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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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.	10/13/2020	ANGELA LAYMON
	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**	325
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)**	238
a(2) Total number of active participants at the end of the plan year	**6a(2)**	235
b Retired or separated participants receiving benefits	**6b**	7
c Other retired or separated participants entitled to future benefits	**6c**	108
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	350
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	350
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	336
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	18
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]	2	**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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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	24	01/01/2019	12/31/2019

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
2664	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 PKWY STE 1500
GREENWOOD VILLAGE, CO 80111

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
1865			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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
799			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1290399
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	766062
c	Additions: (1) Contributions deposited during the year	7c(1)	156677		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	14832		
	(4) Transferred from separate account	7c(4)	1685979		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	1857488
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	2623550
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	50747		
	(2) Administration charge made by carrier	7e(2)	-1870		
	(3) Transferred to separate account	7e(3)	1284275		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	1333152
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1290398

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 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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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
MINNESOTA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-0417830	66168	2930075W	1	03/22/2019	12/31/2019

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
156057	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

GLOBAL STRATEGIES GROUP LTD
980 SOUTH SODE CREEK DRIVE
EVERGREEN, CO 80439

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
71914			3

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

JACOB FINANCIAL SERVICES INC
425 S WOOD MIL ROAD
STE 290
TOWN AND COUNTRY, MO 63019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29207			3

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

ASSET PROTECTORS & ADVISOR INC
5565 CENTERVIEW DRIVE
STE 200
RALEIGH, NC 27606

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
29057			3

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

ANNEXUS ENTERPRISES LLC
16767 N PERIMTER DR
STE 320
SCOTTSDALE, AZ 85260

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
20436			3

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

1880 BROKERAGE GROUP LLC
3230 CENTRAL PARK WEST
STE 100
TOLEDO, OH 43617

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3781			3

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

SIMPLICITY FINANCIAL MARKETING, INC
1585 SAWDUST ROAD
NUMBER 130
THE WOODLANDS, TN 77380

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1662			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	

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. 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.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

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

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

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

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

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

MORGAN STANLEY SMITH BARNEY LLC

1 NEW YOUR PLZ 12TH FL
ANNUITY AND INSURANCE
NEW YORK CITY, 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/ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	11522	Yes [ ] No [X]

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

FIRST WESTERN TRUST BANK

1900 16TH ST STE 500
DENVER, CO 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	4000	Yes [X] No [ ]	Yes [ ] No [X]	2321	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
NEW YORK CITY, 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/ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	2120	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)

ADVISED ASSETS GROUP

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?
28	INVESTMENT MANAGER	1011	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HUNTER BENEFITS CONSULTING GROUP

119 E PALATINE RD STE 104
PALATINE, IL 60067

(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	250	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREAT-WEST LIFE & ANNUITY INS. CO.

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	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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	11522

(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	2321

(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

(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	2120

(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

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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	0

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	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TRST 2060 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)
26-3616920-273	C	0

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	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TRST MAT 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)
26-0788428-268	C	0

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	0

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	0

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 26-0787945-261	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: 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) 0

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) 0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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	23142	33659
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	600000	650000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	12064
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)	4666266	6019973
(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)	49063	47626
(9) Value of interest in common/collective trusts	1c(9)	4487964	0
(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)	1094685	6607261
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	766062	1290399
(15) Other	1c(15)	0	90066

			(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	11687182	14751048
	Liabilities			
g	Benefit claims payable	1g	250	250
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	3193
k	Total liabilities (add all amounts in lines 1g through1j)	1k	250	3443
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11686932	14747605

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)	650000	
	(B) Participants	2a(1)(B)	835403	
	(C) Others (including rollovers)	2a(1)(C)	169318	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1654721
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)	3127	
	(F) Other	2b(1)(F)	-128267	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		-125140
	(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)	76420	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		76420
	(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)		
(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)		2486395
c Other income	2c		12064
d Total income. Add all **income** amounts in column (b) and enter total	2d		4104460
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	984175	
(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)		984175
f Corrective distributions (see instructions)	2f		532
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)	59080	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		59080
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1043787
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3060673
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] Unmodified **(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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

CTL|Thompson, Inc. Savings and Retirement Plan

Financial Report

December 31, 2019

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, 2019 and 2018 and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on 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.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets of the Plan as of December 31, 2019 and 2018 and the changes in net assets for the year ended December 31, 2019 in accordance with accounting principles generally accepted in the United States of America.

PRAXITY™
Empowering Business Globally

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at year end is presented for the purpose of additional analysis and is not a required part of the financial statements, but is 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.

Denver, Colorado
October 6, 2020

CTL|Thompson, Inc. Savings and Retirement Plan

Statement of Net Assets Available for Benefits

December 31, 2019 and 2018

	2019	2018
Assets		
Participant-directed investments at fair value:		
Mutual funds	$ 6,607,261	$ 1,094,685
Common collective trust funds	-	4,487,964
Cash surrender value of life insurance policy	90,066	-
Participant-directed investments at contract value - Unallocated insurance contract	1,290,399	766,062
Total participant-directed investments	7,987,726	6,348,711
Non-participant-directed investments at fair value:		
Money market fund	118,856	124,833
Common stocks	5,901,117	4,541,433
Total non-participant-directed investments at fair value	6,019,973	4,666,266
Total investments	14,007,699	11,014,977
Contributions receivable - Employer	650,000	600,000
Participant notes receivable	47,626	49,063
Cash - Non-interest bearing	33,659	23,142
Other receivable	12,064	-
Total assets	14,751,048	11,687,182
Liabilities - Accrued liabilities	3,443	250
Net Assets Available for Benefits	**$ 14,747,605**	**$ 11,686,932**

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, 2019

Additions		
Contributions:		
Employee	$	835,403
Employer		650,000
Rollovers		169,318
Total contributions		1,654,721
Investment income:		
Interest and dividends		345,596
Net realized and unrealized gains on investments		2,088,952
Other investment income		12,064
Total investment income		2,446,612
Interest from participant notes receivable		3,127
Total additions		4,104,460
Deductions		
Benefits paid directly to participants or beneficiaries		984,707
Administrative expenses		59,080
Total deductions		1,043,787
Net Increase		3,060,673
Net Assets Available for Benefits		
Beginning of year		11,686,932
End of year	**$**	**14,747,605**

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 $650,000 for the year ended December 31, 2019, 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 plan losses and 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, 2019 and 2018, forfeited account balances totaled $2,034 and $160, 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. The notes receivable are secured by the balance in the participant's account and bear interest at rates that range from 5.25 percent to 6.50 percent, which are commensurate with local prevailing rates 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 age 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 make contributions for the six months following such withdrawal. Furthermore, the Plan allows for terminated participant vested account balances of $5,000 or less to be automatically distributed upon a distributable event.

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. The Plan provides for participant notes receivables, which are party-in-interest transactions that are exempt from the prohibited transaction rules.

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.

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. Life insurance contract is valued at fair value based on the cash surrender value of the policy. 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 3 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 October 6, 2020, which is the date the financial statements were available to be issued.

On March 11, 2020, the World Health Organization declared the outbreak of a respiratory disease caused by a novel coronavirus, now known as COVID-19, a pandemic. In response, most states in the U.S. have implemented measures to combat the outbreak that have impacted U.S. business operations. As of the date of issuance of the financial statements, the Plan's financial condition has not been significantly impacted, but the Company continues to monitor the situation. While the Plan's financial condition could be impacted by the significant market volatility, the extent of the impact cannot be reasonably estimated at this time due to significant uncertainty surrounding the situation.

Note 2 - Summary of Significant Accounting Policies (Continued)

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was enacted in response to the COVID-19 pandemic. The CARES Act includes measures that ease some restrictions and conditions for retirement plan withdrawals and loans for individuals who are diagnosed, or whose spouse or dependent is diagnosed, with COVID-19 or for those who experience adverse financial consequences due to quarantine, job loss, business closures, reduced working hours, or other coronavirus-related factors. The Plan will be retrospectively amended to adopt the following provisions in response to the enactment of the CARES Act subsequent to the plan year end:

• The maximum loan amount that a participant may borrow is increased from the lesser of $50,000 or 50 percent of the participant's vested account balance to the lesser of $100,000 or 100 percent of the participant's vested account balance for a coronavirus-related need. The increase applies to loans taken through September 22, 2020.

• For any new or existing loan, repayments due between March 27, 2020 and December 31, 2020 may be delayed for one year.

• The 10 percent IRS tax on pre-age 59½ early withdrawals is waived for coronavirus-related distributions of up to $100,000 through December 2020. These withdrawals are taxable as income, but the tax can be spread over three years, and the participant can elect to repay it within three years. Additionally, the 20 percent standard federal income tax withholding at the time of distribution is not required.

Note 3 - 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.

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 where 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.

Note 3 - Fair Value Measurements (Continued)

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2019 and 2018:

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2019			
	Level 1	Level 2	Level 3	Investments (at Fair Value)
Common stocks	$ 5,901,117	$ -	$ -	$ 5,901,117
Mutual funds	6,607,261	-	-	6,607,261
Money market fund	-	118,856	-	118,856
Cash surrender value life insurance policy	-	-	90,066	90,066
Total	$ 12,508,378	$ 118,856	$ 90,066	12,717,300
Investments measured at NAV - Common collective trust funds				-
Total investments				$ 12,717,300

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2018			
	Level 1	Level 2	Level 3	Investments (at Fair Value)
Common stocks	$ 4,541,433	$ -	$ -	$ 4,541,433
Mutual funds	1,094,685	-	-	1,094,685
Money market fund	-	124,833	-	124,833
Total	$ 5,636,118	$ 124,833	$ -	5,760,951
Investments measured at NAV - Common collective trust funds				4,487,964
Total investments at fair value				$ 10,248,915

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

Changes in Level 3 assets measured at fair value on a recurring basis for the years ended December 31, 2019 and 2018 are as follows:

	Cash Surrender Value Life Insurance Policy
Balance at January 1, 2019	$ -
Purchases, issuances, sales, and settlements - Purchases	218,333
Total unrealized losses	(128,267)
Balance at December 31, 2019	$ 90,066

Of the Level 3 assets still held by the Plan at December 31, 2019, the unrealized losses for the year ended December 31, 2019 totaled $128,267, which is recognized in the statement of changes in net assets available for benefits.

Note 3 - Fair Value Measurements (Continued)

Both observable and unobservable inputs may be used to determine the fair value of positions classified as Level 3 assets. As a result, the unrealized gains and losses for these assets presented in the tables above may include changes in fair value that were attributable to both observable and unobservable inputs.

Note 4 - 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 that require the plan sponsor to settle an amount different than contract value paid either within 90 days or over time.

Note 5 - 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.

Generally accepted accounting principles require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

Note 6 - Non-participant-directed Investments

The significant components of net assets relating to non-participant-directed investments at December 31, 2019 and 2018 were as follows:

	2019	2018
Non-participant-directed investments:		
Common stocks	$ 5,901,117	$ 4,541,433
Money market fund	118,856	124,833
Total	$ 6,019,973	$ 4,666,266

Note 6 - Non-participant-directed Investments (Continued)

The significant components of the changes in net assets relating to the non-participant-directed investments for the year ended December 31, 2019 are as follows:

Changes in net assets:	
Net realized and unrealized gains on investments	$ 1,425,640
Employer contribution	600,000
Benefit payments	(399,343)
Expenses	(54,257)
Life insurance premium payment	(218,333)
Net increase	$ 1,353,707

CTL| Thompson, Inc. Savings and Retirement Plan

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds			
Vanguard	Vanguard 500 Index	*	$ 302,867
AllianceBernstein L.P.	AB Large Cap Growth	*	375,735
Vanguard	Vanguard Mid Cap Index Fund	*	113,775
The Hartford	Hartford Balanced Income	*	64,326
Eaton Vance	Eaton Vance Atlanta Capital SMID-Cap	*	42,722
Vanguard	Vanguard Total Intl Stock Index	*	180,830
JPMorgan (1)	JP Morgan Large Cap Value	*	44,653
Janus Henderson	Janus Venture	*	32,588
BlackRock	BlackRock High Yield Bond	*	86,702
JPMorgan (1)	Undiscovered Mgrs Behavioral Value	*	19,888
Vanguard	Vanguard Small Cap Index	*	94,535
Ivy	Ivy International Core Equity	*	16,762
PGIM	PGIM Total Return Bond	*	222,699
Ivy	Ivy Emerging Markets Equity	*	21,130
American Century	American Century Mid Cap Value	*	12,181
Putnam	Putnam Dynamic Asset Allocation Growth	*	9,219
Putnam	Putnam Dynamic Asset Allocation Balanced	*	4,061
Putnam	Putnam Dynamic Asset Allocation Conservative	*	4,013
American Funds	American Funds 2015 Target Date Retire	*	116,840
American Funds	American Funds 2020 Target Date Retire	*	1,084,507
American Funds	American Funds 2025 Target Date Retire	*	583,769
American Funds	American Funds 2030 Target Date Retire	*	652,091
American Funds	American Funds 2035 Target Date Retire	*	608,883
American Funds	American Funds 2040 Target Date Retire	*	677,435
American Funds	American Funds 2045 Target Date Retire	*	197,186
American Funds	American Funds 2050 Target Date Retire	*	473,593
American Funds	American Funds 2055 Target Date Retire	*	401,935
American Funds	American Funds 2060 Target Date Retire	*	90,592
Templeton	Templeton Global Bond	*	43,881
PIMCO	PIMCO Income	*	1,534
MFS Investment Management	MFS International Diversification	*	26,329
Total mutual funds			6,607,261

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
GWI Fixed Account	Unallocated Insurance Contract	*	1,290,399
Morgan Stanley	Money market funds	118,856	118,856
			-
Common Stocks			0
AMERICAN EXPRESS CO (AXP)	Common stock	44,411	71,831
BANK OF NEW YORK MELLON CORP (BK)	Common stock	58,007	76,099
BERKSHIRE HATHAWAY CL-B NEW (BRK'B)	Common stock	63,003	111,438
DIAGEO PLC SPON ADR NEW (DEO)	Common stock	29,860	40,084
JPMORGAN CHASE & CO (JPM)	Common stock	54,873	97,580
LOEWS CORPORATION (L)	Common stock	6,873	6,873
MICROSOFT CORP (MSFT)	Common stock	81,773	219,361
ORACLE CORP (ORCL)	Common stock	8,831	12,397
SBA COMMUNICATIONS CORP (SBAC)	Common stock	12,982	25,063
TEXAS INSTRUMENTS (TXN)	Common stock	49,335	74,921
UNITEDHEALTH GP INC (UNH)	Common stock	28,039	64,382
WELLS FARGO & CO NEW (WFC)	Common stock	78,517	112,603
AMAZON COM INC (AMZN)	Common stock	72,235	195,871
MERCK & CO INC NEW COM (MRK)	Common stock	41,569	43,747
VISA INC CL A (V)	Common stock	41,809	110,673
BURLINGTON STORES INC (BURL)	Common stock	14,156	30,328
FACEBOOK INC CL-A (FB)	Common stock	59,975	86,616
SERVICENOW INC (NOW)	Common stock	31,804	39,242
ENCANA CORP (ECA)	Common stock	31,486	14,591
QUEST DIAGNOSTICS INC (DGX)	Common stock	33,882	39,939
BOYD GAMING CORP (BYD)	Common stock	12,358	15,359
APACHE CORP (APA)	Common stock	84,171	46,881
PALO ALTO NETWORKS INC (PANW)	Common stock	14,156	14,338
ALPHABET INC CL A (GOOGL)	Common stock	102,006	187,515
ALPHABET INC CL C (GOOG)	Common stock	23,751	58,829
BANKUNITED INC (BKU)	Common stock	15,549	15,940
CAPITAL ONE FINANCIAL CORP (COF)	Common stock	87,901	105,174
HOME DEPOT INC (HD)	Common stock	27,995	44,550

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
INTERCONTINENTALEXCHANGE GROUP (ICE)	Common stock	41,465	69,042
SHERWIN WILLIAMS COMPANY OHIO (SHW)	Common stock	20,153	41,431
TENCENT HLDGS LTD UNSPON ADR (TCEHY)	Common stock	30,341	48,010
UNITED TECHNOLOGIES CORP (UTX)	Common stock	75,066	100,040
ZOETIS INC CLASS-A (ZTS)	Common stock	17,630	39,308
AIAGROUPLTDSPONADR (AAGIY)	Common stock	17,312	25,885
ACCENTUREPLCIRELANDCLA (ACN)	Common stock	19,323	32,638
ADIENTPLCCOM (ADNT)	Common stock	7,780	5,355
APPLIEDMATERIALSINC (AMAT)	Common stock	67,622	101,937
AONPLCSHSCL-A (AON)	Common stock	22,801	38,534
ASSAABLOYABUNSPADR (ASAZY)	Common stock	11,355	12,891
BOSTONSCIENTIFICCORP (BSX)	Common stock	42,017	62,946
ANHEUSERBUSCHINBEVSASPON (BUD)	Common stock	13,351	11,978
CHUBBLTD (CB)	Common stock	19,901	25,373
COMPASSGROUPPLC (CMPGY)	Common stock	18,853	23,104
CANADIANNATLRAILWAYCO (CNI)	Common stock	22,570	27,768
CISCOSYSINC (CSCO)	Common stock	13,123	18,848
FIVEBELOW (FIVE)	Common stock	9,080	19,818
HONEYWELLINTERNATIONALINC (HON)	Common stock	23,570	34,692
INTUITIVESURGICALINC (ISRG)	Common stock	28,223	31,331
COCACOLACO (KO)	Common stock	28,730	36,033
NXPSEMICONDUCTORSNV (NXPI)	Common stock	14,300	16,544
PENNNATIONALGAMING (PENN)	Common stock	15,088	14,825
PROCTER&GAMBLE (PG)	Common stock	18,220	31,100
PRUDENTIALPLCADR (PUK)	Common stock	18,299	18,283
PAYPALHLDGSINCCOM (PYPL)	Common stock	22,670	37,968
ROCKWELLAUTOMATIONINC (ROK)	Common stock	19,563	27,968

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
SANLAMLTDADR (SLLDY)	Common stock	11,164	13,167
SYMRISEAGUNSPONSADR (SYIEY)	Common stock	13,046	17,913
THERMOFISHERSCIENTIFIC (TMO)	Common stock	25,469	44,507
TAIWANSMCNDCTRMFGCOLTDADR (TSM)	Common stock	11,582	20,161
UNILEVERPLC (UL)	Common stock	33,188	35,846
VULCANMATERIALSCO (VMC)	Common stock	20,928	24,046
WASTECONNECTIONSINC (WCN)	Common stock	22,333	41,945
WOLTERSKLUWERNVSPONADR (WTKWY)	Common stock	24,646	37,350
S&PGLOBALINCCOM (SPGI)	Common stock	29,886	63,621
Alibaba Group HLDG LTD (BABA)	Common stock	61,304	74,871
APTIV PLC (APTV)	Common stock	20,381	23,173
A O SMITH CORP (AOS)	Common stock	10,915	10,004
AMEDISYS INC (AMED)	Common stock	10,609	20,030
Avery Dennison Corporation (AVY)	Common stock	19,908	24,071
BANCORPSOUTH INC (BXS)	Common stock	8,139	8,198
Bruker Corporation (BRKR)	Common stock	13,368	24,262
Cantel Medical Corp (CMD)	Common stock	10,069	9,146
CATHAY General Bancorp (CATY)	Common stock	6,576	6,354
Charles River Labs INTL Inc (CRL)	Common stock	14,894	20,164
Chemed Corporation (CHE)	Common stock	7,982	17,131
Choice Hotels Intl Inc New (CHH)	Common stock	7,637	10,653
CIMPRESS N V SHS Euro (CMPR)	Common stock	13,563	15,847
First Interstate Banc System (FIBK)	Common stock	4,454	4,360
Helmerich & Payne (HP)	Common stock	19,759	13,947
Hillrom Holdings (HRC)	Common stock	10,813	15,781
LGI Homes, Inc (LGIH)	Common stock	10,159	8,407
Manhattan Assoc Inc (MANH)	Common stock	9,707	16,748

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
MONOLITHIC PWR SYSTEMS INC (MPWR)	Common stock	12,364	21,362
NATL INSTRUMS CP (NATI)	Common stock	14,891	14,819
Neogen CP (NEOG)	Common stock	7,033	8,680
PBF Energy Inc (PBF)	Common stock	14,539	13,803
Perkin Elmer (PKI)	Common stock	14,267	18,255
Potlatch Corp New (PCH)	Common stock	5,403	6,058
Progress Software (PRGS)	Common stock	3,637	4,695
Rollins Inc (ROL)	Common stock	12,458	12,601
Toll Brothers (TOL)	Common stock	19,217	20,545
Trimble Inc (TRMB)	Common stock	5,129	5,712
U S Physical Therapy Inc (USPH)	Common stock	4,345	6,975
United Natural Foods Inc (UNFI)	Common stock	6,392	4,222
Varonis Systems Inc (VRNS)	Common stock	11,596	16,319
Watts WTR Tech Inc A (WTS)	Common stock	6,864	10,076
West Pharmaceutical SVCS Inc (WST)	Common stock	6,230	9,771
Zions Bancorp (ZION)	Common stock	12,068	13,863
CAE Inc (CAE)	Common stock	13,576	18,919
Coca Cola European Partners (CCE)	Common stock	14,171	18,795
HDFC Bank LTD ADR (HDB)	Common stock	14,953	20,659
Hexagon AB ADR (HXGBY)	Common stock	12,154	15,323
Iqvia Holdings Inc (IQV)	Common stock	21,950	36,464
Motorola Solutions Inc (MSI)	Common stock	48,946	65,745
Yamaha Corporation Spons ADR (YAMCY)	Common stock	20,741	27,694
Ferrari N V (RACE)	Common stock	15,185	23,176
Fleetcor Technologies (FLT)	Common stock	13,403	25,032
Mercadolibre Inc (MELI)	Common stock	11,837	24,021
Netflix Inc (NFLX)	Common stock	16,733	24,268

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Raymond James Fincl Inc (RJF)	Common stock	20,414	23,528
Edward Lifesciences Corp (EW)	Common stock	12,824	25,895
Addus HomeCare Corp Com (ADUS)	Common stock	4,724	6,028
AIR PROD & CHEM INC (APD)	Common stock	23,444	32,429
Altra Indl Motion Corp (AIMC)	Common stock	6,970	7,604
Armstrong World Inds Inc. New (AWI)	Common stock	11,154	13,720
Balchem CP (BCPC)	Common stock	4,674	5,285
Bunzl PLC New (BZLFY)	Common stock	16,861	15,148
CINTAS CORP (CTAS)	Common stock	21,020	34,173
Cogent Comm Group (CCOI)	Common stock	7,163	9,213
Corsite Realty Corp (COR)	Common stock	17,641	17,939
Coupa Software Inc (COUP)	Common stock	16,400	16,088
Dorman Products, Inc (DORM)	Common stock	6,009	6,058
First Financial Bankshares Inc (FFIN)	Common stock	5,656	7,020
HANG SENG BANK LTD SPON ADR (HSNGY)	Common stock	21,195	16,929
Hawaiian Electric Ind (HE)	Common stock	8,042	9,653
Irhythm Technologies Inc (IRTC)	Common stock	7,541	6,605
ISRAEL DISC BK LTD ADR (ISDAY)	Common stock	11,986	21,102
JOHNSON & JOHNSON (JNJ)	Common stock	39,568	40,844
Lamb Weston Holdings Inc Com (LW)	Common stock	5,192	6,796
LOWES COMPANIES INC (LOW)	Common stock	17,675	26,704
MC DONALDS CORP (MCD)	Common stock	26,343	27,270
New Oriental Ed & Tech Grp Adr (EDU)	Common stock	51,125	79,540
NINTENDO CO LTD ADR NEW (NTDOY)	Common stock	34,907	34,930
NOVARTIS AG ADR (NVS)	Common stock	22,717	27,081
OVERSEA-CHINESE BKG CORP LTD (OVCHY)	Common stock	23,143	20,185
Paramount Group Inc (PGRE)	Common stock	7,517	7,141

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Pentair PLC (PNR)	Common stock	14,353	15,596
Prosperity Bancshares (PB)	Common stock	12,132	12,940
RELX PLC SPONSORED ADR (RELX)	Common stock	20,928	27,797
Sealed Air CP New (SEE)	Common stock	10,132	11,949
Seattle Genetics Inc (SGEN)	Common stock	9,975	17,710
SPS Commerce Inc COM (SPSC)	Common stock	4,863	7,315
Steris PLC (STE)	Common stock	20,595	27,588
TECHNOPRO HOLDINGS INC (TCCNY)	Common stock	13,300	18,257
Texas Roadhouse Inc CL A (TXRH)	Common stock	7,347	5,688
TORONTO DOM BK NEW (TD)	Common stock	20,505	19,758
Trustmark CP (TRMK)	Common stock	4,542	4,935
U S Bancorp Com New (USB)	Common stock	28,531	33,262
UNION PACIFIC CORP (UNP)	Common stock	32,058	44,294
WEIR GROUP PLC SPONSORED ADR (WEGRY)	Common stock	9,650	8,721
EPIROC AKTIEBOLAG ADR (EPOKY)	Common stock	13,618	18,994
INTEL CORP (INTC)	Common stock	26,898	35,790
ACCELERON PHARMA INC (XLRN)	Common stock	8,929	9,013
ALLEGION PUB LTD CO (ALLE)	Common stock	19,016	26,402
AMERICAN HOMES 4 RENT (AMH)	Common stock	4,863	5,242
APARTMENT INVT & MGMT CL A (AIV)	Common stock	15,740	15,857
APOLLO COMMERCIAL REAL ESTATE (ARI)	Common stock	9,346	9,749
APPLE HOSPITALITY REIT INC (APLE)	Common stock	12,995	12,789
ASHLAND GLOBAL HLDGS INC COM (ASH)	Common stock	19,707	20,280
BOX,INC. CL A (BOX)	Common stock	14,567	14,565
BRANDYWINE REALTY TR SBI NEW (BDN)	Common stock	5,097	5,355
CACTUS INC CLASS-A (WHD)	Common stock	8,001	9,507
CHEMOURS CO COM (CC)	Common stock	15,228	13,929

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
CHILDREN'S PLACE INC (PLCE)	Common stock	10,272	6,002
CHIMERA INVESTMENT CORPORATION (CIM)	Common stock	9,896	10,444
COLUMBIA PPTY TR INC COM NEW (CXP)	Common stock	4,987	4,788
COMPASS MINERALS INTER INC (CMP)	Common stock	7,303	8,291
DYCOM IND INC (DY)	Common stock	9,926	8,864
ELEMENT SOLUTIONS INC (ESI)	Common stock	11,944	11,680
ENERGIZER HLSGS INC (ENR)	Common stock	14,740	17,075
ENERSYS (ENS)	Common stock	9,630	11,075
FIRST HAWAIIAN INC (FHB)	Common stock	9,244	10,559
FLAGSTAR BANCORP, INC (FBC)	Common stock	5,172	5,546
FLOOR & DÉCOR HLDGS INC CL-A (FND)	Common stock	15,625	16,564
FNB CORPORATION (FNB)	Common stock	9,531	10,084
GENPACT LTD (G)	Common stock	11,135	12,356
GLOBAL NET LEASE COM (GNL)	Common stock	5,276	5,476
GLOBE LIFE INC (GL)	Common stock	17,370	21,576
HERON THERAPEUTICS INC (HRTX)	Common stock	7,080	7,873
HIGHWOODS PROPERTIES (HIW)	Common stock	18,457	19,857
HYATT HOTELS CORP COM CL A (H)	Common stock	19,412	22,876
IBERIA BK CORP (IBKC)	Common stock	13,373	13,245
INNOVIVA, INC. (INVA)	Common stock	4,081	4,106
JEFFERIES FINL GROUP INC (JEF)	Common stock	15,531	17,310
LAUREATE EDUCATION INC CL A (LAUR)	Common stock	8,268	8,470
MEDNAX INC (MD)	Common stock	15,288	15,007
NETSCOUT SYSTEMS INC (NTCT)	Common stock	6,611	6,258
NORDSTROM INC (JWN)	Common stock	21,584	23,739
OLD NATL BANCORP IND (ONB)	Common stock	6,072	6,694
OXFORD INDUSTRIES INC (OXM)	Common stock	6,309	6,260
PACIRA BIOSCIENCES (PCRX)	Common stock	9,762	9,513

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
PEOPLE'S UNITED FINANCIAL INC. (PBCT)	Common stock	16,966	16,900
PERRIGO CO LTD (PRGO)	Common stock	16,318	15,498
PIEDMONT OFFICE RLTY TR CL-A (PDM)	Common stock	7,251	7,828
PINNACLE WEST CAPITAL CORP (PNW)	Common stock	14,161	13,490
PREMIER INC CL A (PINC)	Common stock	10,776	11,743
PROASSURANCE CP (PRA)	Common stock	6,560	6,144
PURE STORAGE INC CLASS A (PSTG)	Common stock	15,098	14,595
RENEWABLE ENERGY GP INC (REGI)	Common stock	5,059	7,277
SIMPSON MANUFACTURING CO INC (SSD)	Common stock	4,614	5,937
SITEONE LANDSCAPE SUPPLY INC (SITE)	Common stock	4,921	6,799
SOUTH ST CORP COM (SSB)	Common stock	5,399	6,246
SPIRIT REALTY CAPITAL, INC. (SRC)	Common stock	9,736	11,803
UMB FINANCIAL CORP (UMBF)	Common stock	5,686	6,109
UMPQUA HOLDINGS CORP (UMPQ)	Common stock	6,557	6,567
UNITED BANKSHARES INC W VA (UBSI)	Common stock	8,327	8,621
UNIVAR SOLUTIONS INC (UNVR)	Common stock	20,674	22,907
URBAN OUTFITTERS INC (URBN)	Common stock	14,260	14,052
VALMONT INDUSTRIES (VMI)	Common stock	7,135	7,789
WARRIOR MET COAL,INC. (HCC)	Common stock	10,046	9,297
WASHINGTON FEDERAL INC (WAFD)	Common stock	5,172	6,194
WYNDHAM HOTELS & RESORTS INC (WH)	Common stock	20,501	22,235
YELP INC (YELP)	Common stock	13,363	13,584
ZENDESK INC (ZEN)	Common stock	5,236	4,674
ABB LTD (ABB)	Common stock	14,659	18,622
ALCON INC (ALC)	Common stock	36,211	34,451
DOLLAR GEN CORP NEW COM (DG)	Common stock	14,252	18,094
ENVISTA HLDGS CORP (NVST)	Common stock	14,804	14,850

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
KAO CORP (KAOOY)	Common stock	12,820	16,597
KIMBERLY CLARK CORP (KMB)	Common stock	18,968	18,844
PTC INC COM (PTC)	Common stock	20,895	22,692
AUTODESK INC DELAWARE (ADSK)	Common stock	26,188	29,720
DEXCOM INC (DXCM)	Common stock	21,938	31,717
FISERV INC WISCONSIN (FISV)	Common stock	17,116	36,768
GLOBAL PAYMENT INC (GPN)	Common stock	20,912	42,354
IAC INTERACTIVECORP COM (IAC)	Common stock	21,892	24,911
Total common stocks		4,295,445	5,901,117
Life insurance insurance policy		*	90,066
Participant Notes Receivable (1)	Participant notes receivable bearing interest ranging from 5.25 to 6.50 percent	-	47,626
		$ 4,295,445	$ 14,055,325

(1) Denotes party-in-interest

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