

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
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.) ☒ 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:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>CTL/THOMPSON, INC. SAVINGS AND RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1991</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>84-0609804</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>303-454-3533</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>541330</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>07/01/1991</u>		2b Employer Identification Number (EIN) <u>84-0609804</u>		2c Plan Sponsor's telephone number <u>303-454-3533</u>		2d Business code (see instructions) <u>541330</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
1c Effective date of plan <u>07/01/1991</u>											
2b Employer Identification Number (EIN) <u>84-0609804</u>											
2c Plan Sponsor's telephone number <u>303-454-3533</u>											
2d Business code (see instructions) <u>541330</u>											
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) <u>CTL/THOMPSON, INC.</u> <u>7306 S. ALTON WAY</u> <u>CENTENNIAL, CO 80112</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2022	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ 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	366
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)	229
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	94
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	318
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	318
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	308
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	15
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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
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.
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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	19	01/01/2021	12/31/2021

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

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(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	720103
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year **7b** 1024792

c	Additions: (1) Contributions deposited during the year	7c(1)	37782	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	11282	
	(4) Transferred from separate account.....	7c(4)	4163	
	(5) Other (specify below)	7c(5)	0	

(6) Total additions **7c(6)** 53227

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1078019

e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0	
	(2) Administration charge made by carrier.....	7e(2)	221550	
	(3) Transferred to separate account.....	7e(3)	136366	
	(4) Other (specify below)	7e(4)	0	

(5) Total deductions **7e(5)** 357916

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 720103

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan	B Three-digit plan number (PN)	002
CTL/THOMPSON, INC. SAVINGS AND RETIREMENT PLAN		
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	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.
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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	03/22/2021	12/31/2021

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		(e) Organization code
	(c) Amount	(d) Purpose	
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		(e) Organization code
	(c) Amount	(d) Purpose	
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. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CTL/THOMPSON, INC. SAVINGS AND RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CTL/THOMPSON, INC.	D Employer Identification Number (EIN) 84-0609804	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

MORGAN STANLEY SMITH BARNEY

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	20404	Yes ☐ No ☒	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	13566	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MORGAN STANLEY

1585 BROADWAY
NEW YORK, NY 10036

(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	7287	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	5899	Yes ☐ No ☒	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	4100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>CTL/THOMPSON, INC. SAVINGS AND RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CTL/THOMPSON, INC.</u>	D Employer Identification Number (EIN) <u>84-0609804</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	41339	48612
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	750000	1005572
(2) Participant contributions.....	1b(2)	24263	0
(3) Other	1b(3)	0	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)	6305207	7840750
(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)	40931	44287
(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)	7824590	9658133
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1024793	720103
(15) Other.....	1c(15)	314582	420228

		(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	16325705 19737685
Liabilities			
g	Benefit claims payable	1g	0 3916
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	0 0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 3916
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16325705 19733769

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1007319
	(B) Participants	2a(1)(B)	936242
	(C) Others (including rollovers).....	2a(1)(C)	15486
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1959047
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)	1972
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	1972
(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)	73982
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	73982
(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)		2196591
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4231592
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	703979	
(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)		703979
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)	119549	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		119549
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		823528
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		3408064
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) ☒ 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) ☒ 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:

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.).....

	Yes	No	Amount
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?	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?		X	
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.)	X		
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 2021 This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2021 v. 201209		

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, 2021

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Independent Auditor's Report

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

Opinion

We have audited the financial statements of CTL|Thompson, Inc. Savings and Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2021 and 2020 and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020 and the changes in net assets available for benefits for the year ended December 31, 2021 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audits of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audits of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that audits conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

In performing audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audits 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

Supplemental Schedule Required by ERISA

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 end of year as of December 31, 2021 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Moran, PLLC

Schaumburg, Illinois
October 7, 2022

CTL|Thompson, Inc. Savings and Retirement Plan**Statement of Net Assets Available for Benefits**

	December 31, 2021 and 2020	
	<u>2021</u>	<u>2020</u>
Assets		
Participant-directed investments at fair value:		
Mutual funds	\$ 9,658,133	\$ 7,824,590
Cash surrender value of life insurance policy	420,228	314,582
Participant-directed investments at contract value - Unallocated insurance contract	<u>720,103</u>	<u>1,024,793</u>
Total participant-directed investments	10,798,464	9,163,965
Non-participant-directed investments at fair value:		
Money market fund	149,138	116,833
Common stocks	<u>7,691,612</u>	<u>6,188,374</u>
Total non-participant-directed investments at fair value	<u>7,840,750</u>	<u>6,305,207</u>
Total investments	18,639,214	15,469,172
Contributions receivable:		
Employee	-	24,263
Employer	<u>1,005,572</u>	<u>750,000</u>
Total contributions receivable	1,005,572	774,263
Participant notes receivable	44,287	40,931
Cash - Non-interest bearing	<u>48,612</u>	<u>41,339</u>
Total assets	19,737,685	16,325,705
Liabilities - Accrued liabilities	<u>3,916</u>	<u>-</u>
Net Assets Available for Benefits	<u>\$ 19,733,769</u>	<u>\$ 16,325,705</u>

CTL|Thompson, Inc. Savings and Retirement Plan**Statement of Changes in Net Assets Available for Benefits****Year Ended December 31, 2021****Additions**

Contributions:

Employee	\$ 936,242
Employer - Net of forfeitures	1,007,319
Rollovers	<u>15,486</u>

Total contributions 1,959,047

Investment income:

Interest and dividends	575,539
Net realized and unrealized gains on investments	<u>1,695,034</u>

Total investment income 2,270,573

Interest from participant notes receivable 1,972

Total additions 4,231,592

Deductions

Benefits paid directly to participants or beneficiaries	703,979
Administrative expenses	<u>119,549</u>

Total deductions 823,528

Net Increase

3,408,064

Net Assets Available for Benefits

Beginning of year 16,325,705

End of year \$ 19,733,769

December 31, 2021 and 2020**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 \$1,005,572 for the year ended December 31, 2021, 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 and plan earnings and charged with an allocation of administrative expenses. Allocations are based on participants' compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by the Plan.

Vesting

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

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

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

December 31, 2021 and 2020**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. Allocations of forfeitures are considered additional company contributions and are subject to the vesting provisions of company contributions. At December 31, 2021 and 2020, forfeited account balances totaled \$6,538 and \$5,871, 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 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.

Benefit Payments

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

The plan allows for in-service distributions to participants age 59½ or older who have not terminated employment with the plan sponsor. Participants may request that all or a portion of their accounts be distributed in the case of financial hardship, as defined in the plan document. The plan administrator must approve any such hardship withdrawals. Participants who are granted a hardship withdrawal are not allowed to make contributions for the six months following such withdrawal. Furthermore, the Plan allows for terminated participant vested account balances of \$5,000 or less to be automatically distributed upon a distributable event.

Party-in-interest Transactions

Certain plan assets are in investment funds managed by Great-West Life & Annuity Insurance Company; Great-West Trust Company, LLC; and Morgan Stanley Smith Barney or their affiliates. Great-West Life & Annuity Insurance Company; Great-West Trust Company, LLC; and Morgan Stanley Smith Barney are the custodians of the Plan; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines. The Plan provides for participant notes receivables, which are party-in-interest transactions that are exempt from the prohibited transaction rules.

Termination

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

Note 2 - Summary of Significant Accounting Policies***Investment Valuation***

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

December 31, 2021 and 2020

Note 2 - Summary of Significant Accounting Policies (Continued)

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.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 7, 2022, 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.

December 31, 2021 and 2020
Note 3 - Fair Value Measurements (Continued)
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, 2021 and 2020:

Assets Measured at Fair Value on a Recurring Basis at December 31, 2021				
	Level 1	Level 2	Level 3	Investments (at Fair Value)
Common stocks	\$ 7,691,612	\$ -	\$ -	\$ 7,691,612
Mutual funds	9,658,133	-	-	9,658,133
Money market fund	-	149,138	-	149,138
Cash surrender value life insurance policy	-	-	420,228	420,228
Total	<u>\$ 17,349,745</u>	<u>\$ 149,138</u>	<u>\$ 420,228</u>	<u>\$ 17,919,111</u>

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	<u>\$ 14,012,964</u>	<u>\$ 116,833</u>	<u>\$ 314,582</u>	<u>\$ 14,444,379</u>

During the year ended December 31, 2021, 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.

December 31, 2021 and 2020

Note 4 - Investment Contracts (Continued)

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.

Note 6 - Non-participant-directed Investments

The significant components of net assets relating to non-participant-directed investments at December 31, 2021 and 2020 were as follows:

	2021	2020
Non-participant-directed investments:		
Common stocks	\$ 7,691,612	\$ 6,188,374
Money market fund	149,138	116,833
Total	<u>\$ 7,840,750</u>	<u>\$ 6,305,207</u>

The significant components of the changes in net assets relating to the non-participant-directed investments for the year ended December 31, 2021 are as follows:

Changes in net assets:	
Net realized and unrealized gains on investments and other transfers	\$ 1,158,360
Employer contribution	750,000
Benefit payments	(298,899)
Expenses	<u>(73,917)</u>
Net increase	<u>\$ 1,535,544</u>

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 84-0609804, Plan No. 002

December 31, 2021

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds			
Vanguard	Vanguard 500 Index	*	\$ 425,931
AllianceBernstein L.P.	AB Large Cap Growth	*	686,313
Vanguard	Vanguard Mid Cap Index Fund	*	176,037
The Hartford	Hartford Balanced Income	*	180,715
Vanguard	Vanguard Total Intl Stock Index	*	149,853
JPMorgan (1)	JP Morgan Large Cap Value	*	177,370
Janus Henderson	Janus Venture	*	54,478
BlackRock	BlackRock High Yield Bond	*	79,973
JPMorgan (1)	Undiscovered Mgrs Behavioral Value	*	31,014
Vanguard	Vanguard Small Cap Index	*	89,267
PGIM	PGIM Total Return Bond	*	360,050
Ivy	Ivy Emerging Markets Equity	*	50,612
American Century	American Century Mid Cap Value	*	27,126
American Funds	American Funds 2015 Target Date Retire	*	36,806
American Funds	American Funds 2020 Target Date Retire	*	1,053,847
American Funds	American Funds 2025 Target Date Retire	*	814,531
American Funds	American Funds 2030 Target Date Retire	*	756,883
American Funds	American Funds 2035 Target Date Retire	*	952,212
American Funds	American Funds 2040 Target Date Retire	*	1,196,032
American Funds	American Funds 2045 Target Date Retire	*	457,493
American Funds	American Funds 2050 Target Date Retire	*	568,966
American Funds	American Funds 2055 Target Date Retire	*	613,791
American Funds	American Funds 2060 Target Date Retire	*	259,373
PIMCO	PIMCO Income	*	172,767
MFS Investment Management	MFS International Diversification	*	172,912
PGIM	Global Total Return	*	19,736
Invesco	Invesco Discovery Mid Cap Growth	*	94,045
Total mutual funds			<u>9,658,133</u>

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 84-0609804, Plan No. 002

December 31, 2021

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
GWI Fixed Account	Unallocated Insurance Contract	*	720,103
Morgan Stanley	Money market funds	149,138	149,138
Common Stocks			
ABB LTD (ABB)	Common stock	15,604	29,734
ACCENTURE PLC IRELAND CL A (ACN)	Common stock	21,020	63,426
ADIDAS AG (ADDYY)	Common stock	18,995	14,976
ADIENT PLC COM (ADNT)	Common stock	19,877	19,870
AIA GROUP LTD SPON ADR (AAGIY)	Common stock	12,071	18,347
ALASKA AIR GROUP INCORPORATED (ALK)	Common stock	9,692	11,306
ALBANY INTL A NEW (AIN)	Common stock	6,949	9,641
ALIBABA GROUP HLDG LTD (BABA)	Common stock	57,404	38,725
ALLEGION PUB LTD CO (ALLE)	Common stock	21,504	20,263
ALLEGRO MICROSYSTEMS INC (ALGM)	Common stock	7,180	7,671
ALPHABET INC CL A (GOOGL)	Common stock	107,148	356,336
ALPHABET INC CL C (GOOG)	Common stock	33,346	118,638
AMAZON COM INC (AMZN)	Common stock	85,121	303,425
AMERICAN EXPRESS CO (AXP)	Common stock	12,986	36,483
AMERICAS CAR-MART INC (CRMT)	Common stock	7,022	6,042
AMN HEALTHCARE SVCS INC (AMN)	Common stock	13,143	17,494
AMPHENOL CORP NEW CL A (APH)	Common stock	29,986	35,596
AMYRIS INC (AMRS)	Common stock	8,930	5,518
ANTERO MIDSTREAM CORP (AM)	Common stock	8,547	12,429
AON PLC CL A (AON)	Common stock	24,868	55,904
APPLIED MATERIALS INC (AMAT)	Common stock	33,077	141,466
APTIV PLC (APTIV)	Common stock	15,258	30,680
ARBOR REALTY TRUST INC (ABR)	Common stock	11,066	14,033
ARROW ELECTRONICS (ARW)	Common stock	21,697	26,585
ASSA ABLOY AB UNSP ADR (ASAZY)	Common stock	11,468	16,461
ATHENE HOLDING LTD CLASS A (ATH)	Common stock	15,612	33,748

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
 EIN 84-0609804, Plan No. 002
 December 31, 2021

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
ATLASSIAN CORP PLC CL A (TEAM)	Common stock	19,770	39,273
AUTODESK INC DELAWARE (ADSK)	Common stock	20,178	35,149
AVERY DENNISON CORPORATION (AVY)	Common stock	18,269	17,542
BALCHEM CP (BCPC)	Common stock	6,486	7,418
BANCO BRADESCO S A NEW (BBD)	Common stock	16,977	12,691
BANK OF NEW YORK MELLON CORP (BK)	Common stock	48,691	80,963
BANK OZK (OZK)	Common stock	5,268	10,097
BENTLEY SYS INC COM CL B (BSY)	Common stock	10,662	7,442
BERKSHIRE HATHAWAY CL-B NEW (BRK'B)	Common stock	54,521	134,849
BILL COM HLDGS INC (BILL)	Common stock	36,641	35,379
BLOCK INC CL A (SQ)	Common stock	65,708	44,577
BOSTON SCIENTIFIC CORP (BSX)	Common stock	20,584	22,345
BOX, INC. CL A (BOX)	Common stock	14,869	15,321
BRP INC SUN VTG (DOOO)	Common stock	19,455	24,032
BRUKER CORPORATION (BRKR)	Common stock	17,576	27,271
BUILDERS FIRSTSOURCE INC (BLDR)	Common stock	19,604	28,113
BUREAU VERITAS SA ADR (BVVBY)	Common stock	19,393	19,102
CADENCE DESIGN SYSTEM (CDNS)	Common stock	37,808	52,737
CAE INC (CAE)	Common stock	12,143	16,634
CALLON PETE CO DEL (CPE)	Common stock	11,106	9,781
CANADIAN NATL RAILWAY CO (CNI)	Common stock	15,022	25,924
CAPITAL ONE FINANCIAL CORP (COF)	Common stock	47,800	115,781
CARLSBERG AS (CABGY)	Common stock	25,594	27,080
CARPENTER TECHNOLOGY (CRS)	Common stock	8,341	7,853
CARS COM INC (CARS)	Common stock	6,678	6,082
CATALENT INC (CTLT)	Common stock	30,364	29,447

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 84-0609804, Plan No. 002

December 31, 2021

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
CENTURY ALUMINUM CO (CENX)	Common stock	7,056	9,373
CHARLES RIVER LABS INTL INC (CRL)	Common stock	9,827	30,896
CHARLES SCHWAB NEW (SCHW)	Common stock	17,640	34,733
CHEFS' WAREHOUSE INC COM (CHEF)	Common stock	7,120	12,288
CHEMOURS CO COM (CC)	Common stock	12,886	21,378
CHIPOTLE MEXICAN GRILL INC COM (CMG)	Common stock	57,400	76,923
CHOICE HOTELS INTL INC NEW (CHH)	Common stock	13,618	15,599
CHUBB LTD (CB)	Common stock	20,356	32,283
CIGNA CORP (CI)	Common stock	54,866	59,703
COCA COLA CO (KO)	Common stock	37,950	48,690
COCA-COLA EUROPACIFIC PARTNERS (CCEP)	Common stock	13,940	19,781
COEUR D'ALENE MINES COR IDAHO (CDE)	Common stock	20,912	10,050
COUPANG INC CL A (CPNG)	Common stock	15,513	12,457
CRACKER BARREL OLD CTRY STORE (CBRL)	Common stock	11,571	11,321
CROWDSTRIKE HLDGS INC CL A (CRWD)	Common stock	39,603	32,146
CYRUSONE INC (CONE)	Common stock	30,705	37,323
DARLING INGREDIENTS INC (DAR)	Common stock	19,132	19,955
DEERE & CO (DE)	Common stock	18,241	17,487
DEXCOM INC (DXCM)	Common stock	19,723	48,863
DIAGEO PLC SPON ADR NEW (DEO)	Common stock	31,052	53,053
DINE BRANDS GLOBAL INC (DIN)	Common stock	9,144	10,234
DIODES INC (DIOD)	Common stock	12,518	12,628
DOLLAR GEN CORP NEW COM (DG)	Common stock	21,518	34,903
DOMO INC COM CL B (DOMO)	Common stock	10,283	6,101
DRILL-QUIP INC (DRQ)	Common stock	6,149	3,601
EASTMAN KODAK COMPANY (KODK)	Common stock	14,344	7,076
EDWARD LIFESCIENCES CORP (EW)	Common stock	18,452	46,379
ELEMENT SOLUTIONS INC (ESI)	Common stock	3,264	7,138

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
ENCOMPASS HEALTH CORP (EHC)	Common stock	22,018	16,576
ENCORE CAP GRP INC (ECPG)	Common stock	7,313	10,000
ENTEGRIS INC (ENTG)	Common stock	23,807	26,469
EPIROC AKTIEBOLAG ADR (EPOKY)	Common stock	14,822	38,904
EVERCORE INC CLASS A (EVR)	Common stock	16,065	29,344
EVOLENT HEALTH INC CL A (EVH)	Common stock	9,546	23,852
EVOQUA WATER TECHNOLOGIES CORP (AQUA)	Common stock	14,829	23,889
EXLSERVICE HLDGS INC (EXLS)	Common stock	9,427	11,002
FERRARI N V (RACE)	Common stock	12,056	28,988
FIRST AMERICAN FINL CORP (FAF)	Common stock	17,326	18,854
FISERV INC COM (FISV)	Common stock	16,556	29,995
FLAGSTAR BANCORP INC (FBC)	Common stock	7,967	9,972
FLOOR & DECOR HLDGS INC CL-A (FND)	Common stock	2,411	6,631
GEVO INC (GEVO)	Common stock	10,383	6,057
GOPRO INC CL A (GPRO)	Common stock	20,989	19,198
GREEN PLAINS RENEWABLE ENERGY (GPRE)	Common stock	18,943	18,597
HDFC BANK LTD ADR (HDB)	Common stock	14,899	20,692
HENRY SCHEIN INC (HSIC)	Common stock	19,062	19,538
HEXAGON AB ADR (HXGBY)	Common stock	12,530	29,804
HOME DEPOT INC (HD)	Common stock	30,995	78,852
HONEYWELL INTL INC (HON)	Common stock	12,962	22,102
IAC INTERACTIVECORP NEW (IAC)	Common stock	18,139	25,488
INDUSTRIA DE DISENO TEXTIL IND (IDEXY)	Common stock	17,280	17,112
INNOVATIVE INDL PPTYS INC CL A (IIPR)	Common stock	6,206	13,145
INSIGHT ENTERPRISES INC (NSIT)	Common stock	12,038	12,792
INTEGRA LIFESCIENCES CRP NEW (IART)	Common stock	13,099	11,590
INTEL CORP (INTC)	Common stock	73,099	75,911
INTERCONTINENTAL EXCHANGE INC (ICE)	Common stock	38,954	93,140

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
INTUITIVE SURGICAL INC (ISRG)	Common stock	27,223	54,254
IQVIA HOLDINGS INC (IQV)	Common stock	24,863	67,149
IRONWOOD PHARM INC A (IRWD)	Common stock	11,748	11,917
JABIL CIRCUIT INC (JBL)	Common stock	21,485	27,788
JD COM INC SPON ADR CL A (JD)	Common stock	25,610	25,716
JOHNSON & JOHNSON (JNJ)	Common stock	40,318	48,037
JPMORGAN CHASE & CO (JPM)	Common stock	36,967	85,984
KBR INC (KBR)	Common stock	6,446	6,667
KEMPER CORP DEL COM (KMPR)	Common stock	11,315	9,053
KORN FERRY (KFY)	Common stock	6,458	10,072
LANDSTAR SYSTEM INC (LSTR)	Common stock	14,985	20,766
LEGRAND SA (LGRDY)	Common stock	18,537	19,809
LOEWS CORPORATION (L)	Common stock	5,984	11,495
LOWES COMPANIES INC (LOW)	Common stock	22,641	52,213
LVMH MOET HENNESSY LOUIS VUITT (LVMUY)	Common stock	17,211	26,480
M/I HOMES INC COM (MHO)	Common stock	5,449	8,457
MACOM TECHNOLOGY SOLU HLDS (MTSI)	Common stock	8,993	9,318
MANHATTAN ASSOC INC (MANH)	Common stock	21,654	20,680
MARKETAXESS HOLDINGS INC (MKTX)	Common stock	38,403	30,023
MATCH GROUP INC (MTCH)	Common stock	33,269	44,171
MAXLINEAR INC CLASS A (MXL)	Common stock	17,622	18,320
MC DONALDS CORP (MCD)	Common stock	27,201	37,668
MEDTRONIC PLC SHS (MDT)	Common stock	9,398	9,000
MERCADOLIBRE INC (MELI)	Common stock	29,040	59,329
MERCK KGAA SPD ADR (MKKG)	Common stock	12,595	23,862
META PLATFORMS INC CL A (FB)	Common stock	40,630	104,605
MICROSOFT CORP (MSFT)	Common stock	50,042	307,733
MONGODB INC CL A (MDB)	Common stock	24,641	55,052

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
MOTOROLA SOLUTIONS INC (MSI)	Common stock	39,786	92,106
MURPHY OIL CORP (MUR)	Common stock	21,757	27,546
NATERA INC COM (NTRA)	Common stock	17,374	13,915
NATIONAL VISION HOLDINGS INC (EYE)	Common stock	10,573	9,262
NCR CORPORATION (NCR)	Common stock	18,000	18,853
NETFLIX INC (NFLX)	Common stock	22,094	46,388
NEW RESIDENTIAL INVT CORP (NRZ)	Common stock	20,296	19,406
NEW YORK MORTGAGE TRUST INC (NYMT)	Common stock	6,737	6,621
NEWELL BRANDS INC (NWL)	Common stock	21,184	18,258
NIKE INC B (NKE)	Common stock	30,009	30,000
NINTENDO CO LTD ADR NEW (NTDOY)	Common stock	14,326	16,578
NXP SEMICONDUCTORS NV (NXPI)	Common stock	15,262	29,839
OGE ENERGY CORPORATION (OGE)	Common stock	21,337	24,180
OMNICELL INC (OMCL)	Common stock	14,623	14,616
ONEMAIN HOLDINGS, INC. (OMF)	Common stock	9,235	11,309
OVINTIV INC (OVV)	Common stock	12,754	24,804
OXFORD INDUSTRIES INC (OXM)	Common stock	6,387	8,629
PACIRA BIOSCIENCES (PCRX)	Common stock	9,867	12,635
PATTERSON -UTI ENERGY INC (PTEN)	Common stock	9,539	7,605
PAYPAL HLDGS INC COM (PYPL)	Common stock	11,986	43,750
PDC ENERGY INC COM (PDCE)	Common stock	10,418	28,585
PEABODY ENERGY CORP (BTU)	Common stock	9,941	8,479
PENNYMAC FINL SVCS INC (PFSI)	Common stock	16,939	18,492
PERKIN ELMER INC (PKI)	Common stock	22,893	29,555

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
PERNOD RICARD SA ADR (PRNDY)	Common stock	17,245	24,046
PERRIGO CO LTD (PRGO)	Common stock	22,359	19,178
PILGRIMS PRIDE CORP NEW COM (PPC)	Common stock	4,719	6,486
PREMIER INC CL A (PINC)	Common stock	11,972	13,051
PROCTER & GAMBLE (PG)	Common stock	20,205	41,385
PRUDENTIAL PLC ADR (PUK)	Common stock	20,297	21,622
PTC INC COM (PTC)	Common stock	16,051	25,442
QUALYS INC COM (QLYS)	Common stock	18,876	19,623
QUEST DIAGNOSTICS INC (DGX)	Common stock	15,560	30,796
RAMBUS INC (DEL) (RMBS)	Common stock	11,312	11,756
REALOGY HOLDINGS CORP (RLGY)	Common stock	5,011	10,170
REINSURANCE GROUP OF AMERICA (RGA)	Common stock	22,438	18,504
RELX PLC SPONSORED ADR (RELX)	Common stock	21,832	36,686
ROCKWELL AUTOMATION INC (ROK)	Common stock	10,857	27,559
S&P GLOBAL INC COM (SPGI)	Common stock	24,216	81,172
SANGAMO THERAPEUTICS INC (SGMO)	Common stock	8,006	5,340
SELECT MEDICAL HLDGS CP (SEM)	Common stock	10,668	8,673
SERVICE PPTYS TR SH BEN INT (SVC)	Common stock	12,491	7,815
SERVICENOW INC (NOW)	Common stock	20,926	60,367
SHERWIN WILLIAMS COMPANY OHIO (SHW)	Common stock	16,976	63,741
SHIMANO INC ADR (SMNNY)	Common stock	14,272	20,242
SIMPSON MANUFACTURING CO INC (SSD)	Common stock	7,618	9,457

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
SINCLAIR BROADCAST GP CL A (SBGI)	Common stock	9,294	7,374
SLM CORPORATION (SLM)	Common stock	26,831	34,777
SM ENERGY COMPANY (SM)	Common stock	22,948	24,763
SONIC AUTOMOTIVE INC CL A (SAH)	Common stock	7,845	7,120
SPECTRUM BRANDS HLDGS INC (SPB)	Common stock	8,153	9,663
SPOTIFY TECHNOLOGY SA (SPOT)	Common stock	61,463	51,487
SPROUTS FARMERS MARKET INC (SFM)	Common stock	29,446	32,886
SPS COMMERCE INC COM (SPSC)	Common stock	14,543	12,669
STEEL DYNAMICS INC (STLD)	Common stock	18,560	29,918
SWATCH GROUP AG ADR THE UNSPON (SWGAY)	Common stock	30,613	26,163
TAIWAN SMCNDCTR MFG CO LTD ADR (TSM)	Common stock	14,966	42,349
TECK RESOURCES LTD (TECK)	Common stock	25,488	27,840
TENCENT HLDGS LTD UNSPON ADR (TCEHY)	Common stock	15,023	26,176
TERADATA CORP (TDC)	Common stock	20,656	15,968
TEXAS INSTRUMENTS (TXN)	Common stock	46,897	105,543
TEXTRON INC (TXT)	Common stock	16,402	32,116
THERMO FISHER SCIENTIFIC (TMO)	Common stock	16,714	66,724
TOPBUILD CORP COM (BLD)	Common stock	12,921	16,279
TORONTO DOM BK NEW (TD)	Common stock	20,400	26,992
TRAVEL PLUS LEISURE CO (TNL)	Common stock	14,785	17,852
TRONOX HOLDINGS PLC (TROX)	Common stock	5,131	14,754
TURTLE BEACH CORP (HEAR)	Common stock	7,207	5,543
TWO HARBORS INVESTMENT CORP (TWO)	Common stock	9,970	7,541

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
U S BANCORP COM NEW (USB)	Common stock	52,598	77,458
U S PHYSICAL THERAPY INC (USPH)	Common stock	4,345	5,829
UNDER ARMOUR INC CL A (UAA)	Common stock	6,978	6,484
UNILEVER PLC (NEW) ADS (UL)	Common stock	33,513	34,372
UNION PACIFIC CORP (UNP)	Common stock	23,419	45,095
UNITED NAT FOODS INC (UNFI)	Common stock	14,648	35,043
UNITEDHEALTH GP INC (UNH)	Common stock	12,702	54,733
UNITY SOFTWARE INC (U)	Common stock	23,625	29,027
US FOODS HOLDING CORP (USFD)	Common stock	12,828	15,570
VIATRIS INC (VTRS)	Common stock	59,137	49,452
VICOR CORP DE (VICR)	Common stock	7,317	6,857
VIMEO INC (VMEQ)	Common stock	8,406	5,676
VIRTU FINANCIAL INC (VIRT)	Common stock	18,905	17,932
VISA INC CL A (V)	Common stock	37,983	106,838
VISHAY INTERTECHNOLOGY INC (VSH)	Common stock	10,688	9,054
VISTRA CORP (VST)	Common stock	30,055	32,857
VOYA FINL INC (VOYA)	Common stock	10,751	14,456
VROOM INC (VRM)	Common stock	21,729	6,431
WALKER & DUNLOP INC (WD)	Common stock	4,459	13,278
WARNER MUSIC GROUP CORP (WMG)	Common stock	10,454	13,860
WASTE CONNECTIONS INC (WCN)	Common stock	18,406	50,011
WELLS FARGO & CO NEW (WFC)	Common stock	93,308	138,278
WESCO INTL INC (WCC)	Common stock	17,755	27,108
WESTERN ALLIANCE BANCORP (WAL)	Common stock	21,902	20,130
WOLTERS KLUWER NV SPON ADR (WTKWY)	Common stock	19,059	50,209
WORLD WRESTLING ENTMT (WWE)	Common stock	19,819	23,683
YEXT INC (YEXT)	Common stock	8,959	6,299
ZOETIS INC CLASS-A (ZTS)	Common stock	14,321	54,419

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Total common stocks		4,699,860	7,691,612
Life insurance insurance policy		*	420,228
Participant Notes Receivable (1)	Participant notes receivable bearing interest ranging from 4.25 to 6.50 percent	-	44,287
		\$ 4,699,860	\$ 18,683,501

(1) Denotes party-in-interest

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