Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CTL/THOMPSON, INC. SAVINGS AND RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1991

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
CTL/THOMPSON, INC.

7306 S. ALTON WAY
CENTENNIAL, CO 80112

2b Employer Identification Number (EIN)
84-0609804

2c Plan Sponsor's telephone number
303-454-3533

2d Business code (see instructions)
541330

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.	09/10/2015	PENNY L. LESLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

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

5	Total number of participants at the beginning of the plan year	**5**	181
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	182
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	182
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	17
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	200
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	200
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	141
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
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 3H 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
CTL/THOMPSON, INC. SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CTL/THOMPSON, INC.

D Employer Identification Number (EIN)
84-0609804

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

JOHN HANCOCK LIFE INSURANCE COMPANY (JOHN HANCOCK USA)

(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
01-0233346	65838	56016	79	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
12647	3596

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

MORGAN STANLEY INSURANCE SERVICES
370 17TH ST., STE 2800
DENVER, CO 80202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12647			3

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

UNITED RETIREMENT PLAN CONSULTANTS
4600 S. ULSTER ST., STE 680
DENVER, CO 80237

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	3488	ADMINISTRATION FEES	5

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

MORGAN STANLEY SMITH BARNEY
2000 WESTCHESTER AVE.
PURCHASE, NY 10577

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	108	OTHER ALLOWANCES	7

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	1510485

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
CTL/THOMPSON, INC. SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CTL/THOMPSON, INC.

D Employer Identification Number (EIN)
84-0609804

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

MORGAN STANLEY WEALTH MANAGEMENT

26-4310632

(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?
19 50 71 27 51 28 65	INVESTMENT MANAGER	24873	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOHN HANCOCK LIFE INS CO USA

01-0233346

(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 28 59 60 62 63 68	RECORDKEEPER	246	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
CTL/THOMPSON, INC. SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
84-0609804

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: JH LS GROW ACTIVE STRATEGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	481397

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS BAL ACTIVE STRATEGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	531601

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS MOD ACTIVE STRATEGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	189532

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS CON ACTIVE STRATEGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	49740

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	24316

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	52316

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROW INDEX

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	18461

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62278

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STOCK FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33955

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11814

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119394

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL COMPANY VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 207156

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2595

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1743

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 107762

a Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 171835

a Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS NEW YORK VENTURE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21943

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12317

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89907

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 441204

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. HIGH YIELD BOND FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59352

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72136

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STABLE VAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 811510

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
CTL/THOMPSON, INC. SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CTL/THOMPSON, INC.

D Employer Identification Number (EIN)
84-0609804

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	21726	20465
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	200000	300000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	58411	104326
(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)	2475403	2572390
(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)	62369	45194
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1628636	1510485
(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)	1827494	1988829
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	796153	811510

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7070192	7353199
Liabilities			
g Benefit claims payable	1g	9	99
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	9	99
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	7070183	7353100

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)	300000	
(B) Participants	2a(1)(B)	212195	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		512195
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)	2694	
(F) Other	2b(1)(F)	9	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2703
(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)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		233991
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		748889
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	437699	
(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)		437699
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	28273	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		28273
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		465972
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		282917
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: EKS&H LLLP **(2)** EIN: 46-1497033

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

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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

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

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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 section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
CTL/THOMPSON, INC. SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CTL/THOMPSON, INC.

D Employer Identification Number (EIN)
84-0609804

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 01-0233346

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

CTL|THOMPSON, INC. SAVINGS AND RETIREMENT PLAN

Financial Statements
and
Independent Auditors' Report
December 31, 2014 and 2013

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CTL|THOMPSON, INC. SAVINGS AND RETIREMENT PLAN

Table of Contents

Page

Independent Auditors' Report 1

Financial Statements

Statements of Net Assets Available for Benefits 3

Statement of Changes in Net Assets Available for Benefits 4

Notes to Financial Statements 5

Supplemental Schedule

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) 16

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INDEPENDENT AUDITORS' REPORT

Plan Administrator
CTL|Thompson, Inc. Savings and Retirement Plan
Centennial, Colorado

REPORT ON FINANCIAL STATEMENTS

We were engaged to audit the accompanying financial statements of CTL|Thompson, Inc. Savings and Retirement Plan (the "Plan"), which are comprised of the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

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

AUDITORS' RESPONSIBILITY

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 2, which was certified by John Hancock Life Insurance Company USA, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2014 and 2013, and for the year ended December 31, 2014, 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 MATTER

The supplemental schedule as of December 31, 2014, 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. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

REPORT ON FORM AND CONTENT IN COMPLIANCE WITH THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS

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

EKS&H LLLP

EKS&H LLLP

August 7, 2015
Denver, Colorado

CTL|THOMPSON, INC. SAVINGS AND RETIREMENT PLAN

Statements of Net Assets Available for Benefits

	December 31, 2014	December 31, 2013
Assets		
Cash, non-interest-bearing	$ 20,465	$ 21,726
Investments, at fair value		
Common stocks	2,572,390	2,475,403
Mutual funds	1,988,829	1,827,493
Pooled separate accounts	1,510,485	1,628,636
Stable value fund	811,510	796,153
Money market funds	104,326	58,411
Total investments, at fair value	6,987,540	6,786,096
Receivables		
Employer contributions	300,000	200,000
Participant notes	45,194	62,369
Total receivables	345,194	262,369
Total assets	7,353,199	7,070,191
Liabilities and Net Assets Available for Benefits		
Accrued expenses	99	9
Net assets available for benefits	$ 7,353,100	$ 7,070,182

See notes to financial statements.

CTL|THOMPSON, INC. SAVINGS AND RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2014

Investment income	
Net appreciation in fair value of assets	$ 198,461
Interest and dividend income	38,234
Total investment income	236,695
Contributions	
Employer	300,000
Employee	212,195
Total contributions	512,195
Deductions from net assets	
Benefits paid to participants	(437,699)
Administrative fees	(28,273)
Total deductions from net assets	(465,972)
Net increase in net assets available for benefits	282,918
Net assets available for benefits	
Beginning of year	7,070,182
End of year	$ 7,353,100

See notes to financial statements.

Note 1 - Description of the Plan and Significant Accounting Policies

The following description of the CTL|Thompson, Inc. Savings and Retirement Plan (the "Plan") provides only general information. Participants and all others should refer to the Plan document for a more complete description of the Plan's provisions.

Merger

Effective December 31, 2013, all assets of the CTL|Thompson, Inc. Employee Profit Sharing Plan were transferred to the Plan. On January 1, 2014, the combined Plan changed its EIN number.

General

The Plan is a defined contribution plan established July 1, 1991 and most recently amended effective December 31, 2013. The Plan is available to employees age 21 years or older. Plan entry dates are monthly. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). CTL|Thompson, Inc. (the "Company") periodically makes discretionary profit sharing contributions on behalf of eligible participants who have completed one year of service with at least 1,000 hours of service during that one-year period.

The Board of Directors of the Company has appointed a Board of Trustees to administer the Plan. The Board of Trustees acts as the named fiduciary and the trustee to the Plan. John Hancock Life Insurance Company USA ("John Hancock") serves as custodian, manages Plan assets, and offers Plan participants a variety of investment options through various funds. Morgan Stanley Smith Barney ("Morgan Stanley") serves as custodian and manages assets for the profit sharing portion of the Plan. United Retirement Plan Consultants maintains the Plan's records. Participant contributions, including allocated earnings and losses thereon, are invested in the various investment options at the direction of the participants. Participant accounts resulting from Company profit sharing contributions, including allocated earnings and losses thereon, are invested in the various investment options at the direction of the administrator of the Plan.

The participants of the Plan are co-employed by the Company and TriNet Group Inc., a Professional Employer Organization ("PEO"). A PEO is an organization that provides outsourcing of payroll, workers' compensation, human resources, and employee benefits administration.

Contributions

Participants may elect pre-tax salary deferral contributions up to 100% of their annual compensation, not to exceed limits set by the IRS, which are adjusted annually by the Secretary of the Treasury for inflation. Participants who are age 50 years or older during the Plan year are eligible to make a catch-up contribution based on IRS limitations. Roth contributions are also allowed under the Plan. The Plan permits rollover contributions from other qualified retirement plans. Participant contributions to the Plan are made through regular payroll deductions.

Note 1 - Description of the Plan and Significant Accounting Policies (continued)

Contributions (continued)

The Plan provides for contributions from the Company ("Profit Sharing"). Profit Sharing contributions are determined at the discretion of the Board of Directors based on the Company's annual profitability. The Company declared a contribution of $300,000 for the year ended December 31, 2014, which is recorded as a contribution receivable on the statement of net assets available for benefits.

Participants' Accounts

Each participant's account is credited or charged with the participant's contribution, an allocation of Profit Sharing contributions, an allocation of Plan earnings or losses, forfeitures, and administrative expenses. Allocations are based upon Plan earnings or losses, account balances, or compensation, as defined. The benefit to which a participant is entitled is the vested portion of the participant's account.

Vesting

Participants are 100% vested in their voluntary contributions and rollover contributions and allocated earnings or losses thereon.

Profit Sharing contributions (including forfeitures) and the earnings or losses thereon not fully vested when contributed will vest as follows:

Years of Service	Vested Interest
Less than 1 year	0%
1 year	10%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 or more years	100%

A participant's account becomes 100% vested upon death, attaining retirement age (the age of 65 or, if later, the fifth anniversary date of the first day of the Plan year during which the participant entered the Plan), or termination due to disability.

Participant Termination and Forfeitures

If at the time of termination of employment the participant is not 100% vested, the non-vested portion ("forfeitures") of the participant's account shall be placed in a separate account and will be reallocated on the earlier of the fifth consecutive one-year break in service or the end of the Plan year following the payment of the vested account balance. Forfeitures shall be allocated to participants in the same manner as Profit Sharing contributions. During the year ended December 31, 2014, no forfeitures were allocated to participants. There was no balance in this account at December 31, 2014 or 2013.

Note 1 - Description of the Plan and Significant Accounting Policies (continued)

Participant Notes Receivable

Participants may borrow from their voluntary contributions and rollover contributions a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balances. The maximum loan term is 60 months or 180 months if the loan is used for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at 5.25%, which is commensurate with local prevailing rates as determined quarterly by the Plan administrator at inception of the loan, and mature at various dates through July 2019. Principal and interest is paid ratably through payroll deductions. Participant loans are recorded at amortized cost plus accrued interest.

Payments of Benefits

Upon termination of service, death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested account balance or monthly, semi-annual, or annual installments equal to or exceeding the annual required minimum distribution amount. Participants may elect in-service distributions after age 59 1/2. Benefits are recorded when paid. Hardship distributions of voluntary participant contributions or rollover contributions are allowed upon proof of an immediate and heavy financial need, as defined. Employee contributions must be suspended for a period of six months after this type of distribution has been made. If a participant is terminated, and the participant's vested balance is less than $1,000, the account will be distributed as soon as administratively possible without consent of the terminated participant. If a terminated participant's vested account is at least $1,000 but less than $5,000, it will be rolled into an individual retirement account established for the participant, unless an alternative election is made by the participant.

Valuation of Investments and Income Recognition

The Plan investments are stated at fair value as reported to the Plan by the custodians. 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. See Note 3 for discussion of fair value measurements.

The net realized and unrealized investment gain or loss (net appreciation or depreciation in fair value of investments) is reflected in the accompanying statement of changes in net assets available for benefits and is determined as the difference between fair value at the beginning of the year (or date purchased if during the year) and selling price (if sold during the year) or year-end fair value.

Purchase and sales of investments are recorded on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized on the ex-dividend date.

Note 1 - Description of the Plan and Significant Accounting Policies (continued)

Valuation of Investments and Income Recognition (continued)

In accordance with generally accepted accounting principles relating to fully benefit-responsive investment contracts, investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is a relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by generally accepted accounting principles, the statements of net assets available for benefits present the fair value of the investment as of December 31, 2014 and 2013. No adjustment was required as of December 31, 2014 or 2013, as contract value approximated the fair value.

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 and disclosures. Accordingly, actual results could differ from those estimates.

Risks and Uncertainties

The Plan provides for various investments that, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Additionally, some investments held by the Plan are invested in the securities of foreign companies, which involve special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than those of securities of comparable U.S. companies.

Basis of Accounting

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

Note 2 - Assets Certified by John Hancock

John Hancock has certified in writing to the Plan administrator that the stated amounts for investments at fair value and participant notes receivable at amortized cost as of December 31, 2014 and 2013 and the income earned or losses incurred thereon for the year ended December 31, 2014, as reflected in the accompanying financial statements and the supplemental schedule of assets (held at end of year), are complete and accurate.

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's auditors not to perform any auditing procedures with respect to the information certified by the Plan custodian, except for comparing the information contained therein to information included in the financial statements and the supplemental schedule of assets (held at end of year).

The fair values of investments greater than 5% of net assets available for benefits was the following:

	December 31,	
	2014	2013
John Hancock Stable Value Fund	$ 811,510	$ 796,153
John Hancock Lifestyle Fund - Aggressive Portfolio	$ 736,559	$ 690,999
John Hancock Lifestyle Fund - Balanced Portfolio	$ 531,601	$ 440,231
John Hancock Lifestyle Fund - Growth Portfolio	$ 481,397	$ 470,482
John Hancock American Funds AM Balance	$ 441,204	$ 420,900

Note 3 - Fair Value Accounting

Generally accepted accounting principles require disclosure about how fair value is determined and establish 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2: Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability.

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

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Note 3 - Fair Value Accounting (continued)

The following tables present the Plan's investment assets that are measured at fair value on a recurring basis as of December 31, 2014 and 2013 for each of the fair value hierarchy levels.

As of December 31, 2014:

Description	Level 1	Level 2	Level 3	Total
Common stocks				
Consumer goods	$ 683,563	$ -	$ -	$ 683,563
Financial	541,510	-	-	541,510
Information technology	453,024	-	-	453,024
Healthcare	363,937	-	-	363,937
Energy	182,621	-	-	182,621
Industrial	136,462	-	-	136,462
Materials	82,019	-	-	82,019
Telecommunications	65,753	-	-	65,753
Utilities	32,873	-	-	32,873
Other	30,628	-	-	30,628
Total common stocks	2,572,390	-	-	2,572,390
Mutual funds				
Large blend	1,217,956	-	-	1,217,956
Moderate allocation	531,601	-	-	531,601
Conservative allocation	239,272	-	-	239,272
Total mutual funds	1,988,829	-	-	1,988,829
Pooled separate accounts				
Growth and income	-	565,371	-	565,371
Growth	-	502,906	-	502,906
Aggressive growth	-	310,720	-	310,720
Income	-	131,488	-	131,488
Total pooled separate accounts	-	1,510,485	-	1,510,485
Stable value fund	-	811,510	-	811,510
Money market funds	104,326	-	-	104,326
Total	$ 4,665,545	$ 2,321,995	$ -	$ 6,987,540

Note 3 - Fair Value Accounting (continued)

As of December 31, 2013:

Description	Level 1	Level 2	Level 3	Total
Common stocks				
Consumer goods	$ 589,655	$ -	$ -	$ 589,655
Financial	507,507	-	-	507,507
Information technology	499,293	-	-	499,293
Healthcare	273,771	-	-	273,771
Energy	201,484	-	-	201,484
Industrial	188,800	-	-	188,800
Telecommunications	98,288	-	-	98,288
Materials	91,989	-	-	91,989
Utilities	24,616	-	-	24,616
Total common stocks	2,475,403	-	-	2,475,403
Mutual funds				
Large blend	1,161,481	-	-	1,161,481
Moderate allocation	440,231	-	-	440,231
Conservative allocation	225,781	-	-	225,781
Total mutual funds	1,827,493	-	-	1,827,493
Pooled separate accounts				
Growth and income	-	578,141	-	578,141
Growth	-	553,994	-	553,994
Aggressive growth	-	344,098	-	344,098
Income	-	152,403	-	152,403
Total pooled separate accounts	-	1,628,636	-	1,628,636
Stable value fund	-	796,153	-	796,153
Money market funds	58,411	-	-	58,411
Total	$ 4,361,307	$ 2,424,789	$ -	$ 6,786,096

The valuation technique used to measure the fair value of the mutual funds was based upon quoted prices in active markets for identical assets.

The valuation technique used to measure fair value of the pooled separate accounts and stable value fund was based on the value of the underlying assets and securities, the majority of which have observable Level 1 pricing inputs, including publicly quoted prices and quoted prices for similar assets in active or non-active markets (market approach). Pooled separate accounts and stable value funds do not have publicly quoted prices.

Note 3 - Fair Value Accounting (continued)

The valuation technique used to measure the fair value of the common stocks was based upon quoted prices in active markets for identical assets.

Money market funds are stated at cost, which approximates fair value due to their short-term nature.

There were no changes to the valuation techniques used during the year ended December 31, 2014.

Reported Net Asset Values

The following table for December 31, 2014 sets forth a summary of the Plan's Level 2 investments with a reported net asset value.

	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Stable value fund					
Stable value fund (a)	$ 811,510	$ -	Immediate	N/A	One day
Pooled separate accounts					
Growth and income (b)	565,371	-	Immediate	N/A	One day
Growth (c)	502,906	-	Immediate	N/A	One day
Aggressive growth (d)	310,720	-	Immediate	N/A	One day
Income (e)	131,488	-	Immediate	N/A	One day
Total	$ 2,321,995	$ -			

The following table for December 31, 2013 sets forth a summary of the Plan's Level 2 investments with a reported net asset value.

	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Stable value fund					
Stable value fund (a)	$ 796,153	$ -	Immediate	N/A	One day
Pooled separate accounts					
Growth and income (b)	578,141	-	Immediate	N/A	One day
Growth (c)	553,994	-	Immediate	N/A	One day
Aggressive growth (d)	344,098	-	Immediate	N/A	One day
Income (e)	152,403	-	Immediate	N/A	One day
Total	$ 2,424,789	$ -			

Note 3 - Fair Value Accounting (continued)

Reported Net Asset Values (continued)

(a) The stable value fund seeks to preserve principal and provide book value liquidity on a daily basis for Plan-permitted, participant-directed withdrawals while maintaining a competitive rate of interest. The fund will invest primarily in diversified fixed income mutual funds, separately managed bond accounts, and book value stabilizing agreements to provide high current income and to offset price fluctuations associated with fixed income investments.

(b) The investment objective of the funds is to achieve long-term growth of capital and income.

(c) The investment objective of the funds is to provide long-term growth of capital.

(d) The investments seek high total return by investing in equity securities.

(e) The investments seek to maximize real return, consistent with preservation of real capital and prudent investment management.

Note 4 - Income Taxes

The Plan did not obtain a Plan specific determination letter, as it operates with the trustee's determination letter, which was issued on the basic Plan document. The Plan administrator and the Plan's tax counsel believe that the Plan continues to be operated and administered in compliance with the applicable requirements of the Internal Revenue Code.

Generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 5 - Administration of the Plan

The Company provides, at no cost to the Plan, certain administrative, accounting, and legal services to the Plan and also pays the cost of certain outside services for the Plan.

Note 6 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. If the Plan is terminated for any reason, all participants become 100% vested, and the Plan administrator is to distribute each participant's interest to the participant or his or her beneficiaries.

Note 7 - Related Party and Party-in-Interest Transactions

Certain Plan investments are mutual funds, pooled separate accounts, and a stable value fund managed by John Hancock and Morgan Stanley. John Hancock is the Plan custodian, as defined by the Plan. In addition, the Plan has participant notes receivable. These transactions qualify as party-in-interest, which are exempt from the prohibited transaction rule.

Note 8 - Subsequent Events

The Plan administrator has evaluated subsequent events related to the Plan through the auditors' report date, which is the date the financial statements were available for issuance, and has determined there are no events requiring disclosure based upon this evaluation.

SUPPLEMENTAL SCHEDULE

CTL|THOMPSON, INC. SAVINGS AND RETIREMENT PLAN

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2014

Employer Identification Number - 84-0609804
Plan Number - 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual funds			
*	John Hancock Life Insurance Company USA	Lifestyle Fund - Aggressive Portfolio	**	$ 736,559
*	John Hancock Life Insurance Company USA	Lifestyle Fund - Balanced Portfolio	**	531,601
*	John Hancock Life Insurance Company USA	Lifestyle Fund - Growth Portfolio	**	481,397
*	John Hancock Life Insurance Company USA	Lifestyle Fund - Moderate Portfolio	**	189,532
*	John Hancock Life Insurance Company USA	Lifestyle Fund - Conservative Portfolio	**	49,740
		Total mutual funds		1,988,829
	Pooled separate accounts			
*	John Hancock Life Insurance Company USA	American Funds AM Balance	**	441,204
*	John Hancock Life Insurance Company USA	Small Company Value Fund	**	207,156
*	John Hancock Life Insurance Company USA	American Funds Growth Fund of America	**	171,835
*	John Hancock Life Insurance Company USA	American Funds Europacific Growth Fund	**	119,394
*	John Hancock Life Insurance Company USA	Capital Appreciation Fund	**	107,762
*	John Hancock Life Insurance Company USA	American Funds Investment Company of America	**	89,907
*	John Hancock Life Insurance Company USA	Total Return Fund	**	72,136
*	John Hancock Life Insurance Company USA	American Funds Index International	**	62,278
*	John Hancock Life Insurance Company USA	U.S. High Yield Bond Fund	**	59,352
*	John Hancock Life Insurance Company USA	Royce Opportunity Fund	**	52,316
*	John Hancock Life Insurance Company USA	Mid Cap Stock Fund	**	33,955
*	John Hancock Life Insurance Company USA	DFA Emerging Markets Value Fund	**	24,316

(Continued on the following page)

CTL|THOMPSON, INC. SAVINGS AND RETIREMENT PLAN

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2014

(Continued from the previous page)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	John Hancock Life Insurance Company USA	David New York Venture Fund	**	21,943
*	John Hancock Life Insurance Company USA	Small Cap Growth Index Fund	**	18,461
*	John Hancock Life Insurance Company USA	VS Eqinc	**	12,317
*	John Hancock Life Insurance Company USA	Global Fund	**	11,814
*	John Hancock Life Insurance Company USA	Mid Cap Index Fund	**	2,595
*	John Hancock Life Insurance Company USA	Value Fund	**	1,744
		Total pooled separate accounts		1,510,485
*	John Hancock Life Insurance Company USA	Stable Value Fund	-	811,510
	Money Market Funds	Money market	-	104,326
	Common stocks			
	Abbvie Inc Com (ABBV)	Common Stock	14,673	17,733
	Ace Ltd (ACE)	Common Stock	6,162	7,582
	Acorda Therapeutics Inc (ACOR)	Common Stock	9,434	11,566
	Affiliated Mgrs Group Inc (AMG)	Common Stock	14,210	16,342
	Agilent Technologies (A)	Common Stock	1,177	2,907
	Alibaba Group Hldg Ltd (BABA)	Common Stock	8,929	8,419
	Amazon Com Inc (AMZN)	Common Stock	43,568	43,449
	America Movil Sa De CV ADR L (AMX)	Common Stock	5,223	5,767
	American Express Co (AXP)	Common Stock	20,341	42,798
	Apache Corp (APA)	Common Stock	6,780	6,894
	Apple Inc (AAPL)	Common Stock	26,209	36,094
	Bank of America Corp (BAC)	Common Stock	5,643	7,496
	Barclays Plc ADR (BCS)	Common Stock	6,935	7,055
	Belmond Ltd CL A (BEL)	Common Stock	12,375	12,209
	Berkshire Hathaway CL-B New (BRK'B)	Common Stock	17,167	35,135
	Biogen Idec Inc (BIIB)	Common Stock	12,446	16,294

(Continued on the following page)

CTL|THOMPSON, INC. SAVINGS AND RETIREMENT PLAN

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2014

(Continued from the previous page)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Boyd Gaming Corp (BYD)	Common Stock	7,999	8,895
	BP Plc Ads (BP)	Common Stock	17,595	15,705
	Burlington Stores Inc (BURL)	Common Stock	4,768	7,892
	Bank of New York Mellon Corp (BK)	Common Stock	34,084	52,254
	Brookfield Asset Mgnt CL A Ltd (BAM)	Common Stock	7,039	9,324
	Cambrex Corp (CBM)	Common Stock	7,347	8,410
	Canadian natural Resources Ltd	Common Stock	12,805	12,661
	Canon Inc ADR New (CAJ)	Common Stock	6,259	6,490
	Capital Bank Finl Corp CL A (CBF)	Common Stock	8,662	12,060
	Cardiovascular Systems Inc (CSII)	Common Stock	8,195	9,235
	Carmax Inc (KMX)	Common Stock	11,912	16,046
	Carrefour SA Sponsored ADR (CRRFY)	Common Stock	5,384	6,664
	Cavium Inc Com (CAVM)	Common Stock	5,842	9,768
	CDN Pacific RY Ltd New (CP)	Common Stock	13,804	15,223
	Celgene Corp (CELG)	Common Stock	12,129	17,562
	Charles Schwab New (SCHW)	Common Stock	8,826	10,868
	Chesapeake Energy Corp (CHK)	Common Stock	9,132	9,981
	China Mobile Ltd (CHL)	Common Stock	12,145	13,823
	Chipotle Mexican Grill Inc COM (CMG)	Common Stock	15,338	17,112
	Citigroup Inc New (C)	Common Stock	8,895	14,664
	Comcast Corp (New) Class A (CMCSA)	Common Stock	23,559	24,190
	Companhia De Sanemento Basi (SBS)	Common Stock	9,572	7,485
	Corning Inc (GLW)	Common Stock	7,791	12,153
	Costco Wholesale Corp New (COST)	Common Stock	10,697	21,263
	CRH Plc ADR (CRH)	Common Stock	11,614	14,526
	Cummins Inc (CMI)	Common Stock	15,628	15,715
	Cumulus Media (CMLS)	Common Stock	7,022	5,482
	Constellation Brands Inc CL A (STZ)	Common Stock	8,424	14,431
	Daiichi Sankyo Co Ltd Spon ADR	Common Stock	16,055	12,722
	Dealertrack Technologies Inc (TRAK)	Common Stock	11,882	13,071
	Decker Outdoor Corporation (DECK)	Common Stock	4,714	4,643
	Delta Air Lines Inc New (DAL)	Common Stock	9,003	14,954
	Deutsche Boerse Ag Unspon ADR	Common Stock	13,808	13,700

(Continued on the following page)

CTL|THOMPSON, INC. SAVINGS AND RETIREMENT PLAN

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2014

(Continued from the previous page)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Delphi Automotive Plc (DLPH)	Common Stock	11,629	14,399
	Diageo Plc Spon ADR New (DEO)	Common Stock	10,684	13,577
	Ecolab Inc (ECL)	Common Stock	9,885	11,288
	Encana Corp (ECA)	Common Stock	13,873	10,070
	EOG Resources Inc (EOG)	Common Stock	5,833	22,281
	Erste Group Bank Ag Spons ADR	Common Stock	8,948	7,900
	Everbank Financial (EVER)	Common Stock	8,328	9,759
	Evertec Inc (EVTC)	Common Stock	11,287	10,711
*	Exelis Inc Com (XLS)	Common Stock	4,799	7,398
	Exelon Corp (EXC)	Common Stock	7,681	10,012
	Express Scripts Hldg Co Com (ESRX)	Common Stock	27,875	38,102
	Eni SpA Sponsored ADR	Common Stock	12,175	9,426
	Ericsson L M Tel CO CL B ADR New (ERIC)	Common Stock	9,504	9,862
	Felcor Lodging Trust Inc (FCH)	Common Stock	5,234	10,604
	Finisar Com New (FNSR)	Common Stock	6,454	7,861
	First Pac Ltd SP ADR (FPAFY)	Common Stock	10,006	9,085
	FXCM Inc-A	Common Stock	8,622	8,931
	Facebook Inc CL-A	Common Stock	21,771	32,534
	Fleetmatics Group Plc	Common Stock	4,652	5,040
	Gazprom O A O Spon ADR (OGZPY)	Common Stock	9,412	6,410
	GDF Suez-Spon ADR (GDFZY)	Common Stock	14,265	15,376
	Gilead Science (GILD)	Common Stock	19,026	17,155
	GlaxosmithKline Plc ADS (GSK)	Common Stock	17,320	15,814
	Goodrich Petroleum Corp New (GDP)	Common Stock	12,225	2,478
	Google Inc-CL A (GOOGL)	Common Stock	20,718	24,551
	Gray Television CL B Com (GTN)	Common Stock	12,149	13,014
	Google Inc CL C (GOOG)	Common Stock	18,954	34,105
	Hawaiian Hldgs Inc (HA)	Common Stock	5,892	10,316
	Helix Energy Solutions Grp Inc (HLX)	Common Stock	7,239	6,510
	HFF, Inc. Class A (HF)	Common Stock	6,512	9,124
	Honda Motor Company LTD ADR (HMC)	Common Stock	14,677	12,694
	HSBC Holdings Plc Spon ADR New	Common Stock	6,344	5,951
	Icon Plc (ICLR)	Common Stock	4,045	4,895

(Continued on the following page)

CTL|THOMPSON, INC. SAVINGS AND RETIREMENT PLAN

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2014

(Continued from the previous page)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Imax Corp (IMAX)	Common Stock	5,879	7,478
	Impax Laboratories Inc (IPXL)	Common Stock	8,415	10,518
	Infinera Corp (INFN)	Common Stock	8,617	13,395
	Intercontinental Exchange Group	Common Stock	19,779	22,806
	Icon PLC Sponsored ADR	Common Stock	15,067	10,186
	Imperial Tobacco Gp Plc Sp ADR	Common Stock	11,565	14,875
	J Sainsbury Plc Spon ADR New (JSAIY)	Common Stock	8,655	6,644
	JP Morgan Chase & Co (JPM)	Common Stock	13,136	15,770
	Kaiser Aluminum Corp (KALU)	Common Stock	6,390	7,429
	KCG Hldgs Inc CL A KCG (KCG)	Common Stock	10,440	10,427
	Keysight Technologies Inc (KEYS)	Common Stock	443	1,182
	Koninklijke Ahold NV (AHONY)	Common Stock	4,152	10,967
	Krispy Kreme Doughnuts Corp (KKD)	Common Stock	11,027	11,291
	Laboratory CP Amer Hldgs New (LH)	Common Stock	12,535	14,243
	Las Vegas Sands Corporation (LVS)	Common Stock	22,858	18,844
	Las Vegas Sands Corporation (LVS)	Common Stock	15,209	11,109
	Liberty Inter Co Venture Ser A	Common Stock	4,334	5,380
	Lithia Motors Inc A (LAD)	Common Stock	7,693	11,096
	Loews Corporation (L)	Common Stock	6,854	10,253
	LVMH Moet Hennessy Louis Vuitt	Common Stock	9,661	10,331
	Libery Global Plc CL C New (LBTYK)	Common Stock	43,783	52,610
	Magnum Hunter Resources Corp	Common Stock	10,891	7,134
	Manitowoc Co (MTW)	Common Stock	9,757	8,442
	Marks & Spencer Grp Plc ADR (MAKSY)	Common Stock	5,750	7,360
	Masco Corp (MAS)	Common Stock	8,326	10,584
	Mastec Inc (MTZ)	Common Stock	10,361	7,778
	McKesson Corp (MCK)	Common Stock	17,846	19,305
	Media Gen Inc New (MEG)	Common Stock	13,120	12,297
	Merck & Co Inc New Com (MRK)	Common Stock	6,790	9,825
	Micron Tech Inc (MU)	Common Stock	17,917	18,730
	Microsoft Corp (MSFT)	Common Stock	13,032	22,482
	Mitsubishi UFJ Fincl Grp ADS (MTU)	Common Stock	13,522	6,747
	Monsanto Co/New (MON)	Common Stock	13,207	13,978

(Continued on the following page)

CTL|THOMPSON, INC. SAVINGS AND RETIREMENT PLAN

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2014

(Continued from the previous page)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Moodys Corp (MCO)	Common Stock	4,428	5,078
	Navistar Intl Corp (NAV)	Common Stock	8,792	8,337
	Nike Inc B (NKE)	Common Stock	12,313	14,903
	Nippon Telegraph & Telephone ADS	Common Stock	6,369	7,171
	NPS Pharmaceuticals Inc	Common Stock	9,718	11,947
	Nexstar Broadcasting Grp CL A (NXST)	Common Stock	5,415	14,449
	Nissan Mtr Ltd Spon ADR	Common Stock	17,084	15,286
	OFG Bancorp Com (OFG)	Common Stock	7,248	7,609
	Oil Co Lukoil Spn ADR (LUKOY)	Common Stock	12,987	9,779
	OM Asset Management Limited (OMAM)	Common Stock	4,988	5,505
	Oracle Corp (ORCL)	Common Stock	5,361	7,465
	Paccar Inc (PCAR)	Common Stock	8,590	10,610
	Palo Alto Networks Inc (PANW)	Common Stock	9,227	11,522
	PDC Energy Inc Com	Common Stock	10,812	7,346
	Pebblebrook Hotel Tr Com (PEB)	Common Stock	6,313	10,677
	Pepsico Inc Nc (PEP)	Common Stock	6,354	9,456
	Perrigo Co Ltd (PRGO)	Common Stock	16,247	17,385
	Pfizer Inc (PFE)	Common Stock	8,875	14,547
	Pinnacle Entmt Inc (PNK)	Common Stock	6,235	10,079
	Pioneer Natural Resources Co (PXD)	Common Stock	11,280	13,099
	PNC Finl Svcs Gp (PNC)	Common Stock	15,296	10,765
	Polaris Industries Inc (PII)	Common Stock	8,467	8,469
	Polyone Corp (POL)	Common Stock	7,328	9,895
	Praxair Inc (PX)	Common Stock	16,433	16,065
	Priceline.com Inc New (PCLN)	Common Stock	9,207	9,122
	Private Bancorp Inc Del (PVTB)	Common Stock	11,257	12,926
	Pros Hldg Inc (PRO)	Common Stock	3,583	3,572
	Petroleo Brasileiro SA ADR	Common Stock	11,603	6,860
	Quest Diagnostics Inc (DGX)	Common Stock	8,099	8,785
	Radware Ltd (RDWR)	Common Stock	8,054	11,362
	Rambus Inc (DEL) (RMBS)	Common Stock	11,533	9,759
	Rentrak Corp (RENT)	Common Stock	7,134	8,447
	Rice Energy Inc (RICE)	Common Stock	9,841	8,598
	Ryland Group Inc (RYL)	Common Stock	7,280	6,709
	Ryman Hospitality PPTYS Inc (RHP)	Common Stock	9,621	10,495
	Sagent Pharmaceuticals Inc (SGNT)	Common Stock	5,513	6,001
	Sanofi ADR (SNY)	Common Stock	12,440	12,999

(Continued on the following page)

CTL|THOMPSON, INC. SAVINGS AND RETIREMENT PLAN

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2014

(Continued from the previous page)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	SBA Communications Corp (SBAC)	Common Stock	17,555	21,155
	Scorpio Tankers Inc (STNG)	Common Stock	9,177	8,229
	Select Comfort Corp (SCSS)	Common Stock	7,786	10,028
	Servicenow Inc (NOW)	Common Stock	8,442	9,974
	Sinclair Broadcast Gp CL A (SBGI)	Common Stock	5,093	10,315
	Sky Plc (SKYAY)	Common Stock	6,371	6,129
	State Street Corp (STT)	Common Stock	9,615	14,915
	Swift Transportation Co CL A (SWFT)	Common Stock	7,971	10,622
	Swiss Re Ltd Sponsored ADR (SSREY)	Common Stock	6,422	7,188
	Synovus Financial Corp (SNV)	Common Stock	4,411	5,906
	Sysco Corp (SYY)	Common Stock	8,454	9,168
	Scientific Games Cp CL A (SGMS)	Common Stock	12,361	11,457
	Scripps E.W. Company CL A New	Common Stock	12,557	16,248
	Takeda Pharmaceutical Co Ltd (TKPYY) 3/11/11	Common Stock	7,152	6,326
	Talmer Bancorp Inc (TLMR)	Common Stock	5,977	5,841
	TE Connectivity Ltd New (TEL)	Common Stock	15,436	15,433
	Team Health Hldgs (TMH)	Common Stock	7,831	10,470
	Telefonica Brasil SA Spon ADR (VIV)	Common Stock	8,876	8,398
	Teradyne Inc (TER)	Common Stock	9,855	12,309
	Tesco Plc Sponsored ADR (TSCDY)	Common Stock	15,406	9,695
	Tim Participacoes Sa Spon New (TSU)	Common Stock	8,040	9,439
	Time Warner Inc New (TWX)	Common Stock	11,643	14,863
	TJX Cos Inc New (TJX)	Common Stock	18,044	22,563
	Toki Marine Holding Ins ADR (TKOMY)	Common Stock	6,052	6,428
	Toyota Motor Cp ADR New (TM)	Common Stock	4,973	8,156
	Triangle Petroleum Corp New (TPLM)	Common Stock	6,810	3,026
	Trimas Corp Com New (TRS)	Common Stock	6,529	6,665
	Turkiye Garanti Bankasi A S (TKGBY)	Common Stock	6,012	8,218
	Tutor Perini Corp Com (TPC)	Common Stock	8,007	9,821
	Twenty-First Century Fox CL A (FOXA)	Common Stock	14,124	16,169

(Continued on the following page)

CTL|THOMPSON, INC. SAVINGS AND RETIREMENT PLAN

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2014

(Continued from the previous page)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Tyler Technologies Inc (TYL)	Common Stock	7,338	9,084
	Texas Instruments	Common Stock	10,909	20,424
	UBS Group Ag SHS (UBS)	Common Stock	10,710	9,889
	Ultra Petroleum Corp (UPL)	Common Stock	11,757	5,948
	Under Armour Inc CL A (UA)	Common Stock	16,597	16,839
	Unilever NV NY SH New (UN)	Common Stock	10,616	12,883
	Unitedhealth Gp Inc (UNH)	Common Stock	20,009	28,507
	US Silica Hldgs Inc (SLCA)	Common Stock	12,850	8,837
	Valeant Pharmaceutic Intl Inc (VRX)	Common Stock	10,005	10,590
	Verifone Systems Inc (PAY)	Common Stock	6,760	10,788
	Virgin Amer Inc (VA)	Common Stock	5,150	7,266
	Visa Inc CL A (V)	Common Stock	7,134	31,725
	Wellcare Health Plans Inc. (WCG)	Common Stock	9,992	10,093
	Wells Fargo & Co New (WFC)	Common Stock	18,423	54,820
	Wendys Co Com (WEN)	Common Stock	6,831	6,980
	Western Alliance Bancorp (WAL)	Common Stock	2,691	9,535
	Western Digital Corporation (WDC)	Common Stock	16,339	24,465
	Wisdomtree Invests Inc	Common Stock	7,011	8,966
	WM Morrison Supermarkets Plc	Common Stock	14,861	11,202
	Workday Inc CL A (WDAY)	Common Stock	10,067	9,875
		Total common stocks	2,168,587	2,572,390
*	Participant notes	Loans bearing interest at 5.25%, maturities at various dates through July 2019, collateralized by participants' vested account balances	**	45,194
			$ 2,168,587	$ 7,032,734

* Party-in-interest

** Cost data not required for participant-directed assets with individual accounts.