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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1991

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
CTL/THOMPSON, INC.

7306 S. ALTON WAY
CENTENNIAL, CO 80112

2b Employer Identification Number (EIN) 84-0609804

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

2d Business code (see instructions) 541330

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/17/2021	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**	350
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)**	224
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	138
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	362
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	362
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	358
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	17
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)	[ ]		**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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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	01/01/2020	12/31/2020

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

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

(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

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	(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	1024792
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	1290398
c	Additions: (1) Contributions deposited during the year	7c(1)	-84341		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	14805		
	(4) Transferred from separate account	7c(4)	108005		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	38469
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1328867
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	147621		
	(2) Administration charge made by carrier	7e(2)	2360		
	(3) Transferred to separate account	7e(3)	154096		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	304077
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1024790

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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	03/22/2020	12/31/2020

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
6820	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

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		
	(c) Amount	(d) Purpose	(e) Organization code
3275			3

(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		
	(c) Amount	(d) Purpose	(e) Organization code
1141			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	
1092			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	
823			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	
489			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	

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan	**B** Three-digit plan number (PN) ▶
CTL/THOMPSON, INC. SAVINGS AND RETIREMENT PLAN	002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
CTL/THOMPSON, INC.	84-0609804

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

(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

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	20019	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	11788	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

ADVISED ASSETS GROUP, LLC

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 MGMT	4153	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

HUNTER BENEFITS CONSULTING GROUP IN

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	2375	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CREATIVE RETIREMENT PLAN CONSULTING

2000 S. COLORADO BLVD.
TOWER 1, SUITE 2000
DENVER, CO 80222

(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	1975	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III	**Termination Information on Accountants and Enrolled Actuaries (see instructions)** (complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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 reported 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	33659	41339
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	650000	750000
(2) Participant contributions	1b(2)	0	24263
(3) Other	1b(3)	12064	0
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)	6019973	6305207
(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)	47626	40931
(9) Value of interest in common/collective trusts	1c(9)		
(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)	6607261	7824590
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1290399	1024793
(15) Other	1c(15)	90066	314582

			(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	14751048	16325705
	Liabilities			
g	Benefit claims payable	1g	250	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	3193	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	3443	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	14747605	16325705

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)	751625	
	(B) Participants	2a(1)(B)	845995	
	(C) Others (including rollovers)	2a(1)(C)	127347	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1724967
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)	2867	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2867
	(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)	68001	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		68001
	(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)		2060602
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3856437
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2188519	
(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)		2188519
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	89818	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		89818
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2278337
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1578100
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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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	

			Yes	No	Amount
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	
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**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, 2020

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, 2020 and 2019 and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, 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 audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits 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, 2020 and 2019 and the changes in net assets for the year ended December 31, 2020 in accordance with accounting principles generally accepted in the United States of America.

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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 audits 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.

Plante & Moran, PLLC

Denver, Colorado
August 25, 2021

CTL|Thompson, Inc. Savings and Retirement Plan

Statement of Net Assets Available for Benefits

December 31, 2020 and 2019

	2020	2019
Assets		
Participant-directed investments at fair value:		
Mutual funds	$ 7,824,590	$ 6,607,261
Cash surrender value of life insurance policy	314,582	90,066
Participant-directed investments at contract value - Unallocated insurance contract	1,024,793	1,290,399
Total participant-directed investments	9,163,965	7,987,726
Non-participant-directed investments at fair value:		
Money market fund	116,833	118,856
Common stocks	6,188,374	5,901,117
Total non-participant-directed investments at fair value	6,305,207	6,019,973
Total investments	15,469,172	14,007,699
Contributions receivable:		
Employee	24,263	-
Employer	750,000	650,000
Total contributions receivable	774,263	650,000
Participant notes receivable	40,931	47,626
Cash - Non-interest bearing	41,339	33,659
Other receivable	-	12,064
Total assets	16,325,705	14,751,048
Liabilities - Accrued liabilities	-	3,443
Net Assets Available for Benefits	**$ 16,325,705**	**$ 14,747,605**

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, 2020

Additions	
Contributions:	
Employee	$ 845,995
Employer - Net of forfeitures	751,625
Rollovers	127,347
Total contributions	1,724,967
Investment income:	
Interest and dividends	345,397
Net realized and unrealized gains on investments	1,783,206
Total investment income	2,128,603
Interest from participant notes receivable	2,867
Total additions	3,856,437
Deductions	
Benefits paid directly to participants or beneficiaries	2,188,519
Administrative expenses	89,818
Total deductions	2,278,337
Net Increase	1,578,100
Net Assets Available for Benefits	
Beginning of year	14,747,605
End of year	**$ 16,325,705**

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 $750,000 for the year ended December 31, 2020, 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, 2020 and 2019, forfeited account balances totaled $5,871 and $2,034, 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 4.25 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 February 2025. Principal and interest are paid ratably through monthly payroll deductions.

In accordance with the Coronavirus Aid, Relief, and Economic Security Act, the maximum amount a participant could borrow was increased to $100,000 or 100 percent of the participant's vested account balance for eligible loans made between March 27, 2020 and September 22, 2020.

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.

In accordance with the Coronavirus Aid, Relief, and Economic Security Act, between March and December 31, 2020, eligible participants could request a coronavirus-related distribution (CRD) of up to $100,000 from their participant accounts without being subject to the Internal Revenue Service 10 percent early distribution tax. Participants may elect to repay some or all of their CRD within three years.

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

Note 1 - Plan Description (Continued)

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 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.

New Accounting Pronouncement

During 2020, the Plan adopted Accounting Standards Update (ASU) No. 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement*. As a result of the adoption of ASU No. 2018-13, the Plan primarily removed and modified certain Level 3 fair value disclosure requirements on fair value measurements. This standard was adopted retrospectively. The adoption of this ASU did not have an impact on the Plan’s net assets or changes in net assets.

Note 2 - Summary of Significant Accounting Policies (Continued)

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including August 25, 2021, which is the date the financial statements were available to be issued.

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.

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.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2020 and 2019:

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2020			
	Level 1	Level 2	Level 3	Investments (at Fair Value)
Common stocks	$ 6,188,374	$ -	$ -	$ 6,188,374
Mutual funds	7,824,590	-	-	7,824,590
Money market fund	-	116,833	-	116,833
Cash surrender value life insurance policy	-	-	314,582	314,582
Total	$ 14,012,964	$ 116,833	$ 314,582	$ 14,444,379

Note 3 - Fair Value Measurements (Continued)

	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

During the year ended December 31, 2020, there were purchases of Level 3 assets totaling $218,333 measured at fair value on a recurring basis.

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 2 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, 2020 and 2019, 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, 2020 and 2019 were as follows:

	2020	2019
Non-participant-directed investments:		
Common stocks	$ 6,188,374	$ 5,901,117
Money market fund	116,833	118,856
Total	$ 6,305,207	$ 6,019,973

The significant components of the changes in net assets relating to the non-participant-directed investments for the year ended December 31, 2020 are as follows:

Changes in net assets:	
Net realized and unrealized gains on investments and other transfers	$ 1,130,185
Employer contribution	650,000
Benefit payments	(1,222,017)
Expenses	(54,601)
Purchase - Cash surrender value life insurance policy	(218,333)
Net increase	$ 285,234

CTL| Thompson, Inc. Savings and Retirement Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 84-0609804, Plan No. 002
December 31, 2020

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds			
Vanguard	Vanguard 500 Index	*	$ 155,407
AllianceBernstein L.P.	AB Large Cap Growth	*	610,079
Vanguard	Vanguard Mid Cap Index Fund	*	76,484
The Hartford	Hartford Balanced Income	*	187,463
Eaton Vance	Eaton Vance Atlanta Capital SMID-Cap	*	42,141
Vanguard	Vanguard Total Intl Stock Index	*	108,150
JPMorgan (1)	JP Morgan Large Cap Value	*	90,755
Janus Henderson	Janus Venture	*	52,174
BlackRock	BlackRock High Yield Bond	*	75,393
JPMorgan (1)	Undiscovered Mgrs Behavioral Value	*	27,841
Vanguard	Vanguard Small Cap Index	*	89,067
PGIM	PGIM Total Return Bond	*	335,463
Ivy	Ivy Emerging Markets Equity	*	38,025
American Century	American Century Mid Cap Value	*	47,689
American Funds	American Funds 2015 Target Date Retire	*	34,422
American Funds	American Funds 2020 Target Date Retire	*	924,287
American Funds	American Funds 2025 Target Date Retire	*	698,670
American Funds	American Funds 2030 Target Date Retire	*	639,203
American Funds	American Funds 2035 Target Date Retire	*	781,275
American Funds	American Funds 2040 Target Date Retire	*	979,776
American Funds	American Funds 2045 Target Date Retire	*	216,837
American Funds	American Funds 2050 Target Date Retire	*	616,924
American Funds	American Funds 2055 Target Date Retire	*	562,394
American Funds	American Funds 2060 Target Date Retire	*	179,381
PIMCO	PIMCO Income	*	76,232
MFS Investment Management	MFS International Diversification	*	162,121
PGIM	Global Total Return	*	16,932
Total mutual funds			7,824,585

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 84-0609804, Plan No. 002
December 31, 2020

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
GWI Fixed Account	Unallocated Insurance Contract	*	1,024,793
Morgan Stanley	Money market funds	116,837	116,837
Common Stocks			
AMERICAN EXPRESS CO (AXP)	Common stock	44,411	69,765
BANK OF NEW YORK MELLON CORP (BK)	Common stock	63,602	70,832
BERKSHIRE HATHAWAY CL-B NEW (BRK'B)	Common stock	54,521	104,573
DIAGEO PLC SPON ADR NEW (DEO)	Common stock	26,283	33,985
JPMORGAN CHASE & CO (JPM)	Common stock	57,765	92,888
LOEWS CORPORATION (L)	Common stock	6,873	10,309
MICROSOFT CORP (MSFT)	Common stock	53,990	214,190
SBA COMMUNICATIONS CORP (SBAC)	Common stock	12,834	26,520
TEXAS INSTRUMENTS (TXN)	Common stock	44,415	89,779
UNITEDHEALTH GP INC (UNH)	Common stock	20,320	59,265
WELLS FARGO & CO NEW (WFC)	Common stock	103,441	92,049
AMAZON COM INC (AMZN)	Common stock	31,649	241,013
VISA INC CL A (V)	Common stock	32,624	102,366
PDC Energy Inc Com (PDCE)	Common stock	7,651	10,429
FACEBOOK INC CL-A (FB)	Common stock	40,630	84,953
SERVICENOW INC (NOW)	Common stock	23,599	56,694
QUEST DIAGNOSTICS INC (DGX)	Common stock	18,010	24,549
Tesco PLC Sponsored ADR (TSCDY)	Common stock	23,809	28,188
PALO ALTO NETWORKS INC (PANW)	Common stock	10,907	17,059
Carles Schwab New (SCHW)	Common stock	14,249	19,253
ALPHABET INC CL A (GOOGL)	Common stock	68,622	191,038
ALPHABET INC CL C (GOOG)	Common stock	11,698	54,308
CAPITAL ONE FINANCIAL CORP (COF)	Common stock	85,184	120,795
HOME DEPOT INC (HD)	Common stock	22,574	43,296
INTERCONTINENTALEXCHANGE GROUP (ICE)	Common stock	35,955	75,515
LVMH MOET HENNESSY LOUIS VUITTON (LVMUY)	Common stock	14,331	17,462

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 84-0609804, Plan No. 002
December 31, 2020

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
SHERWIN WILLIAMS COMPANY OHIO (SHW)	Common stock	16,729	44,095
TENCENT HLDGS LTD UNSPON ADR (TCEHY)	Common stock	17,849	39,180
ZOETIS INC CLASS-A (ZTS)	Common stock	10,272	32,935
AIAGROUPLTDSPONADR (AAGIY)	Common stock	14,862	26,727
ACCENTUREPLCIRELANDCLA (ACN)	Common stock	16,179	35,525
APPLIEDMATERIALSINC (AMAT)	Common stock	54,570	119,957
AONPLCSHSCL-A (AON)	Common stock	19,937	34,860
ASSAABLOYABUNSPADR (ASAZY)	Common stock	9,861	11,906
BOSTONSCIENTIFICCORP (BSX)	Common stock	18,666	17,220
CHUBBLTD (CB)	Common stock	20,356	25,705
CANADIANNATLRAILWAYCO (CNI)	Common stock	12,906	21,091
EQTCORPORATIONCOMNEW (EQT)	Common stock	5,022	3,991
EVERCOREPARTNERSINCCLASSA (EVR)	Common stock	13,920	21,928
FIVEBELOW (FIVE)	Common stock	7,925	25,897
HONEYWELLINTERNATIONALINC (HON)	Common stock	10,551	20,207
INTUITIVESURGICALINC (ISRG)	Common stock	26,502	40,905
COCACOLACO (KO)	Common stock	29,441	36,304
NXPSEMICONDUCTORSNV (NXPI)	Common stock	13,226	19,240
PENNNATIONALGAMING (PENN)	Common stock	8,016	19,261
PROCTER&GAMBLE (PG)	Common stock	16,134	31,028
PRUDENTIALPLCADR (PUK)	Common stock	19,307	22,232
PAYPALHLDGSINCCOM (PYPL)	Common stock	15,558	63,702
SYMRISEAGUNSPONSADR (SYIEY)	Common stock	8,749	15,934
THERMOFISHERSCIENTIFIC (TMO)	Common stock	16,948	47,044
TAIWANSMCNDCTRMFGCOLTDADR (TSM)	Common stock	10,096	33,911
UNILEVERPLC (UL)	Common stock	29,191	33,983

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 84-0609804, Plan No. 002
December 31, 2020

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
WASTECONNECTIONSINC (WCN)	Common stock	18,805	38,053
WOLTERSKLUWERNVSPONADR (WTKWY)	Common stock	21,090	38,361
S&PGLOBALINCCOM (SPGI)	Common stock	18,805	54,240
Alibaba Group HLDG LTD (BABA)	Common stock	64,609	77,732
APTIV PLC (APTV)	Common stock	17,054	26,970
AMEDISYS INC (AMED)	Common stock	7,615	29,920
Avery Dennison Corporation (AVY)	Common stock	19,547	28,075
Bruker Corporation (BRKR)	Common stock	12,110	23,817
Charles River Labs INTL Inc (CRL)	Common stock	8,500	19,489
Chemed Corporation (CHE)	Common stock	7,547	20,239
Choice Hotels Intl Inc New (CHH)	Common stock	10,559	14,622
Drill-Quip Inc (DRQ)	Common stock	6,149	5,420
Encore CAP GRP Inc. (ECPG)	Common stock	7,265	6,232
Landstar System Inc (LSTR)	Common stock	14,828	15,486
MERITAGE HOME CORPORATION (MTH)	Common stock	7,543	7,040
Neogen CP (NEOG)	Common stock	7,033	10,547
Toll Brothers (TOL)	Common stock	14,229	15,649
U S Physical Therapy Inc (USPH)	Common stock	4,345	7,335
United Natural Foods Inc (UNFI)	Common stock	13,625	10,923
Varonis Systems Inc (VRNS)	Common stock	11,061	33,049
CAE Inc (CAE)	Common stock	13,128	20,639
HDFC Bank LTD ADR (HDB)	Common stock	13,473	21,606
Hexagon AB ADR (HXGBY)	Common stock	10,534	22,481
Iqvia Holdings Inc (IQV)	Common stock	18,591	37,447
Medtronic PLC SHS (MDT)	Common stock	8,188	9,020
Motorola Solutions Inc (MSI)	Common stock	36,137	54,589
RIO Tinto PLC Spon ADR (RIO)	Common stock	15,142	14,969
Ferrari N V (RACE)	Common stock	12,056	25,706

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Mercadolibre Inc (MELI)	Common stock	7,602	51,932
Netflix Inc (NFLX)	Common stock	20,214	40,014
Edward Lifesciences Corp (EW)	Common stock	11,925	26,457
Addus HomeCare Corp Com (ADUS)	Common stock	4,191	6,440
AIR PROD & CHEM INC (APD)	Common stock	18,062	29,235
Alaska Air Group Incorporated (ALK)	Common stock	13,935	16,224
Cirrus Logic Inc (CRUS)	Common stock	8,806	10,357
Cogent Comm Group (CCOI)	Common stock	7,059	8,023
Dine Brands Global Inc (DIN)	Common stock	7,607	6,844
Irhythm Technologies Inc (IRTC)	Common stock	9,640	26,330
JOHNSON & JOHNSON (JNJ)	Common stock	35,072	39,188
Lamb Weston Holdings Inc Com (LW)	Common stock	5,192	6,220
LOWES COMPANIES INC (LOW)	Common stock	17,255	27,929
MC DONALDS CORP (MCD)	Common stock	23,645	26,823
New Oriental Ed & Tech Grp Adr (EDU)	Common stock	21,093	57,044
NINTENDO CO LTD ADR NEW (NTDOY)	Common stock	13,246	21,660
QTS Rlty Tr Inc Com CL A (QTS)	Common stock	8,674	10,953
Redfin Corp (RDFN)	Common stock	8,396	11,736
RELX PLC SPONSORED ADR (RELX)	Common stock	19,239	25,277
TORONTO DOM BK NEW (TD)	Common stock	18,918	18,619
U S Bancorp Com New (USB)	Common stock	56,317	67,649
UNION PACIFIC CORP (UNP)	Common stock	24,466	38,937
EPIROC AKTIEBOLAG ADR (EPOKY)	Common stock	12,590	26,252
INTEL CORP (INTC)	Common stock	54,551	55,350
CACTUS INC CLASS-A (WHD)	Common stock	7,399	6,752
CHEMOURS CO COM (CC)	Common stock	11,916	15,097
CHILDREN'S PLACE INC (PLCE)	Common stock	6,575	10,721
ELEMENT SOLUTIONS INC (ESI)	Common stock	10,014	15,992

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
FLAGSTAR BANCORP, INC (FBC)	Common stock	5,282	6,114
FLOOR & DÉCOR HLDGS INC CL-A (FND)	Common stock	15,642	26,369
GLOBAL NET LEASE COM (GNL)	Common stock	5,356	4,731
HYATT HOTELS CORP COM CL A (H)	Common stock	18,820	18,637
OXFORD INDUSTRIES INC (OXM)	Common stock	6,387	5,568
PACIRA BIOSCIENCES (PCRX)	Common stock	9,362	12,088
SITEONE LANDSCAPE SUPPLY INC (SITE)	Common stock	7,832	16,498
WYNDHAM HOTELS & RESORTS INC (WH)	Common stock	15,286	16,049
ZENDESK INC (ZEN)	Common stock	8,983	14,026
ABB LTD (ABB)	Common stock	13,542	20,019
ALCON INC (ALC)	Common stock	26,597	29,493
DOLLAR GEN CORP NEW COM (DG)	Common stock	17,530	27,129
KIMBERLY CLARK CORP (KMB)	Common stock	23,796	24,809
PTC INC COM (PTC)	Common stock	12,558	22,128
AUTODESK INC DELAWARE (ADSK)	Common stock	20,339	38,473
DEXCOM INC (DXCM)	Common stock	21,526	35,493
FISERV INC WISCONSIN (FISV)	Common stock	25,113	41,559
GLOBAL PAYMENT INC (GPN)	Common stock	11,284	33,390
IAC INTERACTIVECORP COM (IAC)	Common stock	24,435	35,219
Carrier Global Corportation (CARR)	Common stock	28,979	77,439
Raytheon Technologies Corp (RTX)	Common stock	51,867	69,150
Viatris Inc (VTRS)	Common stock	15,291	16,323
2U Inc Com (TWOU)	Common stock	5,546	6,522
Acadia Pharmaceuticals Inc (ACAD)	Common stock	16,790	16,519
Adaptive Biotechnologies Corp (ADPT)	Common stock	13,256	16,852
Agios Pharmaceuticals Inc Com (AGIO)	Common stock	19,091	16,119
Albany Intl A New (AIN)	Common stock	6,949	8,003
Albemarle Corporation (ALB)	Common stock	11,041	18,292

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Alkermes Plc Shs (ALKS(	Common stock	5,869	5,825
Americas Car-Mart Inc (CRMT)	Common stock	7,022	6,481
Antero Midstream Corp (AM)	Common stock	7,552	9,052
API Group Corp (APG)	Common stock	6,461	8,549
Arbor Reality Trust Inc (ABR)	Common stock	10,068	10,039
Arcus Biosciences Inc. (RCUS)	Common stock	5,777	5,036
Areana Pharma Inc (ARNA)	Common stock	12,941	18,747
Athene Holding LTD Class A (ATH)	Common stock	21,826	24,719
Avis Budget Group Com (CAR)	Common stock	7,410	9,325
Bank Ozk (OZK)	Common stock	8,982	11,570
Beyond Meat Inc (BYND)	Common stock	6,666	5,000
Bigcommerce Hldgs Inc Ser 1 (BIGC)	Common stock	15,575	12,253
Biotelemetry Inc Com (BEAT)	Common stock	5,207	7,352
Bluebird Bio Inc (BLUE)	Common stock	8,787	5,971
Bright Horizions Family Solut (BFAM)	Common stock	20,878	23,527
Brighthouse Finl Inc (BHF)	Common stock	6,123	7,313
CACTUS INC CLASS-A (CADE)	Common stock	4,923	7,734
Cadence Bancorporation CL A (CNNE)	Common stock	7,661	10,005
Cardlytics, Inc. (CDLX)	Common stock	9,615	29,839
Century Communities Inc (CCS)	Common stock	6,167	7,486
Chefs' Warehouse Inc Com (CHEF)	Common stock	6,188	8,709
Clearway Energy Inc CL C (CWEN)	Common stock	8,017	9,547
Columbia Sportswear Co (COLM)	Common stock	11,752	11,622
Commscope Holding Company Inc (COMM)	Common stock	10,652	13,145

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Cracker Barrel Old Ctry Store (CBRL)	Common stock	11,274	11,345
Dicks Sporting Goods (DKS)	Common stock	5,450	6,970
Editas Medicine Inc (EDIT)	Common stock	15,754	21,874
Evolent Health Inv CL A (EVH)	Common stock	8,997	13,385
Five9 Inc Com (FIVN)	Common stock	15,735	19,010
Hannon Armstrong Sus Infra Cap (HASI)	Common stock	4,706	7,168
IAA INC (IAA)	Common stock	12,652	14,945
IGM Biosciences Inc (IGMS)	Common stock	2,613	2,119
Independent Bank Group Inc Com (IBTX)	Common stock	5,201	6,752
Innovative Indl Pptys Inc CL A (IIPR)	Common stock	11,693	16,848
INPHI Corp (IPHI)	Common stock	10,867	21,984
Intersect Ent Inc (XENT)	Common stock	7,672	6,504
IROBOT (IRBT)	Common stock	18,553	18,146
Kemper Corp Del Com (KMPR)	Common stock	11,021	11,525
Liberty Media Corp Ser C (FWONK)	Common stock	11,437	14,782
Liive Person Inc (LPSN)	Common stock	5,579	8,028
Lovesac CO (LOVE)	Common stock	5,756	7,368
M/I Homes Inc Com (MHO)	Common stock	5,449	6,023
MDC Holdings Inc (MDC)	Common stock	8,887	11,858
Nevro Corp (NVRO)	Common stock	6,598	8,309
New York Mortgage Trust Inc (NYMT)	Common stock	6,088	6,037
Nordson CP (NDSN)	Common stock	12,906	14,669

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Ollies Bargain Outlet Hldg Inc. (OLLI)	Common stock	7,741	20,688
Onemain Hldgs Inc (OMF)	Common stock	8,855	10,547
Ovintiv Inc (OVV)	Common stock	5,230	7,683
Par Technology CP Dela (PAR)	Common stock	3,909	11,616
Pilgrims Pride Corp New Com (PPC)	Common stock	7,715	7,373
Realogy Holdings Corp (RLGY)	Common stock	4,609	7,623
Rexford Indl Reality Inc (REXR)	Common stock	19,189	23,082
Reynolds Consumer Prods Inc (REYN)	Common stock	5,652	4,897
Rite Aid Corp (RAD)	Common stock	16,775	13,677
Sage TheraPeutics Inc (SAGE)	Common stock	16,449	17,821
Sangamo Therapeutics Inc (SGMO)	Common stock	7,373	10,315
Stag Indl Inc Com (STAG)	Common stock	4,980	4,729
Steel Dynamics Inc (STLD)	Common stock	17,822	17,255
Textron Inc (TXT)	Common stock	16,265	20,009
The RealReal Inc (REAL)	Common stock	12,376	16,687
Timken Co (TKR)	Common stock	10,421	13,151
Tronox Holdings Plc (TROX)	Common stock	4,776	8,743
Trupanion Inc (TRUP)	Common stock	15,355	31,125
Ultragenyx Pharmaceutical Inc (RARE)	Common stock	17,408	20,488
US Foods Holding Corp (USFD)	Common stock	16,396	18,587
Voya Finl Inc (VOYA)	Common stock	15,090	17,996
Walker & Dunlop Inc (WD)	Common stock	4,251	7,914
Woodward Inc Com (WWD)	Common stock	12,274	14,827

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
World Wrestling Entmnt (WWE)	Common stock	19,819	23,064
Zentalis Pharmaceuticals Inc (ZNTL)	Common stock	5,339	4,778
Zillow Group Inc CL C CAP STK (Z)	Common stock	11,674	35,565
Amerisourcebergen Corp (ABC)	Common stock	16,618	19,943
China Gas Hldgs Ltd Unspon Adr (CGHLY)	Common stock	19,691	24,928
Coca Cola European Partners P (CCEP)	Common stock	12,494	15,901
Industria De Diseno Textil Ind (IDEXY)	Common stock	15,161	14,949
Merck KGAA SPD ADR (MKKGY)	Common stock	11,061	14,264
Pernod Ricard Sa Unspons Adr (PDRDY)	Common stock	14,525	16,452
Rockwell Automation Inc (ROX)	Common stock	8,916	18,058
Sands China Ltd Unsponsore Adr (SCHYY)	Common stock	18,231	17,932
Shimano Inc Adr (SMNNY)	Common stock	12,976	16,542
Teamviewer AG ADR (TMVWY)	Common stock	9,273	13,154
Vestas Wind Systems ADS (VWDRY)	Common stock	7,784	16,819
Warner Music Group CL A (WMG)	Common stock	9,406	11,055
Atlassian Corp Plc CL A (TEAM)	Common stock	22,707	29,468
Chipotle Mexican Grill Inc Com (CMG)	Common stock	36,768	42,988
Exact Sciences Corp (EXAS)	Common stock	17,476	25,968
Mongodb Inc CL A (MDB)	Common stock	26,205	40,570
United Parcel Ser Inc CL-B (UPS)	Common stock	25,964	27,281
Unity Software Inc (U)	Common stock	9,672	13,659

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
Match Group Inc (MTCH)	Common stock	16,327	31,145
Total common stocks		3,740,368	6,188,374
Life insurance insurance policy		*	314,582
Participant Notes Receivable (1)	Participant notes receivable bearing interest ranging from 4.25 to 6.50 percent	-	40,932
		$ 3,740,368	$ 15,510,103

(1) Denotes party-in-interest

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