Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [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 (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

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.	09/24/2018	PENNY 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

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	261
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)**	222
a(2) Total number of active participants at the end of the plan year	**6a(2)**	213
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	65
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	278
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	278
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	277
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	14
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)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

A Name of plan
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
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	375787-01	21	01/01/2017	12/31/2017

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
1540	0

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
JAMES RYAN - MORGAN STANLEY SMITH B
5251 DTC PKY STE 1500
GREENWOOD VILLAGE, CO 80111

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1078	0	COMMISSIONS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CARTER DAMMEN - MORGAN STANLEY SMIT
1550 MARKET ST STE 600
DENVER, CO 80202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
231	0	COMMISSIONS	3

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

WILLIAM OTT - MORGAN STANLEY SMITH
220 W MAIN ST.
BOZEMAN, MT 59718

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
231	0	COMMISSIONS	3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	669788
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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 ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	914656
c	Additions: (1) Contributions deposited during the year	7c(1)	31448		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	9243		
	(4) Transferred from separate account	7c(4)	231		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	40922
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	955578
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	244634		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	41156		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	285790
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	669788

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.**	**2017** **This Form is Open to Public Inspection.**

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

A Name of plan
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 SMITH BARNEY LLC

1 NEW YORK PLZ 12TH FL
ANNUITY AND INSURANCE OPERATIONS
NEW YORK, NY 10004

(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?
55	BROKER/ADVISER	0	Yes [X] No [ ]	Yes [ ] No [X]	10183	Yes [ ] No [X]

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

FIRST WESTERN TRUST BANK

1900 16TH ST, STE 500
DENVER, CA 80202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	2875	Yes [X] No [ ]	Yes [ ] No [X]	1403	Yes [ ] No [X]

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

MORGAN STANLEY INSURANCE SERVICES I

1 NEW YORK PLZ 12TH FL
ANNUITY AND INSURANCE OPERATIONS
NEW YORK, NY 10004

(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?
55	BROKER/ADVISER	0	Yes [X] No [ ]	Yes [ ] No [X]	1903	Yes [ ] No [X]

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)

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	525	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

EMPOWER RETIREMENT ADVISORY SERVICE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CA 80111

(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?
21	INVESTMENT MANAGEMENT	120	Yes [ ] No [X]	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
MORGAN STANLEY SMITH BARNEY LLC	55	10183

(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.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 26-4310632	OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORGAN STANLEY INSURANCE SERVICES I	55	1903

(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.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 26-4310632	OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIRST WESTERN TRUST BANK	13	1402

(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.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE PAYMENT

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

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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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

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

A Name of plan
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: PUTNAM RETIREMENT ADVANTAGE 2020 V

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

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)
26-0788179-264	C	1287529

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE 2025 V

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

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)
26-1384344-263	C	514530

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE MATURIT

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

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)
26-0788428-268	C	249158

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE 2050 V

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

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)
26-0787670-258	C	251277

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE 2045 V

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

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)
26-1208510-259	C	119715

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE 2055 V

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

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)
27-3616920-275	C	230859

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE 2035 V

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

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)
26-0787945-261	C	370860

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE 2040 V

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

c EIN-PN 26-1384398-260	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 538112

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE 2030 V

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

c EIN-PN 26-0788040-262	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 390372

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

A Name of plan
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	7133	31354
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	500000	600000
(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)		
(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)	3602538	4542158
(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)	83887	62393
(9) Value of interest in common/collective trusts	1c(9)	3248808	3952412
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	1777319	1974495
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(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	9219685	11162812
	Liabilities			
g	Benefit claims payable	1g	345	1870
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	1410
k	Total liabilities (add all amounts in lines 1g through1j)	1k	345	3280
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	9219340	11159532

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)	600000	
	(B) Participants	2a(1)(B)	696158	
	(C) Others (including rollovers)	2a(1)(C)	38900	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1335058
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)	4391	
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4391
	(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)		922572
(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)		663232
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2925253
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	932163	
(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)		932163
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		1150
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	51748	
(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)		51748
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		985061
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1940192
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? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

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

A Name of plan
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): 84-0609804

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CTL|THOMPSON, INC. SAVINGS AND RETIREMENT PLAN

Financial Statements
and
Independent Auditors' Report
December 31, 2017 and 2016

EKS&H

CTL|THOMPSON, INC. SAVINGS AND RETIREMENT PLAN

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EKS&H

8181 East Tufts Avenue, Suite 600
Denver, Colorado 80237-2579
P: 303-740-9400
F: 303-740-9009
www.EKSH.com

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INDEPENDENT AUDITORS' REPORT

To the 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, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

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

AUDITORS' RESPONSIBILITY

Our responsibility is to express an opinion on these financial statements based on conducting the 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 Great-West Trust Company LLC and Morgan Stanley Smith Barney, the custodians 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 custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the custodians as of December 31, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the Plan administrator by the custodians is complete and accurate.

DISCLAIMER OF OPINION

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

OTHER MATTERS

Supplemental Schedule

The supplemental schedule as of December 31, 2017, 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 custodians, 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

Denver, Colorado
September 12, 2018

CTL|THOMPSON, INC. SAVINGS AND RETIREMENT PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2017	2016
Assets		
Investments, at fair value		
Common stocks	$ 4,414,474	$ 3,429,390
Common/collective trust	3,952,412	3,248,808
Mutual funds	1,304,708	862,665
Money market fund	127,683	173,148
Fixed annuities	669,788	914,654
Total investments, at fair value	10,469,065	8,628,665
Cash, non-interest-bearing	31,354	7,133
Receivables		
Employer contributions	600,000	500,000
Participant notes	62,393	83,887
Total receivables	662,393	583,887
Total assets	11,162,812	9,219,685
Liabilities and Net Assets		
Liabilities		
Accrued expenses	3,280	345
Total liabilities	3,280	345
Net assets available for benefits	$ 11,159,532	$ 9,219,340

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, 2017

Additions to net assets	
Investment income	
Net appreciation in fair value	$ 1,540,640
Interest and dividend income	45,164
Total investment income	1,585,804
Interest on participant loans	4,391
Contributions	
Employer	600,000
Employee	696,158
Rollover	38,900
Total contributions	1,335,058
Total additions to net assets	2,925,253
Deductions from net assets	
Benefits paid to participants	933,313
Administrative fees	51,748
Total deductions from net assets	985,061
Net increase	1,940,192
Net assets available for benefits	
Beginning of year	9,219,340
End of year	$ 11,159,532

See notes to financial statements.

Note 1 - Description of the Plan and Significant Accounting Policies

The following description of 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.

General

The Plan is a defined contribution plan established July 1, 1991 and amended effective January 1, 2017. The Plan is available to employees age 21 years or older, excluding leased employees. Employees who are part of a union and non-resident aliens are excluded from the Plan. 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 ("Profit Sharing") 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. CTL|Thompson Materials Engineers, Inc. ("CTLE") is a related employer, and CTLE employees participate in the Plan as well.

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. Great-West Trust Company LLC ("Empower") serves as custodian of the Plan and manages Plan assets. Empower offers Plan participants a variety of investment options. Morgan Stanley Smith Barney ("Morgan Stanley") serves as custodian and manages assets for the Profit Sharing portion of the Plan. First Western Trust 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, as well as a non-interest-bearing cash account. Individual 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 trustees of the Plan.

Contributions

Participants may make before-tax and after-tax Roth contributions up to 100% of their annual eligible compensation, as limited by the IRS, which is adjusted annually by the Secretary of the Treasury for inflation. Eligible employees who have reached age 50 during the Plan year may elect to make catch-up contributions, as limited by the IRS. Employees are subject to automatic enrollment in the Plan with deferrals of 4% of their before-tax eligible wages, and have the right to change or opt out of this deferred percentage. The Plan also permits rollover contributions from other qualified (e.g., non-Roth) retirement plans. Employee contributions to the Plan are made through regular payroll deductions.

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 $600,000 for the year ended December 31, 2017, which is recorded as an employer contribution receivable on the statements of net assets available for benefits.

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

Participants' Accounts

Each participant's account is credited or debited with the participant's contributions and withdrawals, as applicable, and an allocation of Profit Sharing contributions, Plan earnings or losses, forfeitures, and Plan expenses. Allocations are based upon Plan earnings or losses, account balances, or compensation, as defined by the Plan. 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, 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	0%
1	10%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

A participant's account becomes 100% vested upon death, attaining normal 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) while an employee, retirement due to disability, or termination of the Plan.

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. The balance of this account at December 31, 2017 and 2016 was $158 and $155, respectively.

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

Participant Notes Receivable

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balances. Participants may have a maximum of one loan outstanding at any given time. The loans are secured by the balances in the participants' accounts and bear interest at rates that range from 4.50% to 5.50%, which are commensurate with local prevailing rates as determined quarterly by the Plan administrator at loan origination, and mature at various dates through November 2022. Loans have a maximum term of five years, unless such loan is for the purchase of the participant's primary residence, in which case the repayment period may not exceed fifteen years from the date of the loan origination. Principal and interest are paid ratably through payroll deductions. Participant loans are recorded in the financial statements at amortized cost (which represents unpaid principal plus accrued interest).

Payment of Benefits

Upon death, disability, retirement, or termination of service, a participant or his or her beneficiary may receive, at his or her election, within a reasonable period of time, a lump sum, partial payment, or installment payments (as permitted by the Plan) in the amount equal to the participant's vested account balance. Benefits are recorded when paid.

The Plan allows in-service distributions and partial distributions to participants age 59½ or older who have not terminated employment with the Plan sponsor. The Plan also provides for hardship withdrawals or rollover contributions for defined hardship events. Participants who are granted a hardship withdrawal are not allowed to make contributions for the six months following such withdrawal. Furthermore, the Plan allows for terminated participant vested account balances of $5,000 or less to be automatically distributed.

Valuation of Investments and Income Recognition

Investments are recorded at fair value or net asset value ("NAV"), as a practical expedient of 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. The Plan's Investment Committee determines the Plan's valuation policy utilizing information provided by the investment advisers, including the appointment of investment managers and the monitoring of the performance of the Plan's investment funds. See Note 3 for discussion of fair value measurements.

Plan investments in common/collective trusts are valued by the custodians based upon the fair value of the investments comprising the trust. The Plan invests in investment contracts through a common/collective trust.

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.

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

Valuation of Investments and Income Recognition (continued)

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. Purchases 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.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes in net assets available for benefits and disclosures. Accordingly, actual results could differ from those estimates.

Risks, Uncertainties, and Concentrations

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 Empower 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.

During the year ended December 31, 2017, no investments accounted for investment income over 10%. At December 31, 2017 and 2016, one investment accounted for 12% and 13% of total investments at fair value, respectively.

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.

Subsequent Events

The Plan administrator has evaluated all subsequent events through the auditors' report date, which is the date these financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosure in these financial statements.

Note 2 - Assets Certified by the Custodians

Empower and Morgan Stanley have certified in writing to the Plan administrator that the stated amounts for investments at fair value and participant loans at amortized cost as of December 31, 2017 and 2016 and the income earned on the investments or losses incurred thereon for the year ended December 31, 2017, 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 investment information certified by the custodians, 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 Plan's management has obtained certification from Empower and Morgan Stanley that the information with respect to assets held in the trust, as provided by Empower and Morgan Stanley and included in the Plan's financial statements and supplemental schedule of assets (held at end of year), are complete and accurate, as follows:

1.	Fair value of investments and participant loans as of December 31, 2017	$ 10,562,812
2.	Fair value of investments and participant loans as of December 31, 2016	$ 8,719,685
3.	Investments and other gains or losses for the year ended December 31, 2017	$ 1,590,195

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 financial instrument.

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 set forth by level, within the fair value hierarchy, the Plan's investments measured at fair value on a recurring basis.

As of December 31, 2017:

Description	Level 1	Level 2	Level 3	Total
Common stocks	$ 4,414,474	$ -	$ -	$ 4,414,474
Mutual funds	1,304,708	-	-	1,304,708
Money market fund	127,683	-	-	127,683
Investments measured at NAV*				4,622,200
Total investments at fair value	$ 5,846,865	$ -	$ -	$ 10,469,065

As of December 31, 2016:

Description	Level 1	Level 2	Level 3	Total
Common stocks	$ 3,429,390	$ -	$ -	$ 3,429,390
Mutual funds	862,665	-	-	862,665
Money market fund	173,148	-	-	173,148
Investments measured at NAV*				4,163,462
Total investments at fair value	$ 4,465,203	$ -	$ -	$ 8,628,665

* Investments measured at NAV have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation to total investments at fair value.

There were no changes to the valuation techniques used during the period.

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

The valuation technique used to measure the fair value of the fixed annuities and common/collective investment trusts was based on the NAV of the underlying assets and securities, the majority of which have observable Level 1 or Level 2 pricing inputs, including publicly quoted prices and quoted prices for similar assets in active or non-active markets (market approach) and were valued based on the NAV as a practical expedient. Annuity and common/collective trusts do not have publicly quoted prices. Due to the nature of the investments held by these accounts, changes in market condition and economic environment may significantly impact the NAV and, consequently, the fair value of the accounts' interest in the trusts. The fair value of the investments has been measured using the NAV per share of the Plan's ownership interest in the accounts as an equivalent measure where it is not probable that the fund or trust will sell at a price other than the NAV.

The money market fund is stated at cost, which approximates fair value due to its short-term nature.

Note 3 - Fair Value Accounting (continued)

Reported Net Asset Values

The following table for December 31, 2017 and 2016 sets forth a summary of the Plan's investments with a reported NAV.

	Fair Value					
	December 31, 2017	December 31, 2016	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Fixed annuity	$ 669,788	$ 914,654	$ -	Immediate	N/A	1 day
Common/collective investment trusts	3,952,412	3,248,808	-	Immediate	N/A	1 day
Total	$ 4,622,200	$ 4,163,462	$ -			

Note 4 - Income Taxes

The Plan did not obtain a Plan-specific determination letter, as it operates with the custodians' opinion letter, which was issued on the basic plan document on March 31, 2014. The Plan administrator believes 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 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. The Plan has a revenue-sharing arrangement used to pay some Plan expenses.

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 the participant's beneficiary.

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

Certain Plan investments are common/collective investment trusts, fixed annuities, and a money market fund, which are managed by Empower and Morgan Stanley. Therefore, these transactions qualify as party-in-interest and are exempt from the prohibited transaction rules. In addition, the Plan provides for loans to participants, which are also party-in-interest transactions that are exempt from the prohibited transaction rules.

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, 2017

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			
	Vanguard	500 Index Admiral	**	$ 304,523
	AllianceBernstein L.P.	Large Cap Growth	**	263,438
	Vanguard	Mid Cap Index Fund - Admiral	**	218,710
	The Hartford	Balanced Income	**	104,402
	Eaton Vance	Atlanta Capital SMID-Cap	**	51,547
	Vanguard	Total Intl Stock Index Admiral	**	48,486
	Invesco	Diversified Dividend	**	38,880
	Janus Henderson	Janus Venture	**	38,810
	BlackRock Funds	High Yield Bond Inv	**	37,060
	JPMorgan	Undiscovered Mgrs Behavioral Value	**	36,348
	AllianceBernstein L.P.	Global Bond	**	33,162
	Vanguard	Small Cap Index Adm	**	29,253
	Prudential	Total Return Bond	**	25,389
	Ivy Investments	International Core Equity	**	17,579
	Oppenheimer	International Growth	**	17,515
	Ivy Investments	Emerging Markets Equity	**	13,972
	American Century	Mid Cap Value	**	11,938
	Putnam	Dynamic Asset Allocation Growth	**	6,810
	Putnam	Dynamic Asset Allocation Bal	**	3,009
	Putnam	Dynamic Asset Allocation Con	**	2,978
	Prudential	Total Return Bond	**	899
	Total mutual funds			1,304,708
	Common/collective investment trusts			
	Putnam Investments	Putnam Retirement Advantage 2020	**	1,287,529
	Putnam Investments	Putnam Retirement Advantage 2040	**	538,112
	Putnam Investments	Putnam Retirement Advantage 2025	**	514,530
	Putnam Investments	Putnam Retirement Advantage 2030	**	390,372
	Putnam Investments	Putnam Retirement Advantage 2035	**	370,860
	Putnam Investments	Putnam Retirement Advantage 2050	**	251,277
	Putnam Investments	Putnam Retirement Advantage Maturity	**	249,158
	Putnam Investments	Putnam Retirement Advantage 2055	**	230,859
	Putnam Investments	Putnam Retirement Advantage 2045	**	119,715
	Total common/collective investment trusts			3,952,412
*	Great-West Life & Annuity Insurance Company	Key Guaranteed Portfolio Fixed Annuity	**	669,788
*	Morgan Stanley	Money market	**	127,683
	Total			797,471

(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, 2017

Employer Identification Number - 84-0609804
Plan Number - 002

(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
	Common stocks			
	AGCO Corp (AGCO)	Common stock	3,868	3,857
	AO Smith Corp (AOS)	Common stock	5,299	5,944
	Accenture Plc Ireland (ACN)	Common stock	15,020	19,748
	Activision Blizzard Inc (ATVI)	Common stock	14,777	18,996
	ADIENTPLCCOM (ADNT)	Common stock	21,680	30,614
	Aetna Inc (AET)	Common stock	22,029	33,372
	AIA Group Ltd Spon ADR (AAGIY)	Common stock	13,654	17,425
	Alcoa Corp (AA)	Common stock	11,140	15,299
	Alibaba Group HLDG Ltd (BABA)	Common stock	46,404	45,005
	AllScripts Healthcare Solu Inc (MDRX)	Common stock	8,428	9,457
	Alphabet Inc. (GOOGL)	Common stock	75,416	125,355
	Alphabet Inc. C (GOOG)	Common stock	29,199	71,155
	Amazon Com Inc. (AMZN)	Common stock	67,107	156,709
	Ambev SA Sponsored ADR (ABEV)	Common stock	9,001	10,575
	AMEDISYS INC (AMED)	Common stock	7,711	8,223
	American Express Co (AXP)	Common stock	34,141	47,966
	AMERN Axle & Mfg Hldgs Inc (AXL)	Common stock	3,458	3,270
	ANSYS Inc (ANSS)	Common stock	20,384	24,057
	AON Plc (AON)	Common stock	14,926	17,286
	Apache Corp (APA)	Common stock	59,185	50,917
	Apple Inc (AAPL)	Common stock	15,286	21,661
	Applied Materials Inc (AMAT)	Common stock	4,517	7,464
	APTIV PLC (APTV)	Common stock	27,213	30,114
	Arcbest Corp (ARCB)	Common stock	4,815	4,504
	Ashtead Group Plc ADR (ASHTY)	Common stock	9,592	14,362
	ASSAABLOYABUNSPADR (ASAZY)	Common stock	10,698	10,702
	Assured Guaranty Ltd (AGO)	Common stock	16,179	12,464
	Autozone Inc (AZO)	Common stock	12,305	12,093
	Avery Dennison Corporation (AVY)	Common stock	19,078	23,431
	Axalta Coating Systems Ltd (AXTA)	Common stock	18,316	20,258
	Bancorp South Inc (BXS)	Common stock	3,904	4,089

(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, 2017

Employer Identification Number - 84-0609804
Plan Number - 002

(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
	Bank of New York Mellon Corp (BK)	Common stock	41,618	63,017
	Baxter Intl Inc (BAX)	Common stock	12,481	16,613
	Berkshire Hathaway New (BRK'B)	Common stock	39,935	75,125
	Berkshire Hills Bancorp (BHLB)	Common stock	3,031	3,111
	Berry Global Group Inc. (BERY)	Common stock	7,787	8,096
	BGC Partners Inc. (BGCP)	Common stock	4,183	4,200
	Biogen Inc Com (BIIB)	Common stock	12,033	13,062
	Bioverativ Inc (BIVV)	Common stock	10,668	9,813
	Boston Scientific Corp (BSX)	Common stock	15,208	16,387
	Boyd Gaming Corp (BYD)	Common stock	6,998	9,253
	British Amer TOBSPONADR (BTI)	Common stock	20,155	21,437
	Broad Com Ltd. SHS (AVGO)	Common stock	16,958	25,433
	Bruker Corporation (BRKR)	Common stock	12,249	15,272
	Burlington Stores Inc (BURL)	Common stock	11,734	16,609
	C&J Energy SVCS Inc New (CJ)	Common stock	5,186	5,288
	Cabot Oil & Gas Corp A (COG)	Common stock	23,204	23,108
	Cadence Design System (CDNS)	Common stock	15,429	17,522
	CAE Inc. (CAE)	Common stock	9,152	9,819
	Canadian Natl Railway Co (CNI)	Common stock	11,381	14,273
	Cantel Medical Corp (CMD)	Common stock	5,714	7,715
	Capital One Financial Corp (COF)	Common stock	43,294	53,873
	Carlsberg AS (CABGY)	Common stock	11,353	14,087
	Cathay General Bancorp (CATY)	Common stock	8,038	9,108
	CBOE Global Markets Inc (CBOE)	Common stock	11,379	14,826
	Celgene Corp (CELG)	Common stock	27,212	24,629
	Centennial Resource DEV (CDEV)	Common stock	14,873	14,771
	Charles River Labs Intl Inc. (CRL)	Common stock	4,867	4,597
	Charles Schwab New (SCHW)	Common stock	10,976	17,261
	Charter Communications Inc. (CHTR)	Common stock	14,007	18,142
	Chemed Corporation (CHE)	Common stock	7,547	9,234
	Choice Hotels Intl Inc. New (CHH)	Common stock	5,647	6,053
	CHUBB Ltd. (CB)	Common stock	6,563	9,498
	Cielo SA Sponsored ADR New (CIOXY)	Common stock	7,780	7,548
	Cimpress N V SHS Euro (CMPR)	Common stock	8,849	11,388
	CISCO SYS INC (CSCO)	Common stock	10,684	13,022
	CitiGroup Inc. New	Common stock	14,937	18,156
	Coca Cola European Partners (CCE)	Common stock	11,449	11,934
	Coca Cola Co (KO)	Common stock	23,652	24,775

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CTL|THOMPSON, INC. SAVINGS AND RETIREMENT PLAN

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(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
	Comerica Inc. (CMA)	Common stock	10,405	13,542
	Commerce Bancshares (CBSH)	Common stock	8,027	7,929
	Compass Group PLC (CMPGY)	Common stock	15,117	16,313
	Contlag Spons ADR (CTTAY)	Common stock	12,011	15,841
	Cousins Properties Inc GA (CUZ)	Common stock	9,733	9,796
	Cowen Inc (COWN)	Common stock	3,786	3,195
	Crown Hldgs Inc. (Holding Co) (CCK)	Common stock	10,108	10,519
	Daiwa House Ind Ltd. ADR (DWAHY)	Common stock	12,609	16,813
	Decker Outdoor Corporation (DECK)	Common stock	15,694	19,100
	Delphi Automotive Plc (DLPH)	Common stock	1,573	2,256
	Diageo Plc Spon ADR New (DEO)	Common stock	13,732	18,107
	Diamondback Energy Inc (FANG)	Common stock	8,645	11,362
	Dorman Products, Inc. (DORM)	Common stock	5,771	4,708
	Drill-Quip Inc. (DRQ)	Common stock	9,207	10,589
	DXC Technology Company (DXC)	Common stock	8,413	10,155
	E*Trade Financial Corp New Com (ETFC)	Common stock	4,668	5,750
	Eaton Corp Plc SHS (ETN)	Common stock	9,807	12,010
	Ebay Inc. (EBAY)	Common stock	4,871	6,265
	Edward Lifesciences Corp (EW)	Common stock	19,308	18,822
	Electronic Arts Inc. (EA)	Common stock	11,707	16,389
	EMCOR Group Inc. (EME)	Common stock	6,545	7,848
	Encana Corp (ECA)	Common stock	37,125	39,790
	Encore Cap Grp Inc. (ECPG)	Common stock	3,877	3,494
	Euronet Worldwide Inc (EEFT)	Common stock	5,667	4,971
	Evercore Partners Inc. (EVR)	Common stock	5,131	5,940
	Express Scripts Hldg Co. Com (ESRX)	Common stock	15,700	17,092
	Facebook Inc (FB)	Common stock	45,238	70,761
	FedEx Corp (FDX)	Common stock	18,357	23,208
	Ferrari N V (RACE)	Common stock	17,424	16,879
	Fidelity Natl Information SE (FIS)	Common stock	14,992	18,254
	First American Final Corp (FAF)	Common stock	3,958	4,091
	First Interstate Banc System (FIBK)	Common stock	2,938	3,204
	Five Below (FIVE)	Common stock	19,162	29,844
	Fleetcor Technologies (FLT)	Common stock	27,152	33,867
	Fortinet Inc. (FTNT)	Common stock	2,670	3,190

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As of December 31, 2017

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(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
	Gardner Denver Holdings Inc. (GDI)	Common stock	3,514	4,173
	Gartner Inc. (IT)	Common stock	6,506	6,651
	Halyard Health Inc. (HYH)	Common stock	9,186	10,021
	Hancock Hldg Oc. (HBHC)	Common stock	7,934	8,316
	Harris Corporation Delaware (HRS)	Common stock	10,795	17,140
	HDFC bank Ltd ADR (HDB)	Common stock	10,097	11,693
	Helmerich & Payne (HP)	Common stock	5,152	5,947
	Heritage Ins Hldgs Inc Com (HRTG)	Common stock	3,812	3,785
	Hexagon AB ADR (HXGBY)	Common stock	9,410	11,457
	Hillrom Holdings (HRC)	Common stock	11,799	13,149
	Hollyfrontier Corp Com (HFC)	Common stock	9,162	12,856
	Hologic Inc. (HOLX)	Common stock	28,681	29,669
	Home Depot Inc (HD)	Common stock	33,862	49,088
	Honeywell International Inc. (HON)	Common stock	19,180	24,844
	Huntsman Corp (HUN)	Common stock	4,289	4,461
	Ingredion Inc. Com. (INGR)	Common stock	11,271	12,862
	Integra Lifesciences CRP New (IART)	Common stock	16,392	15,698
	Intercontinental Exchange Group (ICE)	Common stock	36,939	48,828
	Iqvia Holdings Inc. (IQV)	Common stock	13,744	16,643
	Israel Disc BK Ltd. ADR (ISDAY)	Common stock	7,405	9,141
	ISTAR Inc. (STAR)	Common stock	3,865	3,661
	Jacobs Engineering Group Inc. (JEC)	Common stock	11,770	14,445
	Johnson Controls Incorporated (JCI)	Common stock	51,762	47,066
	Jones Lang LaSalle Inc. (JLL)	Common stock	15,538	18,616
	JPMorgan Chase & Co. (JPM)	Common stock	41,850	71,543
	Julius Baer Group Ltd. UN ADR (JBAXY)	Common stock	8,055	9,907
	KAO Corp Spons ADR (KCRPY)	Common stock	10,114	11,082
	KDDI corp UN SPON ADR (KDDIY)	Common stock	20,189	16,452
	Landstar System Inc. (LSTR)	Common stock	4,704	5,829
	Legg Mason Inc. (LM)	Common stock	10,462	11,376
	Lendingtree Inc. New Com (TREE)	Common stock	14,569	21,449
	LGI Homes, Inc. (LGIH)	Common stock	10,560	16,507
	LHC GRP (LHCG)	Common stock	4,857	4,655
	Liberty Global Plc New (LBTYK)	Common stock	19,638	18,511

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(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
	Liberty Interactive Corp QVC A (QVCA)	Common stock	3,528	3,614
	Loews Corporation (L)	Common stock	8,566	13,508
	Lululemon Athletica Inc. (LULU)	Common stock	5,300	6,680
	Manhattan Assoc. Inc. (MANH)	Common stock	8,412	9,611
	Marinemax Inc. Com FL (HZO)	Common stock	3,893	3,553
	Marvell Tech Group Ltd. (MRVL)	Common stock	12,722	17,369
	Masonite Intl. Corp New Com (DOOR)	Common stock	5,630	5,784
	Medtronic Plc SHS (MDT)	Common stock	12,146	12,355
	Mercadolibre Inc. (MELI)	Common stock	15,793	20,138
	Meritage Home Corporation (MTH)	Common stock	5,113	5,939
	MGIC INVT Corp (MTG)	Common stock	9,994	12,022
	Microsoft Corp (MSFT)	Common stock	59,713	100,681
	Molson Coors Brewing Co (TAP)	Common stock	15,158	11,901
	Monolithic Pwr Systems Inc. (MPWR)	Common stock	16,811	18,314
	Monsanto Co. New	Common stock	9,766	10,861
	Motorola Solutions Inc. (MSI)	Common stock	9,903	10,660
	Msc INDL Direct Co (MSM)	Common stock	10,430	14,306
	MTGE INVT Corp (MTGE)	Common stock	6,979	6,679
	NATL INSTRUMS CP (NATI)	Common stock	10,695	11,032
	Neogen CP (NEOG)	Common stock	6,215	7,563
	Netflix Inc. (NFLX)	Common stock	24,121	23,803
	New York Mortgage Trust Inc. (NYMT)	Common stock	2,863	2,857
	Nordea NK Sweden AB (PUBL) ADR (NRBAY)	Common stock	10,940	10,269
	Northropgrumman CP (NOC)	Common stock	16,508	21,177
	NRG Yield Inc (NYLD)	Common stock	3,900	3,685
	Occidental Petroleum Corp DE (OXY)	Common stock	13,268	13,996
	Oracle Corp (ORCL)	Common stock	7,167	9,598
	Orchid Island Capital Inc. (OC)	Common stock	4,363	4,064
	Packaging Corp Amer (PKG)	Common stock	17,127	18,806
	Pacwest Bancorp (PACW)	Common stock	15,383	16,179
	Paypal Hldgs Inc. Com (PYPL)	Common stock	7,799	13,252
	PBF Energy Inc. (PBF)	Common stock	9,050	11,557
	Perkin Elmer Inc. (PKI)	Common stock	6,065	6,873
	Pinnacle Entmt Inc. (PNK)	Common stock	3,792	5,695
	Popular Inc. Com New (BPOP)	Common stock	7,238	6,211

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(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
	Potlatch Corp New (PCH)	Common stock	13,135	12,575
	Progress Software (PRGS)	Common stock	8,630	10,600
	Propetro Holding Corp (PUMP)	Common stock	11,756	13,709
	Prudential PLC ADR (PUK)	Common stock	12,729	17,215
	PS Business Parks Inc. Calif (PSB)	Common stock	4,482	4,253
	Pulte Group Inc. (PHM)	Common stock	3,709	4,489
	Qiagen NV (QGEN)	Common stock	7,792	7,639
	Ralph Lauren Corp (RL)	Common stock	14,720	16,902
	Raymond James Fincl Inc. (RJF)	Common stock	25,850	29,201
	RE Max Holdgs Inc (RMAX)	Common stock	3,750	2,958
	RELXNV Sponsored ADR (RENX	Common stock	14,266	18,179
	Renaissance RE Holdings Ltd (RNR)	Common stock	7,674	6,531
	Resmed Inc. (RMD)	Common stock	11,656	13,296
	RIO Tinto PLC Spon ADR (RIO)	Common stock	8,749	9,422
	Rockwell Automation Inc (ROK)	Common stock	11,331	18,457
	Rollins Inc. (ROL)	Common stock	6,787	7,119
	RYOHINKEIKAKUCO LTD ADR (RYKKY)	Common stock	13,036	19,462
	S&P Global Inc Com (SPGI)	Common stock	27,422	39,301
	Salesforce.com, Inc. (CRM)	Common stock	23,774	31,794
	Sampooyjun Spon ADR (SAXPY)	Common stock	9,623	11,210
	SANLAM Ltd ADR (SLLDY)	Common stock	9,074	13,371
	SBA Communications Corp (SBAC)	Common stock	11,134	15,192
	Schlumberger Ltd. (SLB)	Common stock	16,489	14,893
	Sherwin Williams Company Ohio (SHW)	Common stock	21,464	30,753
	Shire Plc ADR (SHPG)	Common stock	21,979	17,218
	Signet Jewelers Limited (SIG)	Common stock	15,360	13,798
	SLM Corporation (SLM)	Common stock	17,160	16,498
	Snap-On Inc. (SNA)	Common stock	8,332	9,586
	Spirit Aerosystems HLD (SPR)	Common stock	8,026	9,598
	Spirit Airlines Inc. (SAVE)	Common stock	17,075	13,993
	Square Inc. (SQ)	Common stock	13,622	18,305
	Starbucks Corp Washington (SBUX)	Common stock	5,722	5,858
	State Bank Financial Corp (STBZ)	Common stock	2,973	3,252
	Symriseagun SPONS ADR (SYIEY)	Common stock	15,751	18,331
	Syntel Inc. (SYNT)	Common stock	6,938	6,368

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	Taiwan SMCNDCTRMFG Co Ltd ADR (TSM)	Common stock	8,698	10,983
	Tencent Holdgs Ltd. Unspon ADR (TCEHY)	Common stock	20,774	43,769
	Teradyne Inc. (TER)	Common stock	16,743	20,558
	Texas Instruments (TXN)	Common stock	18,589	33,316
	The J.M. Smucker Company (SJM)	Common stock	11,124	13,045
	Thermo Fisher Scientific (TMO)	Common stock	13,549	16,140
	Toll Brothers (TOL)	Common stock	11,096	13,590
	Total System SVCS (TSS)	Common stock	21,871	28,947
	Transunion (TRU)	Common stock	3,538	4,122
	Tri Pointe Group Inc. (TPH)	Common stock	13,957	18,135
	Trimble Inc. (TRMB)	Common stock	5,167	5,609
	US Physical Therapy Inc. (USPH)	Common stock	3,432	3,899
	Ubisoft Entmt SA Unspon ADR (UBSFY)	Common stock	10,519	12,501
	Unilever Plc (UL)	Common stock	9,342	10,736
	United Natural Foods Inc (UNFI)	Common stock	14,041	17,047
	United STS STL CP (X)	Common stock	3,665	5,102
	United Technologies Corp (UTX)	Common stock	52,977	66,081
	Unitedhealth GP Inc. (UNH)	Common stock	35,600	57,761
	Vantiv Inc (VNTV)	Common stock	17,108	21,476
	Varonis Systems Inc. (VRNS)	Common stock	3,786	4,272
	Virtusa Corp (VRTU)	Common stock	6,912	8,949
	Visa Inc. (V)	Common stock	47,079	75,595
	Visteon Corp (VC)	Common stock	13,798	14,891
	Vulcan Materials Co (VMC)	Common stock	28,313	28,755
	Wabco Hldgs Inc. (WBC)	Common stock	11,565	11,911
	Wash Real Est INV TR Maryland (WRE)	Common stock	6,640	6,318
	Waste Connections Inc. (WCN)	Common stock	26,443	38,024
	Watts WTR Tech Inc. (WTS)	Common stock	6,053	6,987
	Wellbilt Inc. (WBT)	Common stock	7,039	10,015
	Wells Fargo & Co New (WFC)	Common stock	35,150	76,626
	Wesco Intl Inc (WCC)	Common stock	3,995	4,225
	West Pharmaceutical SVCS Inc. (WST)	Common stock	3,813	4,045
	Williams Sonoma (WSM)	Common stock	11,702	12,356
	Wingstop Inc. (WING)	Common stock	7,740	8,849
	Wolters Kluwer NV SPON adr (WTKWY)	Common stock	14,884	18,054

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	WPX Energy Inc. (WPX)	Common stock	4,732	6,219
	Xylem Inc. Com (XYL)	Common stock	15,863	17,936
	Yamaha Corporation Spons ADR (YAMCY)	Common stock	9,152	9,206
	Zions Bancorp (ZION)	Common stock	18,343	20,332
	Zoetis Inc. (ZTS)	Common stock	16,292	22,332
	Total common stocks		3,470,537	4,414,474
*	Participant loans	Loans bearing interest at 4.5% to 5.5%, maturities at various dates through November 2022, secured by participants' vested account balances	-	62,393
			$ 3,470,537	$ 10,531,458

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