fair value of investments	**$ 5,496,444**
Interest income	**46,612**
Interest income on notes receivable from participants	**70,506**

4. Fair Value Measurements

The fair value hierarchy prioritizes the inputs used to measure fair value, giving the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy are described below:

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

Level 2 Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

4. Fair Value Measurements (continued)

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017.

Pooled separate accounts: Valued at the net asset value (or unit value) ("NAV") of the units held by the Plan at year-end based on information reported by the custodian. NAV is used as a practical expedient for fair value. The NAV of each of the separate accounts is calculated in a manner consistent with the U.S. GAAP for investment companies and is determinative of their fair value and represent the price at which the Plan would be able to initiate a transaction. Several of the separate accounts invest in publicly quoted mutual funds or actively managed stocks. Some of the separate accounts also invest in fixed income securities. The fair value of the underlying mutual funds or stocks and of the other underlying securities, which is based on quoted prices of similar assets, is used to determine the NAV of the separate account which is not publicly traded. Investments in these funds can be redeemed daily upon request.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient. There are no participant redemption restrictions for these investments.

As of December 31, 2017:

Investment	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Pooled separate accounts	$ 53,217,457	N/A	Daily	N/A

As of December 31, 2016:

Investment	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Pooled separate accounts	$ 29,950,216	N/A	Daily	N/A

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

5. Transamerica Stable Value Fund

The Plan offers a guaranteed investment contract, the Transamerica Stable Value Compass Account, with Transamerica Life Insurance Company. The custodian maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by the custodian. Contract value is equal to contributions received plus interest credited, less payments withdrawal or transfers. The interest rate credited on the unallocated annuity contract varies based on a formula determined by the Plan custodian, but will not be less than a guaranteed interest rate determined semi-annually. Participants may ordinarily direct the withdrawal or transfer of all or portion of their investment at contract value. The custodian may not terminate the contract at any amount less than contract value. The following represents the disaggregation of contract value between types of investment contract held by the Plan. In a traditional investment contract, the Plan owns only the contract itself, not the underlying assets.

As of December 31,	**2017**	2016
Traditional investment contract	**$ 14,277,548**	$ 1,952,773

Certain events limit the ability to the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan); (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (3) bankruptcy of the Plan sponsor or other Plan sponsor events that cause a significant withdrawal from the Plan; or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Plan management believes that the occurrence of events that would cause the Plan to transact at less than contract value is not probable.

6. Related Party and Party-in-Interest Transactions

Fees incurred by the Plan for investment management services are included in net appreciation in fair value of the investment, as they are paid through a revenue sharing agreement, rather than a direct payment. During the year ended December 31, 2017, the Plan made direct payments to the record-keeper, third party investment advisor, and other professional service firms totaling $142,723. These costs incurred by the Plan are included in administrative expenses on the statement of changes in net assets available for benefits. The Plan Sponsor pays directly any other fees related to the Plan's operations.

At December 31, 2017 and 2016, substantially all assets of the Plan were invested in funds managed by Transamerica Financial Life Insurance Company (Transamerica), the custodian of the Plan. These transactions qualify as party-in-interest transactions and are exempt from the prohibited transaction rules of ERISA.

7. Termination of the Plan

Although it has not expressed any intent to do so, the Association has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

8. Income Tax Status

The Plan uses a volume submitter multiple employer profit sharing plan document sponsored by Transamerica Financial Life Insurance Company ("Transamerica"). Transamerica received an opinion letter from the IRS dated July 7, 2014, which states that the volume submitter document qualifies under Internal Revenue Code ("IRC") Section 401(a). The Plan itself has not received a determination letter from the IRS. However, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRS. Therefore, no provision for income tax has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by IRS. The Plan is subject to routine audits taken 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 2014.

9. Risk and Uncertainties

The Plan provides for various options in any combination of specified investments. The underlying investments may include stocks, bonds, fixed income securities, mutual funds and other investment securities. Such investments are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the values of investment securities in the near term could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

10. Reconciliation to the Form 5500

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

As of December 31,	**2017**	2016
Net assets per financial statements	**$ 70,729,279**	$ 33,580,846
Less: employee contribution receivable	**-**	(31,516)
Less: employer contribution receivable	**-**	(567,476)
Less: non-elective employer contributions receivable	**-**	(46,632)
Add: excess contributions payable	**123,935**	128,291
Less: notes receivable from participants deemed for Form 5500 purposes	**(116,911)**	-
Net assets per Form 5500	**$ 70,736,303**	$ 33,063,513

10. Reconciliation to the Form 5500 (continued)

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the Form 5500:

For the year ended December 31,	**2017**
Net increase per financial statements	**$ 9,971,689**
Add: current year excess contributions payable	**123,935**
Add: prior year employee contributions receivable	**31,516**
Add: prior year employer contributions receivable	**567,476**
Add: prior year non-elective employer contribution receivable	**46,632**
Less: prior year excess contributions payable	**(128,291)**
Less: notes receivable from participants deemed for Form 5500 purposes	**(116,911)**
Net increase per Form 5500	**$ 10,496,046**

11. Asset Transfer

During the year ended December 31, 2017, assets previously held in other defined contribution 401(k) plans were transferred into the Plan as a result of formal adoption of the Plan. These amounts are included in the statement of changes net asset available for benefits as transfers in. Refer below:

Plan Name	**Total Assets Transferred**
Bestway Concrete 401(k) Plan	$ 6,447,072
PCL Bonding 401(k) Plan	350,334
Sedalco, Inc. 401(k) Plan	3,861,763
Rone Engineering Services, Ltd 401(k) Plan	787,327
Prism Electric, Inc. 401(k) Plan	4,690,332
Polk Mechanical Company Employee Investment and Savings Plan	11,395,738
	$ 27,532,566

During the year ended December 31, 2017, an adopting employer formally opted out of Plan participation and assets allocated to this adopting employer were liquidated out of the Plan. This amount is included in the statement of changes net asset available for benefits as transfers out.

12. Prohibited Transactions – Delinquent Participant Contributions

During the year ended December 31, 2017, certain adopting employers failed to remit participant deferrals (including loan repayments) totaling $434,079 to the Plan in the time required by the Department of Labor's Regulation 29 CFR 2510.3-102, thus constituting a non-exempt (prohibited) transaction between the Plan and the adopting employers. Additionally, during prior Plan years, certain adopting employers failed to remit participant deferrals to the Plan. The respective employers are required to correct these delinquent contributions, including calculating lost earnings. As of December 31, 2017, corrective measure have not been taken related to these amounts.

13. Subsequent Events

Subsequent to the end of the Plan year, the following employers formally adopted the Plan:

- Sun Drywall, LLC
- Mogul Insurance Agency, LLC
- TEXO ABC-AGC, Inc.
- Burleson Electric, Inc.
- Talley-Riggs Construction Group, LLC

Assets totaling approximately $1,900,000 from prior plans sponsored by these employers were transferred into the Plan.

Supplemental Schedules
TEXO Members 401(k) Plan
As of December 31, 2017

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
As of December 31, 2017

EIN: 32-0274111
Plan Number: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(e) Current value
	Stable value account:		
*	Transamerica Financial Life Insurance Company	Transamerica Stable Value Compass Acct	$ 14,277,548
	Pooled separate accounts:		
*	Transamerica Financial Life Insurance Company	American Century Inflation-Adj Bond Ret Acct	123,183
*	Transamerica Financial Life Insurance Company	American Century LIVESTRONG Income Ret Acct	4,992,570
*	Transamerica Financial Life Insurance Company	Amer Funds Fundamental Investors Ret Acct	752,638
*	Transamerica Financial Life Insurance Company	American Century LIVESTRONG 2020 Ret Acct	4,895,889
*	Transamerica Financial Life Insurance Company	American Century LIVESTRONG 2025 Ret Acct	5,253,365
*	Transamerica Financial Life Insurance Company	American Century LIVESTRONG 2030 Ret Acct	5,501,276
*	Transamerica Financial Life Insurance Company	American Century LIVESTRONG 2035 Ret Acct	3,714,718
*	Transamerica Financial Life Insurance Company	American Century LIVESTRONG 2040 Ret Acct	3,794,565
*	Transamerica Financial Life Insurance Company	American Century LIVESTRONG 2045 Ret Acct	1,743,841
*	Transamerica Financial Life Insurance Company	American Century LIVESTRONG 2050 Ret Acct	1,586,643
*	Transamerica Financial Life Insurance Company	American Century OC 2055	349,869
*	Transamerica Financial Life Insurance Company	American Funds Balanced Ret Acct	504,531
*	Transamerica Financial Life Insurance Company	American Funds New Perspective Ret Acct	819,677
*	Transamerica Financial Life Insurance Company	BlackRock Health Sciences Ops Ret Acct	560,050
*	Transamerica Financial Life Insurance Company	Dreyfus/Standish Gib Fixed Inc	117,472
*	Transamerica Financial Life Insurance Company	Eaton Vance Floating Rate Ret Acct	24,888
*	Transamerica Financial Life Insurance Company	Franklin Utilities Ret Acct	127,545
*	Transamerica Financial Life Insurance Company	Goldman Sachs Mid-Cap Opportunities Ret Acct	130,871
*	Transamerica Financial Life Insurance Company	Goldman Sachs Technology Tollkeeper Ret Acct	438,764
*	Transamerica Financial Life Insurance Company	Invesco Diversified Dividend Ret Acct	1,116,854
*	Transamerica Financial Life Insurance Company	Invesco Mid Cap Core Equity Ret Acct	130,067
*	Transamerica Financial Life Insurance Company	JPMorgan Extended Duration Ret Acct	238,311

Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)
As of December 31, 2017

EIN: 32-0274111
Plan Number: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(e) Current value
	Pooled separate accounts (continued):		
*	Transamerica Financial Life Insurance Company	JPMorgan Market Expansion Index Ret Acct	813,310
*	Transamerica Financial Life Insurance Company	JPMorgan U.S. Equity Ret Acct	822,522
*	Transamerica Financial Life Insurance Company	Janus Balanced Ret Acct	325,188
*	Transamerica Financial Life Insurance Company	Janus Enterprise	148,485
*	Transamerica Financial Life Insurance Company	Janus Triton Ret Acct	291,459
*	Transamerica Financial Life Insurance Company	Loomis Sayles Bond Ret Acct	190,083
*	Transamerica Financial Life Insurance Company	Loomis Sayles Investment Grade Bond Ret Acct	1,785,530
*	Transamerica Financial Life Insurance Company	Morgan Stanley Growth Ret Acct	778,866
*	Transamerica Financial Life Insurance Company	Neuberger Berman Genesis Ret Acct	146,304
*	Transamerica Financial Life Insurance Company	Oppenheimer Developing Markets Ret Acct	611,258
*	Transamerica Financial Life Insurance Company	Oppenheimer International Growth Ret Acct	296,614
*	Transamerica Financial Life Insurance Company	Pioneer Bond Ret Acct	37,886
*	Transamerica Financial Life Insurance Company	Pioneer Fundamental Growth Ret Acct	716,420
*	Transamerica Financial Life Insurance Company	Prudential Jennison Natural Resources Ret Acct	61,549
*	Transamerica Financial Life Insurance Company	Prudential Jennison Mid Cap Growth Ret Acct	946,615
*	Transamerica Financial Life Insurance Company	Prudential Jennison Small Company Ret Acct	52,538
*	Transamerica Financial Life Insurance Company	SSgA International Index Ret Acct	546,919
*	Transamerica Financial Life Insurance Company	SSgA Russell Large Cap Growth Index Ret Acct	617,125
*	Transamerica Financial Life Insurance Company	SSgA Russell Large Cap Value Index Ret Acct	402,961
*	Transamerica Financial Life Insurance Company	SSgA Russell Small Cap Growth Index Ret Acct	56,394
*	Transamerica Financial Life Insurance Company	SSgA Russell Small Cap Index Ret Acct	48,922
*	Transamerica Financial Life Insurance Company	SSgA Russell Small Cap Value Index Ret Acct	148,436
*	Transamerica Financial Life Insurance Company	SSgA S&P Mid Cap Index Ret Acct	503,019
*	Transamerica Financial Life Insurance Company	TA Vanguard REIT Index Ret Acct	728,709
*	Transamerica Financial Life Insurance Company	Transamerica Partners Mid Value Ret Acct	397,538

Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)
As of December 31, 2017

EIN: 32-0274111
Plan Number: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value		(e) Current value
	Pooled separate accounts (continued):			
*	Transamerica Financial Life Insurance Company	Transamerica Part High Quality Bond Ret Acct		134,675
*	Transamerica Financial Life Insurance Company	Transamerica Partners High Yield Bond Ret Acct		402,889
*	Transamerica Financial Life Insurance Company	Transamerica Partners Stock Index Ret Acct		1,096,019
*	Transamerica Financial Life Insurance Company	Vanguard LifeStrategy Conservative Growth Ret Acct		11,797
*	Transamerica Financial Life Insurance Company	Vanguard LifeStrategy Growth Ret Acct		409,642
*	Transamerica Financial Life Insurance Company	Vanguard LifeStrategy Income Ret Acct		101,305
*	Transamerica Financial Life Insurance Company	Vanguard LifeStrategy Moderate Growth Acct		572,789
*	Transamerica Financial Life Insurance Company	Vanguard Small-Cap Index Ret Acct		599,466
*	Transamerica Financial Life Insurance Company	Virtus Ceredex Large Cap Value Equity Ret Acct		436,326
*	Transamerica Financial Life Insurance Company	Virtus Ceredex Mid-Cap Value Equity Ret Acct		581,403
*	Transamerica Financial Life Insurance Company	Virtus Ceredex Small Cap Value Equity Ret Acct		346,266
*	Transamerica Financial Life Insurance Company	Wells Fargo Advantage Precious Metals Ret Acct		132,643
	Total pooled separate accounts			53,217,457
Total investments			**$**	**67,495,005**
*	Notes receivable from participants	Interest rates ranging from 3.25% to 6.25%		2,207,863
Total assets			**$**	**69,702,868**

* Column (a) indicates each identified person/entity known to be a party-in-interest.

Note: Column (d) - Historical cost information is not provided as all investments are participant directed.

Note: The information presented has been prepared and certified by Transamerica Financial Life Insurance Company as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure.

Schedule H, Line 4a
Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2017

EIN: 32-0274111
Plan Number: 002

Plan Year	Participant Contributions Transferred Late to Plan	Check Here if Late Participant Loan Repayments are Included	Total that Constitute Non-Exempt Prohibited: Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2016	$ 87,015	X	$ 87,015	$ -	$ -	$ -
2017	434,079	X	434,079	-	-	-

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

Plan Name: TEXO ABC/AGC Inc.
Contract Number: 932293
Employer Identification Number: 32-0274111
Plan Identification Number: 002
Plan Year End: December 31, 2017

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
TEXO ABC/AGC Inc.	32-0274110	0.00%
Azteca Enterprises Inc.	75-2316716	4.72%
Drywall Interiors LP	22-3882330	0.99%
Griffith Davison P.C.	75-2495502	3.77%
C. D. Henderson Construction Group LLC	26-2161782	0.00%
Southwest Construction Services Inc.	75-2580200	2.30%
Rama Enterprises LLC	20-3266963	0.61%
Abstract Construction Co.	75-1622470	1.43%
Steele & Freeman Inc.	75-1665692	4.42%
Electrical Distributors LLC	34-1995619	1.22%
Lasco Acoustics and Drywall Inc.	75-2214965	6.11%
Highland Builders Inc.	75-2637901	2.33%
Manning Concrete Inc.	32-0284447	0.65%
Pecos Construction LLC	45-0494866	1.63%
JMEG LP	82-0571729	21.04%
Burnco Texas LLC	98-1126161	15.33%
Southern Cross Group USA LLC	26-0696379	0.00%
Carrco Painting Contractors Inc.	75-2665791	1.18%
Novel Builders LLC	46-2746628	0.48%
Everest Group Inc.	80-0816431	0.00%
George/McKenna Electrical Contractors Inc.	75-1789678	1.32%
TEPCOGLASS LLC	82-3954053	4.94%
Striland Construction Inc.	75-1792501	3.01%
PCL Insurance Agency Inc. dba PCL Contract Bonding Agency	75-2052289	1.31%
Sedalco Inc.	75-1952629	4.09%
Rone Engineering Services LTD	34-2010698	0.76%
Prism Electric	75-2553905	12.56%
Roti Inc.	74-2522351	1.19%
Electrical Talent LLC	46-4669945	0.00%
Polk Mechanical Company LLC	01-0759775	2.56%
Momentum Mechanical Inc.	16-1746641	0.04%
Sun Drywall LLC	81-2993221	0.00%

TEXO Members 401(k) Plan
EIN No.: 32-0274111, Plan No. 002
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2017

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) CURRENT VALUE
	Transamerica Financial Life Ins. Co.	Insurance Company/General Account	**$ 14,277,548**
	Transamerica Financial Life Ins. Co.	Morgan Stanley Growth Ret Acct	$ 778,866
	Transamerica Financial Life Ins. Co.	Transamerica Partners Mid Value Ret Acct	$ 397,538
	Transamerica Financial Life Ins. Co.	Transamerica Partners High Yield Bond Ret Acct	$ 402,889
	Transamerica Financial Life Ins. Co.	Loomis Sayles Bond Ret Acct	$ 190,083
	Transamerica Financial Life Ins. Co.	Transamerica Partners Stock Index Ret Acct	$ 1,096,019
	Transamerica Financial Life Ins. Co.	Transamerica Partners High Quality Bond Ret Acct	$ 134,675
	Transamerica Financial Life Ins. Co.	State Street Russell Small Cap Index Ret Acct	$ 48,922
	Transamerica Financial Life Ins. Co.	State Street International Index Ret Acct	$ 546,919
	Transamerica Financial Life Ins. Co.	State Street S&P Mid Cap Index Ret Acct	$ 503,019
	Transamerica Financial Life Ins. Co.	State Street Russell Small Cap Value Index Ret Acct	$ 148,436
	Transamerica Financial Life Ins. Co.	Goldman Sachs Mid-Cap Opportunities Ret Acct	$ 130,871
	Transamerica Financial Life Ins. Co.	Loomis Sayles Investment Grade Bond Ret Acct	$ 1,785,530
	Transamerica Financial Life Ins. Co.	Pioneer Bond Ret Acct	$ 37,886
	Transamerica Financial Life Ins. Co.	TA Vanguard REIT Index Ret Acct	$ 728,709
	Transamerica Financial Life Ins. Co.	TA Vanguard Small-Cap Index Ret Acct	$ 599,466
	Transamerica Financial Life Ins. Co.	Oppenheimer International Growth Ret Acct	$ 296,614
	Transamerica Financial Life Ins. Co.	State Street Russell Large Cap Value Index Ret Acct	$ 402,961
	Transamerica Financial Life Ins. Co.	State Street Russell Small Cap Growth Index Ret Acct	$ 56,394
	Transamerica Financial Life Ins. Co.	State Street Russell Large Cap Growth Index Ret Acct	$ 617,124
	Transamerica Financial Life Ins. Co.	Janus Henderson Balanced Ret Acct	$ 325,188
	Transamerica Financial Life Ins. Co.	American Funds Balanced Ret Acct	$ 504,531
	Transamerica Financial Life Ins. Co.	American Funds Fundamental Investors Ret Acct	$ 752,638
	Transamerica Financial Life Ins. Co.	Invesco Mid Cap Core Equity Ret Acct	$ 130,067
	Transamerica Financial Life Ins. Co.	American Funds New Perspective Ret Acct	$ 819,677
	Transamerica Financial Life Ins. Co.	American Century Inflation-Adjusted Bond Ret Acct	$ 123,183
	Transamerica Financial Life Ins. Co.	Franklin Utilities Ret Acct	$ 127,545
	Transamerica Financial Life Ins. Co.	Goldman Sachs Technology Opportunities Ret Acct	$ 438,764
	Transamerica Financial Life Ins. Co.	Prudential Jennison Natural Resources Ret Acct	$ 61,549
	Transamerica Financial Life Ins. Co.	Wells Fargo Precious Metals Ret Acct	$ 132,643
	Transamerica Financial Life Ins. Co.	JPMorgan Market Expansion Enhanced Index Ret Acct	$ 813,310
	Transamerica Financial Life Ins. Co.	JPMorgan U.S. Equity Ret Acct	$ 822,522
	Transamerica Financial Life Ins. Co.	Virtus Ceredex Mid-Cap Value Equity Ret Acct	$ 581,403
	Transamerica Financial Life Ins. Co.	Neuberger Berman Genesis Ret Acct	$ 146,304
	Transamerica Financial Life Ins. Co.	American Century One Choice 2020 Ret Acct	$ 4,895,889
	Transamerica Financial Life Ins. Co.	American Century One Choice 2025 Ret Acct	$ 5,253,365
	Transamerica Financial Life Ins. Co.	American Century One Choice 2030 Ret Acct	$ 5,501,277
	Transamerica Financial Life Ins. Co.	American Century One Choice 2035 Ret Acct	$ 3,714,718
	Transamerica Financial Life Ins. Co.	American Century One Choice 2040 Ret Acct	$ 3,794,565
	Transamerica Financial Life Ins. Co.	American Century One Choice 2045 Ret Acct	$ 1,743,841
	Transamerica Financial Life Ins. Co.	American Century One Choice 2050 Ret Acct	$ 1,586,643
	Transamerica Financial Life Ins. Co.	American Century One Choice In Retirement Ret Acct	$ 4,992,570
	Transamerica Financial Life Ins. Co.	BlackRock Health Sciences Ops Ret Acct	$ 560,050
	Transamerica Financial Life Ins. Co.	Oppenheimer Developing Markets Ret Acct	$ 611,258
	Transamerica Financial Life Ins. Co.	Prudential Jennison Small Company Ret Acct	$ 52,538
	Transamerica Financial Life Ins. Co.	Virtus Ceredex Large-Cap Value Equity Ret Acct	$ 436,325
	Transamerica Financial Life Ins. Co.	Virtus Ceredex Small-Cap Value Equity Ret Acct	$ 346,266
	Transamerica Financial Life Ins. Co.	TA Vanguard LifeStrategy Conservative Growth Ret Acct	$ 11,797
	Transamerica Financial Life Ins. Co.	TA Vanguard LifeStrategy Growth Ret Acct	$ 409,642
	Transamerica Financial Life Ins. Co.	TA Vanguard LifeStrategy Income Ret Acct	$ 101,305
	Transamerica Financial Life Ins. Co.	TA Vanguard LifeStrategy Moderate Growth Ret Acct	$ 572,789

TEXO Members 401(k) Plan
EIN No.: 32-0274111, Plan No. 002
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2017

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) CURRENT VALUE
	Transamerica Financial Life Ins. Co.	JPMorgan Extended Duration Ret Acct	$ 238,311
	Transamerica Financial Life Ins. Co.	Eaton Vance Floating Rate Ret Acct	$ 24,888
	Transamerica Financial Life Ins. Co.	Prudential Jennison Mid Cap Growth Ret Acct	$ 946,615
	Transamerica Financial Life Ins. Co.	Invesco Diversified Dividend Ret Acct	$ 1,116,855
	Transamerica Financial Life Ins. Co.	Janus Henderson Triton Ret Acct	$ 291,459
	Transamerica Financial Life Ins. Co.	Pioneer Fundamental Growth Ret Acct	$ 716,420
	Transamerica Financial Life Ins. Co.	American Century One Choice 2055 Portfolio Ret Acct	$ 349,869
	Transamerica Financial Life Ins. Co.	Janus Henderson Enterprise Ret Acct	$ 148,485
	Transamerica Financial Life Ins. Co.	Dreyfus/Standish Global Fixed Income Ret Acct	$ 117,472
		Separate Account Total	**$ 53,217,457**
*	Participants	Notes Receivable with interest rates of 3.25% to 6.25%	**$ 2,207,863**
		TOTAL PLAN ASSETS	**$ 69,702,868**

* Indicates Party-In-Interest to the Plan