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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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.	10/02/2019	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**	282
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)**	215
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	226
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	95
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	321
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	321
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	317
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	13
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 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

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

A Name of plan
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	22	01/01/2018	12/31/2018

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
1917	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	
1342	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	
506	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	
69	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	766062
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. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	669788
c	Additions: (1) Contributions deposited during the year	7c(1)	31585		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	7942		
	(4) Transferred from separate account	7c(4)	215105		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	254632
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	924420
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	158358		
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	158358
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	766062

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. Specify nature of costs.			**10b**	

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.**	**2018** **This Form is Open to Public Inspection.**

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

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

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

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

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]	12401	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	3125	Yes [X] No [ ]	Yes [ ] No [X]	3162	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]	1569	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	588	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?
28	INVESTMENT MANAGEMENT	205	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	12401

(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	1569

(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	3162

(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

2018

This Form is Open to Public Inspection.

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

A Name of plan
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	1589142

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	472561

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	263160

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	310396

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	105260

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	316666

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	446116

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) 549809

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) 434854

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

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

2018

This Form is Open to Public Inspection

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

A Name of plan
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	31354	23142
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	600000	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)	4542158	4666266
(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)	62393	49063
(9) Value of interest in common/collective trusts	1c(9)	3952412	4487964
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	1304708	1094685
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	669788	766062
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	11162813	11687182
	Liabilities			
g	Benefit claims payable	1g	1870	250
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	1410	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	3280	250
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11159533	11686932

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)	604475	
	(B) Participants	2a(1)(B)	801426	
	(C) Others (including rollovers)	2a(1)(C)	119678	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1525579
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1666	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1666
	(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)	59510	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		59510
	(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)		-412747
(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)		-389513
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		784495
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	203418	
(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)		203418
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	53678	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		53678
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		257096
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		527399
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) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: PLANTE & MORAN, PLLC **(2)** EIN: 38-1357951

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

2018

This Form is Open to Public Inspection.

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

A Name of plan
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 46-4317725

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): _____

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 Report

December 31, 2018

CTL|Thompson, Inc. Savings and Retirement Plan

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Independent Auditor's Report

To the Plan Administrator
CTL|Thompson, Inc. Savings and Retirement Plan

We have audited the accompanying financial statements of CTL|Thompson, Inc. Savings and Retirement Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2018 and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on the 2018 financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on the 2018 financial statements.

Opinion

In our opinion, the 2018 financial statements referred to above present fairly, in all material respects, the net assets of the Plan as of December 31, 2018 and 2017 and the changes in net assets for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As part of the 2018 financial statements, we also audited the reclassification described in Note 2 that was applied to the 2017 financial statements. In our opinion, such presentation adjustments are appropriate and have been properly applied. We are not engaged to audit, review, or apply any procedures to the 2017 financial statements other than with respect to the reclassification, and, accordingly, we do not express an opinion or any other form of assurance on the 2017 financial statements as a whole.

PRAXITY™
Empowering Business Globally

To the Plan Administrator
CTL|Thompson, Inc. Savings and Retirement Plan

Report on Supplemental Information

Our audit of the Plan's financial statements as of and for the year ended December 31, 2018 was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of is presented for the purpose of additional analysis and is not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Report on Prior Year Financial Statements

The financial statements of CTL|Thompson, Inc. Savings and Retirement Plan as of December 31, 2017 were audited by EKS&H LLLP, whose report dated September 12, 2018, disclaimed an opinion as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Denver, Colorado
September 25, 2019

CTL|Thompson, Inc. Savings and Retirement Plan

Statement of Net Assets Available for Benefits

December 31, 2018 and 2017

	2018	2017
Assets		
Participant-directed investments at fair value:		
Mutual funds	$ 1,094,685	$ 1,304,708
Common collective trust funds	4,487,964	3,952,412
Participant-directed investments at contract value - Unallocated insurance contract	766,062	669,788
Total participant-directed investments	6,348,711	5,926,908
Nonparticipant-directed investments at fair value		
Money market fund	124,833	127,683
Common stocks	4,541,433	4,414,474
Total nonparticipant-directed investments at fair value	4,666,266	4,542,157
Total investments	11,014,977	10,469,065
Contributions receivable - Employer	600,000	600,000
Participant notes receivable	49,063	62,393
Cash - Noninterest bearing	23,142	31,354
Total assets	11,687,182	11,162,812
Liabilities - Accrued liabilities	250	3,280
Net Assets Available for Benefits	**$ 11,686,932**	**$ 11,159,532**

See notes to financial statements.

CTL|Thompson, Inc. Savings and Retirement Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2018

Additions		
Contributions:		
Employee	$	801,426
Employer - Net of forfeitures		604,475
Rollovers		119,678
Total contributions		1,525,579
Investment income (loss):		
Interest and dividends		141,105
Net realized and unrealized losses on investments		(883,877)
Total investment loss		(742,772)
Interest from participant notes receivable		1,689
Total additions		784,496
Deductions		
Benefits paid directly to participants or beneficiaries		203,668
Administrative expenses		53,428
Total deductions		257,096
Net Increase		527,400
Net Assets Available for Benefits		
Beginning of year		11,159,532
End of year	**$**	**11,686,932**

See notes to financial statements.

Note 1 - Plan Description

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

General

The Plan is a defined contribution plan covering all full-time employees of CTL|Thompson, Inc. (the "Company") who are age 21 or older, excluding leased employees, employees who are part of a union, and nonresident aliens. Plan entry dates are monthly. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company periodically makes discretionary profit-sharing contributions on behalf of eligible participants who have completed one year of service with at least 1,000 hours of service during that one-year period. CTL|Thompson Materials Engineers, Inc. (CTLE) is a related employer, and CTLE employees participate in the Plan.

Contributions

The Plan provides for employee salary deferral contributions up to a maximum of 100 percent of annual compensation subject to maximum tax-deferred limitations established by the Internal Revenue Code. The Plan allows participants to contribute up to 100 percent of their compensation on an after-tax basis. Participants may also make contributions to the Plan in the form of a rollover of funds from another qualified plan.

The Company makes annual contributions to the Plan, as approved by the Company's board of directors based on the Company's annual profitability. The Company declared contributions of $600,000 for the years ended December 31, 2018 and 2017, which were recorded as a receivable on the statement of net assets available for benefits.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions, plan earnings, and forfeitures of terminated participants' nonvested accounts and charged with an allocation of administrative expenses. Allocations are based on participants' compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by the Plan.

Vesting

Participants' contributions, rollovers, and related earnings are fully vested at all times and are not subject to forfeiture for any reason.

The Company's profit-sharing contributions (including forfeitures) and the related earnings vest according to the following schedule:

Years of Service	Vesting Percentage
Less than 1	- %
1	10
2	20
3	40
4	60
5	80
6 or more	100

Note 1 - Plan Description (Continued)

Forfeitures

If a participant is not fully vested on his or her termination date, the nonvested amount of the account is forfeited. The Company allocates forfeitures to participants 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 in the same manner as the profit-sharing contributions. Allocations of forfeitures are considered additional company contributions and are subject to the vesting provisions of company contributions. At December 31, 2018 and 2017, forfeited account balances totaled $160 and $158, respectively.

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 percent of their account balances, whichever is less. The notes receivable are secured by the balance in the participant's account and bear interest at rates that range from 4.50 percent to 6.25 percent, which are commensurate with local prevailing rates, as determined periodically by the plan administrator. The notes mature at various dates through December 2023. Principal and interest are paid ratably through monthly payroll deductions.

Benefit Payments

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or various installment annuities. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

The plan allows for in-service distributions to participants are 59½ or older who have not terminated employment with the plan sponsor. Participants may request that all or a portion of their accounts be distributed in the case of financial hardship, as defined in the plan document. The plan administrator must approve any such hardship withdrawals. Participants who are granted a hardship withdrawal are not allowed to made 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.

Party-in-interest Transactions

Certain plan assets are in investment funds managed by Great-West Life & Annuity Insurance Company, Great-West Trust Company LLC, and Morgan Stanley Smith Barney or their affiliates. Great-West Life & Annuity Insurance Company, Great-West Trust Company LLC, and Morgan Stanley Smith Barney are the custodians of the Plan; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines. Participant notes receivable also qualify as party-in-interest transactions.

Termination

While it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the plan document and ERISA. Upon termination of the Plan, participants become 100 percent vested in their account balances.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation

The Plan's investments are stated at fair value, except as noted below. The fully benefit-responsive unallocated contract is valued at contract value. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees.

Note 2 - Summary of Significant Accounting Policies (Continued)

The common collective trust funds are valued at net asset value per share (NAV) (or its equivalent) of the funds, which is based on the fair value of the funds' underlying assets. There are no redemption restrictions or unfunded commitments on these investments. The money market fund is valued at fair value based on its outstanding balance. All other investments are valued based on quoted market prices reported in active markets. See Note 4 for additional information.

Participant Notes Receivable

Participant notes receivable are recorded at their unpaid principal balances plus any accrued interest. Participant notes receivable are written off when deemed uncollectible.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Various administrative costs are paid by the Company.

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 disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including September 25, 2019, which is the date the financial statements were available to be issued.

Reclassification

In 2018, it was determined that the unallocated insurance contract is a benefit-responsive investment contract valued at contract value. Previously, the unallocated insurance contract was deemed to be a non-benefit-responsive contract valued at fair value. As a result, the fair value hierarchy disclosure is no longer applicable for the unallocated insurance contract. This reclassification did not impact the net assets of the Plan. In addition, Note 5 includes disclosures for the benefit-responsive investment contract held by the Plan.

Note 3 - Unaudited Information

Great West Life & Annuity Insurance Company, Great West Trust Company LLC (collectively, Great West), and Morgan Stanley Smith Barney (MSSB) held the Plan's investments and executed all investment transactions at December 31, 2017 and for the period then ended. The investment and participant notes receivable balances at December 31, 2017 and related income and losses for the year ended December 31, 2017 included in the accompanying financial statements, supplemental schedule of assets held at end of year are based solely on information certified by Great West and MSSB.

Note 4 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2018 and 2017.

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances whereby inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2018			
	Level 1	Level 2	Level 3	Investments (at Fair Value)
Mutual funds	$ 1,094,685	$ -	$ -	$ 1,094,685
Investments measured at NAV - Common collective trust funds				4,487,964
Total investments at fair value				$ 5,582,649

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2017			
	Level 1	Level 2	Level 3	Investments (at Fair Value)
Mutual funds	$ 1,304,708	$ -	$ -	$ 1,304,708
Investments measured at NAV - Common collective trust funds				3,952,412
Total investments at fair value				$ 5,257,120

There were no unfunded commitments or redemption restrictions on the investments described above.

Note 5 - Investment Contracts

The Plan has a benefit-responsive investment contract with Great-West Life & Annuity Insurance Company (Great-West). Great-West maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Interest is credited on contract balances using a single “portfolio rate” approach. Under this methodology, a single interest rate is applied to all contributions made to the product, regardless of the timing of those contributions. Interest crediting rates are reviewed on a semiannual basis for resetting, but may not be less than 0 percent. When establishing interest crediting rates for this product, Great-West considers many factors, including current economic and market conditions, the general interest rate environment, and both the expected and actual experience of a reference portfolio within the issuer’s general account.

Generally, there are no events that could limit the ability of the Plan to transact at contract value paid within 90 days or, in rare circumstances, contract value paid over time. There are no events that allow the issuer to terminate the contract and which require the plan sponsor to settle an amount different than contract value paid either within 90 days or over time.

Note 6 - Tax Status

The Plan, as adopted, is a volume submitter plan, which does not require an application for a determination letter from the Internal Revenue Service (IRS). The volume submitter plan has received a favorable notification letter from the IRS dated March 31, 2014. The Plan has not individually sought its own determination letter.

Note 7 - Nonparticipant-directed Investments

	2018	2017
Nonparticipant-directed investments:		
Common stocks	$ 4,541,433	$ 4,414,474
Money market fund	124,833	127,683
Total	$ 4,666,266	$ 4,542,157

The significant components of the changes in net assets relating to the nonparticipant-directed investments for the years ended December 31, 2018 are as follows:

Changes in net assets:	
Loss on investments	$ (354,289)
Employer contribution	610,085
Benefit payments	(81,802)
Expenses	(49,885)
Net increase	$ 124,109

CTL| Thompson, Inc. Savings and Retirement Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 84-0609804, Plan No. 002
December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds			
Vanguard	Vanguard 500 Index	*	$ 145,235
AllianceBernstein L.P.	AB Large Cap Growth	*	346,268
Vanguard	Vanguard Mid Cap Index Fund	*	37,817
The Hartford	Hartford Balanced Income	*	105,202
Eaton Vance	Eaton Vance Atlanta Capital SMID-Cap	*	53,682
Vanguard	Vanguard Total Intl Stock Index	*	61,323
JPMorgan (1)	JP Morgan Large Cap Value	*	15,173
Janus Henderson	Janus Venture	*	74,783
BlackRock	BlackRock High Yield Bond Inv	*	58,916
JPMorgan (1)	Undiscovered Mgrs Behavioral Value	*	14,447
AllianceBernstein L.P.	AB Global Bond	*	41,164
Vanguard	Vanguard Small Cap Index	*	39,169
PGIM	PGIM Jennison International Opps	*	15,605
Ivy	Ivy International Core Equity	*	13,686
PGIM	PGIM Total Return Bond	*	28,487
Ivy	Ivy Emerging Markets Equity	*	16,583
American Century	American Century Mid Cap Value	*	13,309
Putnam	Putnam Dynamic Asset Allocation Growth	*	6,696
Putnam	Putnam Dynamic Asset Allocation Bal	*	3,041
Putnam	Putnam Dynamic Asset Allocation Con	*	3,154
Prudential	Loomis Sayles Strategic Income	*	945
Total mutual funds			1,094,685
Common/ collective trusts			
Putnam Investments	Putnam Retirement Advantage 2020 V	*	1,589,143
Putnam Investments	Putnam Retirement Advantage 2040 V	*	549,809
Putnam Investments	Putnam Retirement Advantage 2025 V	*	472,560
Putnam Investments	Putnam Retirement Advantage 2030 V	*	434,854
Putnam Investments	Putnam Retirement Advantage 2035 V	*	446,116
Putnam Investments	Putnam Retirement Advantage 2050 V	*	310,396
Putnam Investments	Putnam Retirement Advantage Maturity V	*	263,160
Putnam Investments	Putnam Retirement Advantage 2055 V	*	316,666
Putnam Investments	Putnam Retirement Advantage 2045 V	*	105,260
Total common/collective trusts			4,487,964

CTL| Thompson, Inc. Savings and Retirement Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 84-0609804, Plan No. 002
December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Great-West Life & Annuity Insurance Company	Key Guaranteed Portfolio Fund	*	766,062
Morgan Stanley	Money market funds	*	124,833
Common Stocks			
Yext Inc (YEXT)	Common stock	3,740	3,668
AMERICAN EXPRESS CO (AXP)	Common stock	40,677	52,140
BANK OF NEW YORK MELLON CORP (BK)	Common stock	55,390	68,299
BERKSHIRE HATHAWAY CL-B NEW (BRK'B)	Common stock	52,762	90,043
DIAGEO PLC SPON ADR NEW (DEO)	Common stock	29,530	33,465
JPMORGAN CHASE & CO (JPM)	Common stock	45,042	59,548
LOEWS CORPORATION (L)	Common stock	10,393	13,975
MICROSOFT CORP (MSFT)	Common stock	92,222	153,980
ORACLE CORP (ORCL)	Common stock	8,860	10,746
SBA COMMUNICATIONS CORP (SBAC)	Common stock	16,578	20,560
TEXAS INSTRUMENTS (TXN)	Common stock	25,979	36,477
UNITEDHEALTH GP INC (UNH)	Common stock	35,600	65,269
WELLS FARGO & CO NEW (WFC)	Common stock	59,304	77,322
AMAZON COM INC (AMZN)	Common stock	75,975	168,221
VISA INC CL A (V)	Common stock	54,328	94,205
BURLINGTON STORES INC (BURL)	Common stock	9,741	17,243
CELGENE CORP (CELG)	Common stock	30,243	17,304
FACEBOOK INC CL-A (FB)	Common stock	59,687	55,320
ENCANA CORP (ECA)	Common stock	31,486	17,982
APACHE CORP (APA)	Common stock	83,494	47,276
CHARLES SCHWAB NEW (SCHW)	Common stock	14,437	16,820

CTL| Thompson, Inc. Savings and Retirement Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 84-0609804, Plan No. 002
December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
ALPHABET INC CL A (GOOGL)	Common stock	110,408	153,609
ALPHABET INC CL C (GOOG)	Common stock	23,751	45,567
CAPITAL ONE FINANCIAL CORP (COF)	Common stock	75,498	66,595
HOME DEPOT INC (HD)	Common stock	30,709	37,457
INTERCONTINENTALEXCHANGE GROUP (ICE)	Common stock	43,241	58,607
JOHNSON CONTROLS INCORPORATED (JCI)	Common stock	38,084	30,480
SALESFORCE.COM,INC. (CRM)	Common stock	19,945	35,201
SHERWIN WILLIAMS COMPANY OHIO (SHW)	Common stock	26,029	33,838
TENCENT HLDGS LTD UNSPON ADR (TCEHY)	Common stock	22,739	32,286
UNITED TECHNOLOGIES CORP (UTX)	Common stock	73,899	71,874
ZOETIS INC CLASS-A (ZTS)	Common stock	17,630	25,405
AIAGROUPLTDSPONADR (AAGIY)	Common stock	17,312	20,221
ACCENTUREPLCIRELANDCLA (ACN)	Common stock	19,323	21,857
ADIENTPLCCOM (ADNT)	Common stock	33,951	10,226
APPLIEDMATERIALSINC (AMAT)	Common stock	43,197	35,752
AONPLCSHSCL-A (AON)	Common stock	22,801	26,892
ASSAABLOYABUNSPADR (ASAZY)	Common stock	11,355	9,819
BOSTONSCIENTIFICCORP (BSX)	Common stock	38,548	46,649
ANHEUSERBUSCHINBEVSASPON (BUD)	Common stock	18,440	11,056
CHUBBLTD (CB)	Common stock	16,477	18,214
COMERICAINC (CMA)	Common stock	13,853	13,120
COMPASSGROUPPLC (CMPGY)	Common stock	18,853	19,124
CANADIANNATLRAILWAYCO (CNI)	Common stock	22,209	22,455

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 84-0609804, Plan No. 002
December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
CISCOSYSINC (CSCO)	Common stock	13,123	17,029
DAIWAHOUSEINDLTDADR (DWAHY)	Common stock	15,931	17,236
EBAYINC (EBAY)	Common stock	10,767	9,151
EATONCORPPLCSHS (ETN)	Common stock	9,156	9,818
FIVEBELOW (FIVE)	Common stock	4,579	11,767
HONEYWELLINTERNATIONALINC (HON)	Common stock	23,547	25,896
COCACOLACO (KO)	Common stock	28,730	30,825
PROCTER&GAMBLE (PG)	Common stock	18,220	22,888
PRUDENTIALPLCADR (PUK)	Common stock	15,549	14,254
PAYPALHLDGSINCCOM (PYPL)	Common stock	18,900	25,984
ROCKWELLAUTOMATIONINC (ROK)	Common stock	10,622	12,189
RYOHINKEIKAKUCOLTDADR (RYKKY)	Common stock	13,129	14,050
SAMPOOYJUNSPONADR (SAXPY)	Common stock	14,081	12,714
STARBUCKSCORPWASHINGTON (SBUX)	Common stock	12,911	14,812
SCHLUMBERGERLTD (SLB)	Common stock	19,393	9,597
SANLAMLTDADR (SLLDY)	Common stock	11,164	12,613
SYMRISEAGUNSPONSADR (SYIEY)	Common stock	13,046	12,690
THERMOFISHERSCIENTIFIC (TMO)	Common stock	26,189	31,331
TAIWANSMCNDCTRMFGCOLTD ADR (TSM)	Common stock	11,315	12,586
UNILEVERPLC (UL)	Common stock	25,746	26,230
VULCANMATERIALSCO (VMC)	Common stock	24,010	18,871
WASTECONNECTIONSINC (WCN)	Common stock	32,788	46,035
WOLTERSKLUWERNVSPONADR (WTKWY)	Common stock	24,646	30,103
FIDELITYNATLINFORMATIONSE (FIS)	Common stock	22,020	26,560
S&PGLOBALINCCOM (SPGI)	Common stock	33,802	42,825

CTL| Thompson, Inc. Savings and Retirement Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 84-0609804, Plan No. 002
December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Alibaba Group HLDG LTD (BABA)	Common stock	76,194	59,488
APTIV PLC (APTV)	Common stock	23,027	16,809
A G C O CORP (AGCO)	Common stock	4,267	4,064
A O SMITH CORP (AOS)	Common stock	8,759	6,448
AMEDISYS INC (AMED)	Common stock	7,960	18,503
Assured Guaranty LTD (AGO)	Common stock	13,258	11,637
BANCORPSOUTH INC (BXS)	Common stock	3,973	3,450
Bruker Corporation (BRKR)	Common stock	13,119	13,992
Cadence Design System (CDNS)	Common stock	16,776	19,479
Cantel Medical Corp (CMD)	Common stock	6,086	5,882
Centennial Resource DEV CL A (CDEV)	Common stock	6,674	3,692
Charles River Labs INTL Inc (CRL)	Common stock	13,715	13,921
Chemed Corporation (CHE)	Common stock	7,547	10,765
Choice Hotels Intl Inc New (CHH)	Common stock	7,016	6,872
CIMPRESS N V SHS Euro (CMPR)	Common stock	13,212	12,721
Decker Outdoor Corporation (DECK)	Common stock	14,265	25,974
Drill-Quip Inc (DRQ)	Common stock	4,228	3,063
Euronet Worldwide Inc (EEFT)	Common stock	15,489	17,609
First American Final Corp (FAF)	Common stock	14,637	11,383
First Interstate Banc System (FIBK)	Common stock	4,335	3,693
Fortinet inc (FTNT)	Common stock	8,429	11,480
Helmerich & Payne (HP)	Common stock	18,481	13,184
Hillrom Holdings (HRC)	Common stock	15,736	17,621
Hollyfrontier Corp Com (HFC)	Common stock	10,106	13,496
Integra Lifesciences CRP New (IART)	Common stock	6,342	5,638

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Manhattan Assoc Inc (MANH)	Common stock	8,525	8,305
MASONITE INTL CORP NEW COM (DOOR)	Common stock	5,829	3,631
MERITAGE HOME CORPORATION (MTH)	Common stock	7,791	7,491
MONOLITHIC PWR SYSTEMS INC (MPWR)	Common stock	17,686	19,646
NATL INSTRUMS CP (NATI)	Common stock	14,590	15,565
Neogen CP (NEOG)	Common stock	6,531	7,182
Pacwest Bancorp (PACW)	Common stock	12,340	8,553
Perkin Elmer (PKI)	Common stock	13,192	13,746
Potlatch Corp New (PCH)	Common stock	14,851	9,302
Progress Software (PRGS)	Common stock	9,105	9,263
Propetro Holding Corp (PUMP)	Common stock	14,156	10,127
PS Business Parks Inc Calif (PSB)	Common stock	4,482	4,454
Pulte Group Inc (PHM)	Common stock	16,840	16,686
Qiagen NV (QGEN)	Common stock	8,182	8,854
Ralph Lauren Corp CL A (RL)	Common stock	7,814	9,001
Rollins Inc (ROL)	Common stock	7,194	8,664
Teradyne Inc (TER)	Common stock	10,644	9,665
Toll Brothers (TOL)	Common stock	4,826	4,808
Trimble Inc (TRMB)	Common stock	18,363	15,435
U S Physical Therapy Inc (USPH)	Common stock	3,665	5,732
Varonis Systems Inc (VRNS)	Common stock	4,070	4,867
Watts WTR Tech Inc A (WTS)	Common stock	6,303	6,130
West Pharmaceutical SVCS Inc (WST)	Common stock	10,697	10,195
Wingstop Inc (WING)	Common stock	8,711	15,534
Zions Bancorp (ZION)	Common stock	16,531	14,503
Biogen Inc Com (BIIB)	Common stock	27,454	26,782
CAE Inc (CAE)	Common stock	10,685	11,120
Coca Cola European Partners (CCE)	Common stock	14,171	16,861

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HDFC Bank LTD ADR (HDB)	Common stock	14,953	16,885
Hexagon AB ADR (HXGBY)	Common stock	12,154	12,870
Iqvia Holdings Inc (IQV)	Common stock	21,950	27,416
Julius Baer Group LTD UN ADR (JBAXY)	Common stock	8,988	6,340
KAO Corp Spons ADR (KCRPY)	Common stock	12,820	14,915
Medtronic PLC SHS (MDT)	Common stock	24,344	23,741
Motorola Solutions Inc (MSI)	Common stock	39,428	40,494
Ubisoft Entmt SA Unspon ADR (UBSFY)	Common stock	14,456	16,121
Welbilt Inc (WBT)	Common stock	8,570	5,533
Yamaha Corporation Spons ADR (YAMCY)	Common stock	10,734	11,707
Activision Blizzard Inc (ATVI)	Common stock	17,846	16,020
Ferrari N V (RACE)	Common stock	15,920	14,618
Fleetcor Technologies (FLT)	Common stock	16,804	20,243
Mercadolibre Inc (MELI)	Common stock	16,479	18,450
Netflix Inc (NFLX)	Common stock	12,027	16,595
Raymond James Fincl Inc (RJF)	Common stock	30,297	27,978
Spirit Airlines Inc (SAVE)	Common stock	12,503	15,175
Total System SVCS (TSS)	Common stock	14,692	19,510
RE Max Hldgs Inc CL A (RMAX)	Common stock	3,800	1,907
Edward Lifesciences Corp (EW)	Common stock	15,487	20,525
ABM Industries Incorporated (ABM)	Common stock	7,625	7,000
Acuity Brands Inc (AYI)	Common stock	17,683	15,633
Addus HomeCare Corp Com (ADUS)	Common stock	4,724	4,209
AIR PROD & CHEM INC (APD)	Common stock	33,020	30,890
Alaska Air Group Incorporated (ALK)	Common stock	16,002	14,056

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Altra Indl Motion Corp (AIMC)	Common stock	10,463	6,237
American Outdoor Brands Corp (AOBC)	Common stock	8,031	7,202
Armour Residential Reit Inc (ARR)	Common stock	4,189	3,916
Armstrong World Inds Inc. New (AWI)	Common stock	7,787	6,520
Assurant Inc (AIZ)	Common stock	15,412	12,879
Balchem CP (BCPC)	Common stock	4,674	4,074
Big Lots Inc Ohio (BIG)	Common stock	11,162	6,970
Bunzl PLC New (BZLFY)	Common stock	17,604	17,449
Calavo Growers Inc (CVGW)	Common stock	5,604	4,232
CF Industries Holdings, INC (CF)	Common stock	21,602	20,667
CINTAS CORP (CTAS)	Common stock	28,149	28,726
Cirrus Logic Inc (CRUS)	Common stock	17,538	14,068
Coeur D'Alene Mines Cor Idaho (CDE)	Common stock	7,151	5,512
Cogent Comm Group (CCOI)	Common stock	6,694	5,968
Commvault Systems, Inc (CVLT)	Common stock	19,232	16,663
Cooper Tire & Rubber (CTB)	Common stock	10,695	9,990
Corsite Realty Corp (COR)	Common stock	17,299	13,695
Coupa Software Inc (COUP)	Common stock	4,435	7,103
Dine Brands Global Inc (DIN)	Common stock	16,688	14,882
Dorman Products, Inc (DORM)	Common stock	6,009	7,202
Eagle Bancorp Inc MD (EGBN)	Common stock	4,322	3,848
Eastgroup Properties Inc (EGP)	Common stock	7,620	7,522
FIRST DATA CORP CLA A (FDC)	Common stock	31,172	30,810
First Financial Bankshares Inc (FFIN)	Common stock	5,656	5,769

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Fox Factory Holding Corp (FOXF)	Common stock	5,418	4,710
Frontier Communications Corp (FTR)	Common stock	9,278	3,115
General Electric CO (GE)	Common stock	59,358	35,518
Genesco Inc (GCO)	Common stock	6,026	5,582
Goodyear Tire & Rubber (GT)	Common stock	6,374	5,654
Green Plains Renewable Energy (GPRE)	Common stock	4,900	3,015
Greenbrier Cos Inc (GBX)	Common stock	5,879	3,914
HANG SENG BANK LTD SPON ADR (HSNGY)	Common stock	21,195	18,370
Hawaiian Electric Ind (HE)	Common stock	7,511	7,763
Healthcare Realty Trust Incorp (HR)	Common stock	7,640	7,793
Hlth Care SVC Grp (HCSG)	Common stock	16,006	14,867
Irhythm Technologies Inc (IRTC)	Common stock	6,627	5,906
Iron Mountain Inc (IRM)	Common stock	13,441	13,256
ISRAEL DISC BK LTD ADR (ISDAY)	Common stock	11,986	13,573
JOHNSON & JOHNSON (JNJ)	Common stock	37,551	34,327
Kennametal Inc (KMT)	Common stock	12,711	10,650
Lamb Weston Holdings Inc Com (LW)	Common stock	17,746	19,346
Lancaster Colony CRP (LANC)	Common stock	4,746	5,836
Live Nation Entertainment Inc (LYV)	Common stock	9,264	8,323
LOWES COMPANIES INC (LOW)	Common stock	12,445	12,192
MC DONALDS CORP (MCD)	Common stock	15,216	14,561
Microstrategy Inc (MSTR)	Common stock	5,001	4,982
Moelis & Company CL A (MC)	Common stock	9,790	5,776
New Oriental Ed & Tech Grp Adr (EDU)	Common stock	47,048	33,324

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NINTENDO CO LTD ADR NEW (NTDOY)	Common stock	23,671	15,425
NORDEA BANK ABP SPON ADR (NRDBY)	Common stock	18,646	13,097
NOVARTIS AG ADR (NVS)	Common stock	19,700	18,964
Nutanix Inc CL A (NTNX)	Common stock	4,634	3,577
OVERSEA-CHINESE BKG CORP LTD (OVCHY)	Common stock	23,143	20,702
Paramount Group Inc (PGRE)	Common stock	8,279	7,197
Pattern Energy Group Inc CL A (PEGI)	Common stock	5,978	6,219
Patterson Uti Energy Inc (PTEN)	Common stock	9,493	6,645
Pentair PLC (PNR)	Common stock	9,941	9,256
Power Integrations Inc (POWI)	Common stock	4,359	4,147
Prosperity Bancshares (PB)	Common stock	8,443	7,912
QTS Rlty Tr Inc Com CL A (QTS)	Common stock	12,485	11,004
Qurate Retail Inc. Ser A (QRTEA)	Common stock	4,607	3,884
Redfin Corp (RDFN)	Common stock	12,539	7,531
Reinsurance Group of America (RGA)	Common stock	4,712	4,768
RELX PLC SPONSORED ADR (RELX)	Common stock	21,703	23,290
Royal Gold Inc (RGLD)	Common stock	15,160	16,530
RSA INSURANCE GROUP PLC NEW (RSNAY)	Common stock	13,516	10,512
Schnitzer Steel A (SCHN)	Common stock	4,698	4,008
Sealed Air CP New (SEE)	Common stock	14,867	14,946
Seattle Genetics Inc (SGEN)	Common stock	15,532	13,145
SPS Commerce Inc COM (SPSC)	Common stock	4,548	5,190
Steris PLC (STE)	Common stock	21,871	20,515
TECHNOPRO HOLDINGS INC (TCCNY)	Common stock	13,300	10,405

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Tempur-Pedic Int'l Inc (TPX)	Common stock	4,421	3,685
Texas Roadhouse Inc CL A (TXRH)	Common stock	12,439	10,209
Torchmark Corp (TMK)	Common stock	12,883	11,254
TORONTO DOM BK NEW (TD)	Common stock	20,505	17,501
Trip Advisor Inc COM (TRIP)	Common stock	10,342	13,269
Trustmark CP (TRMK)	Common stock	4,335	3,895
Two Harbors Investment Corp (TWO)	Common stock	10,540	9,258
U S Bancorp Com New (USB)	Common stock	27,792	24,998
UNION PACIFIC CORP (UNP)	Common stock	41,035	42,990
United Therapeutics Corp (UTHR)	Common stock	7,872	7,079
Universal CP VA (UVV)	Common stock	8,894	7,473
WADDELL&REED FINCL INC CL A (WDR)	Common stock	7,900	6,798
WEIR GROUP PLC SPONSORED ADR (WEGRY)	Common stock	9,650	7,008
WORLDPAY INC CL A (WP)	Common stock	16,965	22,165
EPIROC AKTIEBOLAG ADR (EPOKY)	Common stock	13,618	14,707
Total common stocks		4,236,611	4,541,433
Participant Notes Receivable (1)	Participant notes receivable bearing interest at 4.5 to 6.25 percent	-	49,063
		$ 4,236,611	$ 11,064,040

(1) Denotes party-in-interest

* Cost information not required for participant-directed investments and, therefore, is not included