

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div> This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>			
A	This return/report is for:	☐ a multiemployer plan ☒ 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 ☐ the first return/report ☐ an amended return/report	☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ▶ ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>TEXO MEMBERS 401(K) PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>002</u>
		1c	Effective date of plan <u>01/01/2011</u>
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) <u>TEXO ABC/AGC, INC.</u> <u>2600 NETWORK BLVD</u> <u>STE 130</u> <u>FRISCO, TX 75034</u>	2b	Employer Identification Number (EIN) <u>32-0274111</u>
		2c	Plan Sponsor's telephone number <u>972-987-8830</u>
		2d	Business code (see instructions) <u>519100</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	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

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor 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 2459
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2108 6a(2) 1674 6b 10 6c 468 6d 2152 6e 5 6f 2157 6g 2157 6h 199
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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 2018 This Form is Open to Public Inspection
---	---	---

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
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	(g) To
36-6071399	70688	932293	2157	01/01/2018	12/31/2018

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 204652	(b) Total amount of fees paid
---	--------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid 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		(e) Organization code
	(c) Amount	(d) Purpose	
115424			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		(e) Organization code
	(c) Amount	(d) Purpose	
89228			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	4936961
5 Current value of plan's interest under this contract in separate accounts at year end	5	63398985

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. Specify nature of costs ▶	6d	

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	14277548
---	-----------	----------

c Additions: (1) Contributions deposited during the year	7c(1)	-10456564	
	7c(2)		
	7c(3)	19280	
	7c(4)	2600244	
	7c(5)	284691	

▶ STABLE FORFS, LOAN PRINCIPAL AND INTEREST PAID, EBA ADDITIONS, ADDITIONS TO FORFS

(6) Total additions.....	7c(6)	-7552349
--------------------------	--------------	----------

d Total of balance and additions (add lines 7b and 7c(6))	7d	6725199
---	-----------	---------

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	465622	
	7e(2)	5128	
	7e(3)	1215812	
	7e(4)	101676	

▶ LOANS ISSUED, ALLOCATED FORFS

(5) Total deductions.....	7e(5)	1788238
---------------------------	--------------	---------

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	4936961
---	-----------	---------

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. ▶

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
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)..... ☒ Yes ☐ No

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA FINANCIAL LIFE INSURAN
36-6071399

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

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

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

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

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

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

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

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

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

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

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

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

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

TRANSAMERICA FINANCIAL LIFE INSURAN

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	61921	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(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 50	INVESTMENT ADVISORY-PLAN	14111	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 ☐

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 2018 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>TEXO MEMBERS 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TEXO ABC/AGC, INC.</u>	D Employer Identification Number (EIN) <u>32-0274111</u>	

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: <u>AMER CENT INFLATION-ADJ BOND RET AC</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>			
c EIN-PN <u>36-6071399-262</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>128637</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMER CENT LIVESTRONG INCOME RET ACC</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>			
c EIN-PN <u>36-6071399-364</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5275096</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMER FUNDS FUNDAMENTAL INVESTORS RE</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>			
c EIN-PN <u>36-6071399-232</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>778508</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENTURY LIVESTRONG 2020 RE</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>			
c EIN-PN <u>36-6071399-415</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6029072</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENTURY LIVESTRONG 2025 RE</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>			
c EIN-PN <u>36-6071399-434</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7567910</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENTURY LIVESTRONG 2030 RE</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>			
c EIN-PN <u>36-6071399-435</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6995161</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENTURY LIVESTRONG 2035 RE</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>			
c EIN-PN <u>36-6071399-436</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4982367</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY LIVESTRONG 2040 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-361	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4131255
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY LIVESTRONG 2045 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-362	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2678207
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY LIVESTRONG 2050 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-363	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2451955
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 36-6071399-624	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 692351
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ONE CHOICE 2060 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-816	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51903
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 36-6071399-228	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 546357
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 36-6071399-255	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 830413
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HEALTH SCIENCES OPS RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-365	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 646285
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 36-6071399-761	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 134538
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 36-6071399-514	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 98711

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 36-6071399-263	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 294761
--	--	--

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 36-6071399-446	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 144505
--	--	--

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 36-6071399-265	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 672972
--	--	--

a Name of MTIA, CCT, PSA, or 103-12 IE: [INVESCO DIVERSIFIED DIVIDEND RET AC](#)

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

c EIN-PN 36-6071399-574	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1076812
--	--	---

a Name of MTIA, CCT, PSA, or 103-12 IE: [INVESCO MID CAP CORE EQUITY RET ACC](#)

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

c EIN-PN 36-6071399-241	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121850
--	--	--

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 36-6071399-227	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 346160
--	--	--

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 36-6071399-647	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 263929
--	--	--

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 36-6071399-578	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 317098
--	--	--

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 36-6071399-522	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 295399
--	--	--

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 36-6071399-332	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 745409
--	--	--

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 36-6071399-334	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	814268
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 36-6071399-107	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	171055
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 36-6071399-094	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1752882
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 36-6071399-305	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1525721
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 36-6071399-348	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	155723
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 36-6071399-471	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	583935
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER INTERNATIONAL GROWTH RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-168	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	254657
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 36-6071399-099	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	92898
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 36-6071399-595	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	724902
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL JENN NATURAL RESOURCES R			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-268	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	72626

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 36-6071399-542	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	837777
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL JENNISON SMALL COMPANY R			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-476	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28037
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 36-6071399-172	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	86539
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 36-6071399-355	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	126273
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTL INDEX RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	460422
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL LRG CAP GR IND			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-173	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	496071
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL LRG CAP VAL IN			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-171	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	374666
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SMALL CAP INDE			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-437	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	140477
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MID CAP INDX RET A			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-438	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	471059
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REAL ESTATE INDEX RET A			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	701827

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA MID CAP VAL OPPORTUNIT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-495	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	390459
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 36-6071399-159	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	152331
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS HIGH YIELD BO			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-102	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	473274
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STOCK INDEX R			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1055540
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRAT CONSER GROWTH RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-501	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14433
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY GROWTH RET AC			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-502	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	493848
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY INCOME RET AC			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-503	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	252863
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 36-6071399-504	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	581572
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 36-6071399-132	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	523987
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 36-6071399-477	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	419208

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 36-6071399-339	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 518979
--------------------------------	------------------------	--

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 36-6071399-478	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 312420
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO ADVANTAGE PRECIOUS META

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

c EIN-PN 36-6071399-272	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40635
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
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	960019
(2) Participant contributions	1b(2)	78917	189505
(3) Other.....	1b(3)	0	5884
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)	2207863	2585394
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	53217457	63398985
(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)	14277548	4936961
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	70736303	72076748

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 through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	70736303	72076748
---	-----------	----------	----------

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)	2513628	
(B) Participants	2a(1)(B)	6797468	
(C) Others (including rollovers)	2a(1)(C)	1674176	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		10985272
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)	121973	
(F) Other	2b(1)(F)	20140	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		142113
(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)		-4048226
(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		3740
d Total income. Add all income amounts in column (b) and enter total	2d		7082899

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6978353	
(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)		6978353
f Corrective distributions (see instructions)	2f		232472
g Certain deemed distributions of participant loans (see instructions)	2g		179772
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	14111	
(4) Other	2i(4)	61921	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		76032
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7466629

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-383730
l Transfers of assets:			
(1) To this plan.....	2l(1)		1724175
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: 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:

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

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

	Yes	No	Amount
4a	X		190331
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 2018 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>TEXO MEMBERS 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TEXO ABC/AGC, INC.</u>	D Employer Identification Number (EIN) <u>32-0274111</u>

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	<u>0</u>
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): <u>13-3689044</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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):

TEXO MEMBERS 401(k) PLAN
REPORT ON AUDIT OF FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018

TEXO MEMBERS 401(k) PLAN

Table of Contents

	<u>Page</u>
Report of independent auditors	1–2
Financial statements:	
Statements of net assets available for benefits	3
Statements of changes in net assets available for benefits	4
Notes to financial statements	5–12
Supplemental information:	
Schedule H, line 4a – schedule of delinquent participant contributions	13
Schedule H, line 4i – schedule of assets (held at end of year)	14

Report of Independent Auditors

To the Plan Administrator and Those Charged with Governance
TEXO Members 401(k) Plan

Report on Financial Statements

We were engaged to audit the accompanying financial statements of TEXO Members 401(k) Plan (the Plan) which comprise the statement of net assets available for benefits as of December 31, 2018 and the related statement of changes in net assets available for benefits for the year then ended, 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.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Transamerica Financial Life Insurance Company, the Custodian, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained certification from the Custodian as of and for the year ended December 31, 2018, that the information provided to the Plan Administrator by 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 Matters

Supplemental Information

The supplemental information of Schedule H, line 4a – schedule of delinquent participant contributions, and schedule H, line 4i – schedule of assets (held at end of year) as of or for the year ended December 31, 2018, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. The supplemental information is the responsibility of Plan management. 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 information referred to above.

2017 Financial Statements

The financial statements of the Plan as of and for the year ended December 31, 2017, were audited by predecessor auditors. 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 (ERISA), the Plan Administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Transamerica Financial Life Insurance Company, the Custodian of the Plan. Their report, dated October 12, 2018, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Custodian, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the 2018 financial statements and supplemental information, other than that derived from the information certified or provided 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.



Fort Lauderdale, Florida
October 14, 2019

TEXO MEMBERS 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2018 and 2017

ASSETS			
		<u>2018</u>	<u>2017</u>
Investments at fair value	\$	63,398,985	\$ 53,217,457
Investments at contract value		<u>4,936,961</u>	<u>14,277,548</u>
Total investments		68,335,946	67,495,005
Receivables:			
Participant notes receivable		2,585,394	2,324,774
Participant contributions		189,505	78,917
Employer contributions		960,019	920,243
Other		<u>5,884</u>	<u>34,275</u>
Total receivables		<u>3,740,802</u>	<u>3,358,209</u>
Total assets		72,076,748	70,853,214
 LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS			
Liabilities:			
Refunds payable for excess contributions		<u>179,395</u>	<u>123,935</u>
Net assets available for benefits	\$	<u>71,897,353</u>	<u>\$ 70,729,279</u>

See accompanying notes to financial statements.

TEXO MEMBERS 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ (4,041,203)	\$ 5,496,444
Dividends and interest income	<u>23,880</u>	<u>46,612</u>
Total investment (loss) income	<u>(4,017,323)</u>	<u>5,543,056</u>
Interest income on participant notes receivable	<u>121,973</u>	<u>70,506</u>
Contributions:		
Participant	6,618,073	4,439,709
Employers	2,513,628	1,625,598
Rollovers	1,674,176	2,134,842
Other	<u>-</u>	<u>34,275</u>
Total contributions	<u>10,805,877</u>	<u>8,234,424</u>
Total additions	6,910,527	13,847,986
Deductions from net assets attributed to:		
Benefits paid to participants	7,390,596	3,733,574
Administrative expenses	<u>76,032</u>	<u>142,723</u>
Total deductions	<u>7,466,628</u>	<u>3,876,297</u>
Net increase (decrease) in net assets before plan transfers	(556,101)	9,971,689
Plan transfers:		
Transfers in	1,724,175	27,532,566
Transfers out	<u>-</u>	<u>(355,822)</u>
Increase in net assets	1,168,074	37,148,433
Beginning of year	<u>70,729,279</u>	<u>33,580,846</u>
End of year	<u>\$ 71,897,353</u>	<u>\$ 70,729,279</u>

See accompanying notes to financial statements.

TEXO MEMBERS 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 – Description of Plan

The following description of TEXO Members 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General and eligibility

The Plan is a multiple employer defined contribution plan sponsored by the TEXO Association (the Association or Sponsor) covering eligible employees of Adopting Employers (Participating Employers) who are also members of the Association. Employees of the Sponsor are specifically excluded from participation. Employees are eligible to participate in the Plan based on elections made by the Adopting Employers. An Adopting Employer 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. The Plan was established on January 1, 2011 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan's Retirement Committee is responsible for oversight of the Plan, determining the appropriateness of the Plan's investment offerings, and monitoring investment performance.

The Plan uses Transamerica Financial Life Insurance Company (Transamerica or the Custodian) for recordkeeping and custodial services of its group annuity contract.

Contributions

Each year, participants may contribute an amount of annual compensation as elected by their Adopting Employer. 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, if elected by Adopting Employers. Participants direct the investment of all contributions into various investment options offered by the Plan. Each Adopting Employer elects the level of safe harbor, matching and/or profit-sharing contributions. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant accounts

Each participant's account is credited with the participant's contribution and their Adopting Employer's matching contributions, as well as allocations of their Adopting Employer's profit sharing contribution and Plan earnings. 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. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions and their Adopting Employer's safe harbor contributions, if applicable, plus actual earnings thereon. Vesting in the remainder of their account is based on years of continuous service. A participant generally does not begin to vest until year two (20%) and increases ratably until fully vested in year six. However, vesting schedules vary based on the Adopting Employer's elections. Participants become fully vested at normal retirement at the age of 65, death or becoming disabled.

TEXO MEMBERS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 1 – Description of Plan, Continued

Forfeitures

As of December 31, 2018 and 2017, forfeited nonvested accounts totaled \$528,152 and \$401,840, respectively. Nonvested forfeiture accounts are used to pay plan expenses or to reduce future Participating Employer contributions. Forfeitures are used to reduce Participating Employers' elective contributions and/or used to pay Plan administration expenses. During the years ended December 31, 2018 and 2017, Participating Employer contributions and plan expenses were reduced by \$59,588 and \$70,628, respectively from forfeited nonvested accounts.

Payment of benefits

On termination of service due to death, disability retirement or other reasons, a participant may receive a lump-sum distribution equal to the value of the participant's vested interest in their account. Participants may withdraw a portion or all of their vested balance, while still employed, upon reaching the age of 59 ½ or for immediate and heavy financial hardship needs, as defined in the Plan Document.

Participant notes receivable

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% - 6.25% at December 31, 2018, which are commensurate with local prevailing rates at the inception of the loan as determined by the Plan Administrator. Principal and interest are paid ratably through regular payroll deductions. Terms range from one to five years or greater if the loan is for the purchase of a primary residence.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting

The financial statements of the Plan have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of assets and changes in net assets and disclosure of contingent assets and liabilities. Actual results could differ from those estimates and such differences may be material.

Investment valuation and income recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts which are at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisor and the Custodian.

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

TEXO MEMBERS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 2 – Summary of Significant Accounting Policies, Continued

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2018 and 2017. Delinquent notes receivable from participants are recorded as distributions based upon the terms of the Plan Document.

Administrative expenses

Certain expenses of maintaining the Plan are paid by the Adopting Employers and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in the net appreciation (depreciation) in fair value of investments.

Payment of benefits

The Plan records benefits when paid.

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. The Plan subsequently refunded the 2018 and 2017 excess contributions to the applicable participants.

Concentration of credit risk

The Custodian maintains the Plan's investments with high credit-quality institutions and attempts to limit the credit exposure of any particular investment. Management retains a third party investment advisory group to review investment performance and risk.

Risks and uncertainties

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the high level of risk associated with certain investment securities and the level of uncertainty related to changes in the values of investment securities, it is at least reasonably possible that changes in risks in the near-term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Uncertain tax positions

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) FASB ASC Topic 740, *Income Taxes*, requires the Plan to assess its uncertain tax positions for the likelihood they would be overturned upon examination by the IRS. In accordance with this guidance, the Plan has determined it does not have any positions at December 31, 2018 that it would be unable to substantiate.

TEXO MEMBERS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 2 – Summary of Significant Accounting Policies, Continued

New accounting pronouncement

In August 2018, the FASB issued ASU 2018-13, *Fair Value Measurement* (Topic 820), *Disclosure Framework – Changes to Disclosure Requirements for Fair Value Measurement* (ASU 2018-13). The amendments in ASU 2018-13 modify the disclosure requirements in Topic 820 of the disclosure framework. The modifications include the removal of the requirement to disclose the amount of and reason for transfers between Level 1 and Level 2 of the fair value hierarchy, the policy of timing between levels, the valuation processes for Level 3 fair value measurements, and the changes in unrealized gains and losses for the period included in earnings for recurring Level 3 fair value measurements held at the end of the reporting period.

Also, in lieu of a roll forward for Level 3 fair value measurements, a nonpublic entity is required to disclose transfers into and out of Level 3 of the fair value hierarchy and purchases and issues of Level 3 assets and liabilities. Additionally, for certain entities that calculate net asset value, an entity is required to disclose the timing of an investee's assets and the date when restrictions from redemptions lapse only if the investee has communicated the timing to the entity or announced the timing publicly. ASU 2018-13 is effective for fiscal years beginning on or after December 15, 2019 with early adoption permitted to any removed or modified disclosures of this update. Plan management is evaluating the effect of ASU 2018-13 on its financial statements and related disclosures.

Note 3 – Information Certified by the Custodian

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Transamerica Financial Life Insurance Company, the Custodian, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants as shown on the statements of net assets available for benefits as of December 31, 2018 and 2017;
- Net investment activity and interest income on notes receivable from participants as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2018 and 2017;
- Investment information included in the footnotes and supplemental schedule of assets (held at end of year) as of December 31, 2018.

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

Note 4 – Fair Value Measurements

Accounting guidance provides a framework for measuring fair value and provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

TEXO MEMBERS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 4 – Fair Value Measurements, Continued

The three levels of the fair value hierarchy are described as follows:

Level 1	Unadjusted quoted prices for identical, unrestricted assets or liabilities in active markets that a plan has the ability to access.
Level 2	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; and inputs that are derived principally from or corroborated by observable market data by correlation or other means for substantially the full term of the assets or liabilities.
Level 3	Significant unobservable inputs.

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. There have been no changes in the applicable methodologies used at December 31, 2018 and 2017. During the years ended December 31, 2018 and 2017, there were no transfers of financial instruments into or out of Level 3.

Following is a description of the valuation methodologies used for assets measured at fair value:

Pooled separate accounts – Investments in are public investment vehicles valued using the net asset value (NAV) provided by the administrator of the fund. The NAV is based upon the units of such pooled separate accounts held by the Plan at year-end multiplied by the respective unit value. The unit values of the pooled separate accounts are based on significant observable inputs, but are not based on quoted market prices in an active market and are therefore considered Level 2 investments within the fair value hierarchy.

Guaranteed fund – Valued at NAV based on contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017:

	Fair Value Measurements as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ 63,398,985	\$ -	\$ 63,398,985
Guaranteed fund *	-	-	-	4,936,961
Investments, at fair value	<u>\$ -</u>	<u>\$ 63,398,985</u>	<u>\$ -</u>	<u>\$ 68,335,946</u>

TEXO MEMBERS 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 4 – Fair Value Measurements, Continued

	Fair Value Measurements as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ 53,217,457	\$ -	\$ 53,217,457
Guaranteed fund *	-	-	-	14,277,548
Investments, at fair value	<u>\$ -</u>	<u>\$ 53,217,457</u>	<u>\$ -</u>	<u>\$ 67,495,005</u>

* In accordance with subtopic 820-10, certain investments that were measured at contract value have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to present the reconciliation of the fair value hierarchy to line items presented in the statements of net assets available for benefits.

Note 5 - Group Annuity Contract with Insurance Company

The Plan has a fully benefit-responsive guaranteed investment contract with Transamerica Financial Life Insurance Company (Transamerica) totaling \$4,936,961 in 2018 and \$14,277,548 in 2017. Transamerica maintains the contributions in a general account. The Transamerica Stable Value Compass Account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer. The average crediting rate for the year ended December 31, 2018, was 0.55%. The crediting rate is reviewed semi-annually for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date. The account can be redeemed daily. The Plan has no unfunded commitments.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Transamerica, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (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 Sponsor or other Sponsor events that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, and (4) a material amendment to the agreement without the consent of the issuer.

TEXO MEMBERS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 6 – Party-In-Interest Transactions

The Plan's investments are administered by the Custodian, therefore, these transactions qualify as party-in-interest transactions. For the years ended December 31, 2018 and 2017, fees incurred by the Plan for contract administration services, third party investment advisor, and other professional services firms totaled \$76,032 and \$142,723, respectively. In addition, Transamerica receives revenue from service providers for services the Custodian provides to the funds. This revenue is used to offset certain amounts owed to the Custodian for its administrative services.

Note 7 – Plan Termination

Although it has not expressed any intent to do so, the Sponsor 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 will become 100% vested in the Adopting Employers' contribution portion of their accounts.

Note 8 – Tax Status

The Plan adopted a volume submitter multiple employer profit sharing plan document sponsored by Transamerica Financial Life Insurance Company (Transamerica). Transamerica received an opinion on July 7, 2014, which states that the volume submitter document qualified under the Internal Revenue Code (IRC) Section 401(a). The Plan itself has not received a determination letter, however, the Plan Administrator and the Plan's tax counsel believe that the Plan is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 9 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits and the increase in net assets available for benefits per the financial statements to Form 5500 as of December 31, 2018 and 2017 and for the year ended December 31, 2018:

	2018	2017
Net assets available for benefits per the financial statements	\$ 71,897,353	\$ 70,729,279
Add: refunds of excess contributions payable	179,395	123,935
Less: notes receivable from participants deemed for Form 5500 purposes	-	(116,911)
Net assets available for benefits per Form 5500	<u>\$ 72,076,748</u>	<u>\$ 70,736,303</u>
	2018	
Net increase in net assets available for benefits per financial statements	\$ 1,168,074	
Add: current year excess contributions payable	179,395	
Less: prior year excess contributions payable and notes receivable deemed for Form 5500 purposes, net	(7,024)	
Net increase in net assets available for benefits per Form 5500	<u>\$ 1,340,445</u>	

TEXO MEMBERS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 10 – Plan Transfers

Qualified plans sponsored by certain Adopting Employers may be merged into the Plan in conjunction with the Adopting Employers' adoption of the Plan. New participant accounts are then created for such participants in the Plan.

In addition, the account balances of participants employed by the Adopting Employers who terminate continuation in the Plan during the year may be transferred out of the Plan through mergers with, or creation of, other qualified plans.

Note 11 – Subsequent Events

The Plan evaluated events occurring subsequent to December 31, 2018 through October 14, 2019, the date the financial statements were available to be issued, for matters that should be recorded in the financial statements or disclosed in the notes thereto.

SUPPLEMENTAL INFORMATION

TEXO MEMBERS 401(k) PLAN

SPONSOR'S EIN: 32-0274111

PLAN NUMBER: 002

**SCHEDULE H, Line 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
For the Year Ended December 31, 2018**

Check if Late Loan Repayments Are Included	Participant Contributions Transferred Late To Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and Prohibited Transaction Exemption 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
✓	<u>\$ 190,331</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 190,331</u>	<u>\$ -</u>

TEXO MEMBERS 401(k) PLAN

SPONSOR'S EIN: 32-0274111

PLAN NUMBER: 002

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2018

(a)	(b) Identity of issue or similar party:	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Investments:			
*	Stable Value Account	Transamerica Stable Value Compass Acct	**	\$ 4,936,961
*	Pooled Separate Account	American Century Inflation-Adj Bond Ret Acct	**	128,637
*	Pooled Separate Account	American Century LIVESTRONG Income Ret Acct	**	5,275,096
*	Pooled Separate Account	Amer Funds Fundamental Investors Ret Acct	**	778,508
*	Pooled Separate Account	American Century LIVESTRONG 2020 Ret Acct	**	6,029,072
*	Pooled Separate Account	American Century LIVESTRONG 2025 Ret Acct	**	7,567,910
*	Pooled Separate Account	American Century LIVESTRONG 2030 Ret Acct	**	6,995,161
*	Pooled Separate Account	American Century LIVESTRONG 2035 Ret Acct	**	4,982,367
*	Pooled Separate Account	American Century LIVESTRONG 2040 Ret Acct	**	4,131,255
*	Pooled Separate Account	American Century LIVESTRONG 2045 Ret Acct	**	2,678,207
*	Pooled Separate Account	American Century LIVESTRONG 2050 Ret Acct	**	2,451,955
*	Pooled Separate Account	American Century OC 2055	**	692,351
*	Pooled Separate Account	American Century One Choice 2060 Ret opt	**	51,903
*	Pooled Separate Account	American Funds Balanced Ret Acct	**	546,357
*	Pooled Separate Account	American Funds New Perspective Ret Acct	**	830,413
*	Pooled Separate Account	BNY Mellon Global Income Ret Acct	**	134,538
*	Pooled Separate Account	BlackRock Health Sciences Ops Ret Acct	**	646,285
*	Pooled Separate Account	Eaton Vance Floating Rate Ret Acct	**	98,711
*	Pooled Separate Account	Franklin Utilities Ret Acct	**	294,761
*	Pooled Separate Account	Goldman Sachs Mid-Cap Opportunities Ret Acct	**	144,505
*	Pooled Separate Account	Goldman Sachs Tehcnology Tollkeeper Ret Acct	**	672,972
*	Pooled Separate Account	Invesco Diversified Dividend Ret Acct	**	1,076,812
*	Pooled Separate Account	Invesco Mid Cap Core Equity Ret Acct	**	121,850
*	Pooled Separate Account	Invesco Oppenheimer Dev Markets Ret Acct	**	583,935
*	Pooled Separate Account	Invesco Oppenheimer Intl Growth Ret Acct	**	254,657
*	Pooled Separate Account	JPMorgan Extended Duration Ret Acct	**	295,399
*	Pooled Separate Account	JPMorgan Market Expansion Index Ret Acct	**	745,409
*	Pooled Separate Account	JPMorgan U.S. Equity Ret Acct	**	814,268
*	Pooled Separate Account	Janus Balanced Ret Acct	**	346,160
*	Pooled Separate Account	Janus Enterprise	**	263,929
*	Pooled Separate Account	Janus Triton Ret Acct	**	317,098
*	Pooled Separate Account	Loomis Sayles Bond Ret Acct	**	171,055
*	Pooled Separate Account	Loomis Sayles Investment Grade Bond Ret Acct	**	1,752,882
*	Pooled Separate Account	Morgan Stanley Growth Ret Acct	**	1,525,722
*	Pooled Separate Account	Neuberger Berman Genesis Ret Acct	**	155,723
*	Pooled Separate Account	Pioneer Bond Ret Acct	**	92,898
*	Pooled Separate Account	Pioneer Fundamental Growth Ret Acct	**	724,902
*	Pooled Separate Account	Prudential Jennison Natural Resources Ret Acct	**	72,626
*	Pooled Separate Account	Prudential Jennison Mid Cap Growth Ret Acct	**	837,777
*	Pooled Separate Account	Prudential Jennison Small Company Ret Acct	**	28,037
*	Pooled Separate Account	SSgA Russell Small Cap Growth Index Ret Acct	**	86,539
*	Pooled Separate Account	SSgA Russell Small Cap Value Index Ret Acct	**	126,273
*	Pooled Separate Account	State Street Intl Index Ret Acct	**	460,422
*	Pooled Separate Account	State Street Russell Lrg Cap Gr Index Ret Acct	**	496,071
*	Pooled Separate Account	State Street Russell Lrg Cap Val Index Ret Acct	**	374,666
*	Pooled Separate Account	State Street Russell Small Cap Index Ret Acct	**	140,477
*	Pooled Separate Account	State Street S&P Mid Cap Index Ret Acct	**	471,059
*	Pooled Separate Account	TA Vanguard Real Estate Index Ret Acct	**	701,827
*	Pooled Separate Account	Transamerica Partner Mid Cap Value Ret Acct	**	390,459
*	Pooled Separate Account	Transamerica Part High Quality Bond Ret Act	**	152,331
*	Pooled Separate Account	Transamerica Partners High Yield Bond Ret Acct	**	473,274
*	Pooled Separate Account	Transamerica Partners Stock Index Ret Acct	**	1,055,540
*	Pooled Separate Account	Vanguard LifeStrategy Conservative Growth Ret Acct	**	14,433
*	Pooled Separate Account	Vanguard LifeStrategy Growth Ret Acct	**	493,848
*	Pooled Separate Account	Vanguard LifeStrategy Income Ret Acct	**	252,863
*	Pooled Separate Account	Vanguard LifeStrategy Moderate Growth Acct	**	581,572
*	Pooled Separate Account	Vanguard Small-Cap Index Ret Acct	**	523,986
*	Pooled Separate Account	Virtus Ceredex Large Cap Value Equity Ret Acct	**	419,208
*	Pooled Separate Account	Virtus Ceredex Mid-Cap Value Equity Ret Acct	**	518,979
*	Pooled Separate Account	Virtus Ceredex Small Cap Value Equity Ret Acct	**	312,420
*	Non-interest bearing cash	Wells Fargo Advantage Precious Metals Ret Acct	**	40,635
	Total investments			68,335,946
*	Participant Notes Receivable	Loans to participants, interest rates ranging from 4.25% to 6.25%, various maturities	-	2,585,394
	Total assets held			\$ 70,921,340

* Indicates party-in-interest to the Plan

** Cost omitted for participant directed investments

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

Plan Name: TEXO Members 401(k) Plan
Contract Number: 932293
Employer Identification Number: 32-0274111
Plan Identification Number: 002
Plan Year End: December 31, 2018

(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	2.75%
Drywall Interiors LP	22-3882330	0.47%
Griffith Davison P.C.	75-2495502	2.33%
C. D. Henderson Construction Group LLC	26-2161782	0.00%
Southwest Construction Services Inc.	75-2580200	1.74%
Rama Enterprises LLC	20-3266963	0.26%
Abstract Construction Co.	75-1622470	1.01%
Steele & Freeman Inc.	75-1665692	3.04%
Lasco Acoustics and Drywall Inc.	75-2214965	4.28%
Highland Builders Inc.	75-2637901	1.29%
Manning Concrete Inc.	32-0284447	0.78%
Pecos Construction LLC	45-0494866	1.39%
JMEG LP	82-0571729	14.69%
Burnco Texas LLC	98-1126161	17.10%
Southern Cross Group USA LLC	26-0696379	0.00%
Carrco Painting Contractors Inc.	75-2665791	1.21%
Novel Builders LLC	46-2746628	0.62%
Everest Group Inc.	80-0816431	0.00%
George/McKenna Electrical Contractors Inc.	75-1789678	1.56%
TEPCOGLASS LLC	82-3954053	3.57%
Striland Construction Inc.	75-1792501	2.09%
PCL Insurance Agency Inc. dba PCL Contract Bonding Agency	75-2052289	0.17%
Sedalco Inc.	75-1952629	4.96%
Rone Engineering Services LTD	34-2010698	0.72%
Prism Electric	75-2553905	12.55%
Roti Inc.	74-2522351	1.97%
Electrical Talent LLC	46-4669945	0.00%
Polk Mechanical Company LLC	01-0759775	16.38%
Momentum Mechanical Inc.	16-1746641	2.23%
Sun Drywall LLC	81-2993221	0.11%
Mogul Insurance Agency LLC	81-5191394	0.06%
TEXO ABC AGC Inc.	32-0274112	0.61%
Burleson Electric Inc	76-0744330	0.07%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Talley-Riggins Construction Group LLC	82-5469067	0.00%

TEXO Members 401(k) Plan
EIN No.: 32-0274111, Plan No. 002
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2018

(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.	Transamerica Stable Value Compass Account	\$ 4,936,961
	Transamerica Financial Life Ins. Co.	American Century Inflation-Adjusted Bond Ret Acct	\$ 128,637
	Transamerica Financial Life Ins. Co.	American Century One Choice In Retirement Ret Acct	\$ 5,275,096
	Transamerica Financial Life Ins. Co.	American Funds Fundamental Investors Ret Acct	\$ 778,508
	Transamerica Financial Life Ins. Co.	American Century One Choice 2020 Ret Acct	\$ 6,029,072
	Transamerica Financial Life Ins. Co.	American Century One Choice 2025 Ret Acct	\$ 7,567,910
	Transamerica Financial Life Ins. Co.	American Century One Choice 2030 Ret Acct	\$ 6,995,161
	Transamerica Financial Life Ins. Co.	American Century One Choice 2035 Ret Acct	\$ 4,982,367
	Transamerica Financial Life Ins. Co.	American Century One Choice 2040 Ret Acct	\$ 4,131,255
	Transamerica Financial Life Ins. Co.	American Century One Choice 2045 Ret Acct	\$ 2,678,207
	Transamerica Financial Life Ins. Co.	American Century One Choice 2050 Ret Acct	\$ 2,451,955
	Transamerica Financial Life Ins. Co.	American Century One Choice 2055 Portfolio Ret Acct	\$ 692,351
	Transamerica Financial Life Ins. Co.	American Century One Choice 2060 Ret Acct	\$ 51,903
	Transamerica Financial Life Ins. Co.	American Funds Balanced Ret Acct	\$ 546,357
	Transamerica Financial Life Ins. Co.	American Funds New Perspective Ret Acct	\$ 830,413
	Transamerica Financial Life Ins. Co.	BlackRock Health Sciences Ops Ret Acct	\$ 646,285
	Transamerica Financial Life Ins. Co.	Dreyfus/Standish Global Fixed Income Ret Acct	\$ 134,538
	Transamerica Financial Life Ins. Co.	Eaton Vance Floating Rate Ret Acct	\$ 98,711
	Transamerica Financial Life Ins. Co.	Franklin Utilities Ret Acct	\$ 294,761
	Transamerica Financial Life Ins. Co.	Goldman Sachs Mid-Cap Opportunities Ret Acct	\$ 144,505
	Transamerica Financial Life Ins. Co.	Goldman Sachs Technology Opportunities Ret Acct	\$ 672,972
	Transamerica Financial Life Ins. Co.	Invesco Diversified Dividend Ret Acct	\$ 1,076,812
	Transamerica Financial Life Ins. Co.	Invesco Mid Cap Core Equity Ret Acct	\$ 121,850
	Transamerica Financial Life Ins. Co.	Janus Henderson Balanced Ret Acct	\$ 346,160
	Transamerica Financial Life Ins. Co.	Janus Henderson Enterprise Ret Acct	\$ 263,929
	Transamerica Financial Life Ins. Co.	Janus Henderson Triton Ret Acct	\$ 317,098
	Transamerica Financial Life Ins. Co.	JPMorgan Extended Duration Ret Acct	\$ 295,399
	Transamerica Financial Life Ins. Co.	JPMorgan Market Expansion Enhanced Index Ret Acct	\$ 745,409
	Transamerica Financial Life Ins. Co.	JPMorgan U.S. Equity Ret Acct	\$ 814,268
	Transamerica Financial Life Ins. Co.	Loomis Sayles Bond Ret Acct	\$ 171,055
	Transamerica Financial Life Ins. Co.	Loomis Sayles Investment Grade Bond Ret Acct	\$ 1,752,882
	Transamerica Financial Life Ins. Co.	Morgan Stanley Growth Ret Acct	\$ 1,525,721
	Transamerica Financial Life Ins. Co.	Neuberger Berman Genesis Ret Acct	\$ 155,723
	Transamerica Financial Life Ins. Co.	Oppenheimer Developing Markets Ret Acct	\$ 583,935
	Transamerica Financial Life Ins. Co.	Oppenheimer International Growth Ret Acct	\$ 254,657
	Transamerica Financial Life Ins. Co.	Pioneer Bond Ret Acct	\$ 92,898
	Transamerica Financial Life Ins. Co.	Pioneer Fundamental Growth Ret Acct	\$ 724,902
	Transamerica Financial Life Ins. Co.	Prudential Jennison Natural Resources Ret Acct	\$ 72,626
	Transamerica Financial Life Ins. Co.	Prudential Jennison Mid Cap Growth Ret Acct	\$ 837,777
	Transamerica Financial Life Ins. Co.	Prudential Jennison Small Company Ret Acct	\$ 28,037
	Transamerica Financial Life Ins. Co.	State Street Russell Small Cap Growth Index Ret Acct	\$ 86,539
	Transamerica Financial Life Ins. Co.	State Street Russell Small Cap Value Index Ret Acct	\$ 126,273
	Transamerica Financial Life Ins. Co.	State Street International Index Ret Acct	\$ 460,422
	Transamerica Financial Life Ins. Co.	State Street Russell Large Cap Growth Index Ret Acct	\$ 496,071
	Transamerica Financial Life Ins. Co.	State Street Russell Large Cap Value Index Ret Acct	\$ 374,666
	Transamerica Financial Life Ins. Co.	State Street Russell Small Cap Index Ret Acct	\$ 140,477
	Transamerica Financial Life Ins. Co.	State Street S&P Mid Cap Index Ret Acct	\$ 471,059
	Transamerica Financial Life Ins. Co.	TA Vanguard REIT Index Ret Acct	\$ 701,827
	Transamerica Financial Life Ins. Co.	Transamerica Partners Mid Value Ret Acct	\$ 390,459
	Transamerica Financial Life Ins. Co.	Transamerica Partners High Quality Bond Ret Acct	\$ 152,331
	Transamerica Financial Life Ins. Co.	Transamerica Partners High Yield Bond Ret Acct	\$ 473,274
	Transamerica Financial Life Ins. Co.	Transamerica Partners Stock Index Ret Acct	\$ 1,055,540

TEXO Members 401(k) Plan
EIN No.: 32-0274111, Plan No. 002
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2018

(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.	TA Vanguard LifeStrategy Conservative Growth Ret Acct	\$ 14,433
	Transamerica Financial Life Ins. Co.	TA Vanguard LifeStrategy Growth Ret Acct	\$ 493,848
	Transamerica Financial Life Ins. Co.	TA Vanguard LifeStrategy Income Ret Acct	\$ 252,863
	Transamerica Financial Life Ins. Co.	TA Vanguard LifeStrategy Moderate Growth Ret Acct	\$ 581,572
	Transamerica Financial Life Ins. Co.	TA Vanguard Small-Cap Index Ret Acct	\$ 523,986
	Transamerica Financial Life Ins. Co.	Virtus Ceredex Large-Cap Value Equity Ret Acct	\$ 419,208
	Transamerica Financial Life Ins. Co.	Virtus Ceredex Mid-Cap Value Equity Ret Acct	\$ 518,979
	Transamerica Financial Life Ins. Co.	Virtus Ceredex Small-Cap Value Equity Ret Acct	\$ 312,420
	Transamerica Financial Life Ins. Co.	Wells Fargo Precious Metals Ret Acct	\$ 40,635
		Separate Accounts Total	\$ 63,398,985
*	Participants		
		Notes Receivable with interest rates of 4.25% to 6.75%	\$ 2,585,394
		TOTAL PLAN ASSETS	\$ 70,921,340

* Indicates Party-In-Interest to the Plan