Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 12/31/2018

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ACP CREATIVIT, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1967

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)
ACP CREATIVIT, LLC

529 N. MONROE AVE.
GREEN BAY, WI 54301

2b Employer Identification Number (EIN)
36-3423921

2c Plan Sponsor's telephone number
920-435-5353

2d Business code (see instructions)
443142

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.	10/15/2019	RICHARD CHERNICK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN 39-1087524

4d PN 001

5 Total number of participants at the beginning of the plan year	**5**	154
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)**	136
a(2) Total number of active participants at the end of the plan year	**6a(2)**	132
b Retired or separated participants receiving benefits	**6b**	2
c Other retired or separated participants entitled to future benefits	**6c**	14
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	148
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	148
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	146
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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 2H 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 12/31/2018

A Name of plan
ACP CREATIVIT, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ACP CREATIVIT, LLC

D Employer Identification Number (EIN)
36-3423921

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN GENERAL 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
39-6106114	60488	X9035597		10/01/2018	09/30/2019

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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
SCOT MADSON
3091 VOYAGER DRIVE
GREEN BAY, WI 54311

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
DAN RENTMEESTER
3091C VOYAGER DRIVE
GREEN BAY, WI 54311

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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)**	
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)**	
(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)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 12/31/2018

A Name of plan
ACP CREATIVIT, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ACP CREATIVIT, LLC

D Employer Identification Number (EIN)
36-3423921

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ASSOCIATED TRUST COMPANY, N.A.

30-0219031

(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)

ASSOCIATED TRUST, N.A.

30-0219031

(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?
15 17 24 27 28 37 38 50 51 64 70	NONE	16031	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

(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 [ ]

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)

(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 ☐

(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 ☐

(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: SCHENCK, SC	**b** EIN: 39-1173131	
c Position: AUDITOR		
d Address:	**e** Telephone:	

Explanation: ACQUIRED BY CLIFTONLARSONALLEN LLP

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 12/31/2018

A Name of plan
ACP CREATIVIT, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ACP CREATIVIT, LLC

D Employer Identification Number (EIN)
36-3423921

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: ASSOCIATED GROWTH BALANCED LS FUND

b Name of sponsor of entity listed in (a): ASSOCIATED TRUST COMPANY, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-6771934-001	C	1403917

a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET COMMON TRUST FUND

b Name of sponsor of entity listed in (a): ASSOCIATED TRUST COMPANY, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-7241044-001	C	103946

a Name of MTIA, CCT, PSA, or 103-12 IE: ASSOCIATED SHORT TERM BOND FUND

b Name of sponsor of entity listed in (a): ASSOCIATED TRUST COMPANY, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-6204063-001	C	687662

a Name of MTIA, CCT, PSA, or 103-12 IE: ASSOCIATED CORE BOND FUND

b Name of sponsor of entity listed in (a): ASSOCIATED TRUST COMPANY, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0186734-001	C	1946870

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 12/31/2018

A Name of plan
ACP CREATIVIT, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ACP CREATIVIT, LLC

D Employer Identification Number (EIN)
36-3423921

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	300000	50000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1452	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	78183	232773
(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)	2047201	1579307
(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)	184370	163852
(9) Value of interest in common/collective trusts	1c(9)	4339762	4142395
(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)	4242281	3793246
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	214534	214534
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	11407783	10176107
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11407783	10176107

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	50000	
	(B) Participants	2a(1)(B)	131180	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		181180
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	422	
	(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)	2481	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2903
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	9716	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	40431	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		50147
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	280982	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	161050	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		119932
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-359793	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-359793

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-99714
(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)		-594479
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-699824
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	515821	
(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)		515821
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)		
(3) Investment advisory and management fees	2i(3)	15739	
(4) Other	2i(4)	292	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		16031
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		531852
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1231676
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: KERBERROSE SC **(2)** EIN: 39-1658423

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 12/31/2018

A Name of plan
ACP CREATIVIT, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ACP CREATIVIT, LLC

D Employer Identification Number (EIN)
36-3423921

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**

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): 30-0219031

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ACP CREATIVIT, LLC
401(K) PLAN

AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2018 AND SEPTEMBER 30, 2018

ACP CreativIT, LLC 401(k) Plan

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December 31, 2018 and September 30, 2018

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INDEPENDENT AUDITORS' REPORT

KerberRose
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

To the Plan Sponsor
ACP CreativIT, LLC 401(k) Plan
Green Bay, Wisconsin

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ACP CreativIT, LLC 401(k) Plan (formerly known as Camera Corner, Inc. 401(k) Profit Sharing Plan), which comprise the statements of net assets available for benefits as of December 31, 2018 and September 30, 2018, and the related statements of changes in net assets available for benefits for the three-month and twelve-month periods then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Associated Trust Company, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2018 and September 30, 2018 and the three-month and twelve-month periods then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the December 31, 2018 and September 30, 2018 financial statements. Accordingly, we do not express an opinion on the December 31, 2018 and September 30, 2018 financial statements referred to in the first paragraph.

Other Matter – Supplemental Schedules

The supplemental schedule of assets (held at end of year) as of December 31, 2018 and schedule of reportable transactions for the three months ended December 31, 2018 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report of Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KerberRose SC

KerberRose SC
Certified Public Accountants
October 15, 2019

FINANCIAL STATEMENTS

ACP CREATIVIT, LLC 401(K) PLAN

Statements of Net Assets Available for Benefits
As of December 31, 2018 and September 30, 2018

	12/31/2018	9/30/2018
ASSETS		
Investments at Fair Value:		
Unitized Fund	$ 5,482,414	$ 6,040,148
Common Collective Trust Funds	1,716,016	1,790,062
Mutual Funds	2,549,291	2,878,569
Cash Value of Life Insurance	214,534	214,534
Total Investments at Fair Value	9,962,255	10,923,313
Receivables:		
Employers' Contributions	50,000	300,000
Notes Receivable from Participants	163,852	184,370
Dividend Receivable	-	100
Total Receivables	213,852	484,470
NET ASSETS AVAILABLE FOR BENEFITS	$ 10,176,107	$ 11,407,783

See Accompanying Notes

ACP CREATIVIT, LLC 401(K) PLAN

Statements of Changes in Net Assets Available for Benefits

For the Three Months Ended December 31, 2018 and Twelve Months Ended September 30, 2018

	12/31/2018	9/30/2018
ADDITIONS		
Investment Income:		
Net Appreciation in Fair Value of Investments	$ -	$ 728,736
Interest and Dividends	50,569	112,018
Net Increase in Cash Value of Life Insurance	-	10,024
Total Investment Income	50,569	850,778
Interest on Notes Receivable from Participants	2,481	10,090
Contributions:		
Employers	50,000	300,801
Participants	131,181	499,917
Rollovers	-	136,291
Total Contributions	181,181	937,009
Total Additions	234,231	1,797,877
DEDUCTIONS		
Distributions to Participants	515,821	581,450
Net Depreciation in Fair Value of Investments	934,055	-
Administrative Expenses	16,031	69,442
Total Deductions	1,465,907	650,892
NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	(1,231,676)	1,146,985
NET ASSETS AVAILABLE FOR BENEFITS BEGINNING OF YEAR	11,407,783	10,260,798
END OF YEAR	$ 10,176,107	$ 11,407,783

See Accompanying Notes

Note 1 - Description of Plan

The following brief description of ACP CreativIT, LLC 401(k) Plan (Plan) is provided for general information purposes only. The Plan was originally named Camera Corner, Inc. 401(k) Profit Sharing Plan until it merged with ACP CreativIT, LLC (Company) as of October 1, 2018. More complete information regarding the Plan's provisions may be found in the Plan document.

General

The Plan is a voluntary, defined contribution plan covering substantially all full-time employees of the Company. Employees are eligible to contribute to the Plan upon hire. For the discretionary employer match and profit sharing contributions, employees are eligible after working 1,000 hours in a 12 month period after their date of hire, and must be employed on the last day of the Plan year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Each year, participants may contribute between 1% and the maximum allowed of pretax annual compensation, as defined by the Plan. Participants may also elect to make Roth 401(k) contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Company may, at its discretion, make a matching contribution to eligible participants. The current match is 100% of the first 2% of base compensation that a participant contributes to the Plan. The matching Company contribution is invested directly into the same investment options as directed by the participants. The Company's matching contributions were $43,372 and $156,193 for the three-month period ended December 31, 2018 and twelve-month period ended September 30, 2018, respectively. The Company may also, at its discretion, make an annual profit sharing contribution, which is invested in a portfolio of investments as directed by the Company. The Company's profit sharing contributions were $6,628 and $144,608 for the three-month period ended December 31, 2018 and twelve-month period ended September 30, 2018, respectively. Contributions are subject to certain IRS limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions and an allocation of the Company's contributions and Plan earnings (losses). Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan and individual accounts are also charged directly for loan processing fees. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions and rollover contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. Participants are 100% vested in the Company's contributions after six years of credited service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan terms range from one to five years, except in the case of a home loan in which the maximum repayment period is fifteen years. The loans are secured by the vested balance in the participant's account and bear interest at a rate of prime plus 2%. Principal and interest are paid ratably through bi-weekly payroll deductions.

Note 1 - Description of Plan (Continued)

Payment of Benefits

On termination of service due to death, disability or retirement, a participant (or beneficiary) 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 annual installments. 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. Participant balances that are less than $5,000 are paid via a lump-sum distribution regardless of whether or not an election has been made. The Plan allows for hardship distributions if certain criteria are met. The Plan also allows for in-service distributions upon attaining age 59 ½.

Forfeited Accounts

Plan forfeitures arise as a result of participants who terminate service from the Company before becoming 100% vested in the Company's non-elective contributions and related earnings. Forfeited non-vested accounts totaled $517 at September 30, 2018. Fees were reduced by $519 from forfeited accounts for the three-month period ended December 31, 2018. There were no forfeitures used for the 12 month period ended September 30, 2018.

Administration

The Company is the sponsor and administrator of the Plan and has appointed Associated Trust Company, N.A. as recordkeeper, custodian and trustee. The custodian is responsible for investing and safekeeping all of the assets of the Plan.

Note 2 - Summary of Significant Accounting Policies

This summary of significant accounting policies of ACP CreativIT, LLC 401(k) Plan is presented to assist in understanding the Plan's financial statements. The financial statements and notes are representations of the Plan's management who is responsible for the integrity and objectivity of the financial statements. These accounting policies conform to generally accepted accounting principles.

Basis of Accounting

The accompanying financial statements have been prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of the financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Note 2 - Summary of Significant Accounting Policies (Continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2018 or September 30, 2018. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative expenses may be paid either by the Plan or by the Company. Expenses paid by the Company are excluded from these financial statements. Certain expenses of maintaining the Plan are allocated and charged to participants based on participant account balances, as defined, and are included in administrative expenses. Investment related expenses are included in net appreciation/depreciation of fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through October 15, 2019, the date the financial statements were available to be issued.

Income Taxes

The Company adopted a volume submitter profit sharing plan with a cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service on May 8, 2015. As such, the plan qualifies under Section 401(a) of the Internal Revenue Service Code and, therefore, is not subject to tax under present income tax laws. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and to recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 3 - Nonparticipant-Directed Investments

Information about net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investment as of December 31, 2018 and September 30, 2018 and for the three-month and twelve month periods ended December 31, 2018 and September 30, 2018 is as follows:

	12/31/2018	9/30/2018
Net Assets in Camera Corner Profit Sharing Plan and Trust Unitized Fund:		
Common Collective Trust Funds	$ 2,426,380	$ 2,549,700
Common Stocks	1,579,307	2,047,201
Mutual Funds	1,243,954	1,365,064
Cash and Cash Equivalents	232,773	78,183
	$ 5,482,414	$ 6,040,148

	12/31/2018	9/30/2018
Changes in Net Assets of Camera Corner Profit Sharing Plan and Trust Unitized Fund:		
Contributions	$ 144,608	$ 171,779
Interest and Dividends	34,248	82,138
Net Appreciation (Depreciation)	(354,803)	260,965
Benefits Paid to Participants	(390,244)	(434,416)
Transfer to Notes Receivable from Participants	17,233	1,450
Administrative Expenses	(8,776)	(41,351)
	$ (557,734)	$ 40,565

Note 4 - Fair Value Measurements

The Financial Accounting Standards Board has established a framework for measuring fair value. That framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data correlation or other means

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Note 4 - Fair Value Measurements (Continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2018 and September 30, 2018.

Unitized Fund: Valued at the net asset value (NAV) of units held by the Plan at year-end. The NAV, as provided by the trustee, is based on the fair value of the underlying investments held by the fund less its liabilities. The practical expedient allowed by accounting standards generally accepted in the United States of America was not used, and instead the NAV readily determinable fair value was used, since it was determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Transactions (purchases and sales) may occur daily. The fund is primarily invested in common collective trust funds, common stocks, mutual funds and cash.

Common Collective Trust Funds: Valued at the NAV of units of a common collective trust. The NAV, as provided by the trustee, is based on the fair value of the underlying investments held by the fund less its liabilities. The practical expedient allowed by accounting standards generally accepted in the United States of America was not used, and instead the NAV readily determinable fair value was used, since it was determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the common collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Cash Value of Life Insurance: Valued at cost net of surrender charge, adjusted for income or loss items and distributions, which approximates fair value.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while that Plan believes its valuation method is appropriate and consistent with other market participants, the use of other methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 4 - Fair Value Measurements (Continued)

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and September 30, 2018:

	Assets at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 2,549,291	$ -	$ -	$ 2,549,291
Cash Value of Life Insurance	-	-	214,534	214,534
Common Collective Trust Funds	-	1,716,016	-	1,716,016
Unitized Fund	2,569,115	2,913,299	-	5,482,414
Total investments in the fair value hierarchy	$ 5,118,406	$ 4,629,315	$ 214,534	$ 9,962,255

	Assets at Fair Value as of September 30, 2018			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 2,878,569	$ -	$ -	$ 2,878,569
Cash Value of Life Insurance	-	-	214,534	214,534
Common Collective Trust Funds	-	1,790,062	-	1,790,062
Unitized Fund	3,011,899	3,028,249	-	6,040,148
Total investments in the fair value hierarchy	$ 6,023,798	$ 4,818,311	$ 214,534	$ 10,923,313

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the three-month period ended December 31, 2018 and twelve-month period ended September 30, 2018:

	12/31/2018	9/30/2018
Balance, beginning of period	$ 214,534	$ 204,510
Unrealized gains relating to instruments still held at the reporting date	-	10,024
Balance, end of period	$ 214,534	$ 214,534

Note 5 - Related Party and Party in Interest Transactions

Certain Plan investments are managed by Associated Trust Company, N.A. who is the trustee and recordkeeper as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management and recordkeeping services to Associated Trust Company, N.A. amounted to $15,040 and $57,452 for the three-month period ended December 31, 2018 and twelve-month period ended September 30, 2018, respectively. Certain employees and officers of the Company, who are also participants in the Plan, perform administrative services to the plan at no cost to the Plan.

Note 6 - Plan Termination

Although 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 of ERISA. In the event of Plan termination, all amounts credited to the participants' accounts will be distributed to the participants in accordance with the Plan's provisions.

Note 7 - Information Certified by The Plan's Trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520. 103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data included in the financial statements and supplemental schedules are complete and accurate:

- The investments and notes receivable from participants, as shown in the statements of net assets available for benefits.
- Net appreciation/depreciation in fair value of investments, cash value of life insurance and interest and dividends, as shown in the statements of changes in net assets available for benefits.
- Schedule H, Item 4(i) – schedule of assets held at December 31, 2018.
- Schedule H, Part 4j – schedule of reportable transactions.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

Note 8 - Risks and Uncertainties

The Plan invests in various investment securities through mutual funds, a unitized fund, common collective trust funds and a fully benefit-responsive contract. 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 statements of net assets available for benefits.

SUPPLEMENTAL SCHEDULES

ACP CREATIVIT, LLC 401(K) PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2018

EIN: 39-1087524
Plan Number: 001

	Identity of Issuer and Description of Investment	Cost	Current Value
	Unitized Fund:		
*	Camera Corner Profit Sharing Plan and Trust Unitized Fund	$ 3,647,735	$ 5,482,414
	Common Collective Trust Funds:		
*	Growth Balanced Lifestage Fund	**	1,403,917
*	Associated Core Bond Fund	**	132,698
*	Associated Short Term Bond Fund	**	75,455
*	Associated Money Market Fund	**	103,946
	Total Common Collective Trust Funds		1,716,016
	Mutual Funds:		
	Vanguard Index TR 500 - Admiral Shares	**	580,860
	Dodge & Cox Stock	**	549,521
	Harbor Capital Appreciation	**	295,994
	Wasatch Small Cap Growth	**	257,283
	Goldman Sachs Growth Opportunities	**	243,412
	Janus Henderson Mid Cap Value	**	164,594
	Templeton Instl International Equity - Primary Shares	**	126,241
	American Funds New World - R6	**	105,620
	American Beacon Small Cap Value - R6	**	76,017
	Vanguard Small Cap Index - Admiral Shares	**	74,725
	Vanguard Mid Cap Index - Admiral Shares	**	41,969
	Templeton Global Bond Advisor - R6	**	20,006
	Vanguard Total International Stock Index - Admiral Shares	**	10,706
	Goldman Sachs Satellite Strategies Portfolio - R6	**	2,343
	Total Mutual Funds		2,549,291
	Cash value of life insurance	**	214,534
	Notes receivable from participants:		
*	Promissory notes (4.75% - 8.75%)	**	163,852
	Total		$ 10,126,107

* Party-in-interest

ACP CREATIVIT, LLC 401(K) PLAN

Schedule H, Part 4j - Schedule of Reportable Transactions
For the Three Month Period Ended December 31, 2018

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction	Net Gain (Loss)
Associated Trust Company, N.A.	Camera Corner Profit Sharing Plan and Trust Unitized Fund	$ 161,841	$ -	$ -	$ 161,841	$ -
Associated Trust Company, N.A.	Camera Corner Profit Sharing Plan and Trust Unitized Fund	-	399,020	249,086	399,020	149,934

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/18

ACCOUNT NO.

CAMERA CORNER, INC.
401K PROFIT SHARING PLAN

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
CASH AND EQUIVALENTS							
	0	CASH	.00 .000	.00 .000		0	0.00
	TOTAL CASH AND EQUIVALENTS		.00	.00	.00	0	0.00
EQUITIES							
EQUITY COMMON TRUST FUNDS							
999999-35-2	45,722.746	GROWTH BALANCED LIFESTAGE FUND	1,104,799.08 24.163	1,403,917.42 30.705	13.86	30,572	2.18
999999-48-5	278,205.725	CAMERA CORNER PROFIT SHARING TRUST UNITIZED FUND	3,560,490.12 12.798	5,482,413.48 19.706	54.14	0	0.00
	TOTAL EQUITY COMMON TRUST FUNDS		4,665,289.20	6,886,330.90	68.01	30,572	0.44
EQUITY MUTUAL FUNDS							
024526-77-4	3,789.492	AMERICAN BEACON SMALL CAP VALUE FUND - R6	99,976.93 26.383	76,017.21 20.060	.75	720	0.95
256219-10-6	3,179.917	DODGE AND COX STOCK FD	522,538.73 164.325	549,521.46 172.810	5.43	9,221	1.68
38148U-50-2	318.276	GOLDMAN SACHS SATELLITE STRATEGIES PORTFOLIO FUND - R6	2,656.81 8.348	2,342.51 7.360	.02	74	3.19
38148U-60-1	13,463.033	GOLDMAN SACHS GROWTH OPP FUND R6	331,502.49 24.623	243,411.64 18.080	2.40	0	0.00
411512-52-8	4,780.261	HARBOR CAPITAL APPRECIATION FUND RET	318,281.74 66.583	295,993.76 61.920	2.92	989	0.33

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/18

ACCOUNT NO.

CAMERA CORNER, INC.
401K PROFIT SHARING PLAN

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
47103D-74-4	13,115.070	JANUS HENDERSON MID CAP VAL FUND N	216,579.41 16.514	164,594.13 12.550	1.63	2,780	1.69
649280-81-5	1,843.932	AM FDS NEW WORLD FUND R6	111,048.73 60.224	105,620.42 57.280	1.04	1,548	1.47
880210-50-5	8,489.643	TIF INTERNATIONAL EQUITY SER FUND PRIMARY SHS	163,818.19 19.296	126,240.99 14.870	1.25	3,599	2.85
921909-81-8	421.987	VANGUARD TOT INT ST IDX-ADM	12,457.79 29.522	10,705.81 25.370	.11	338	3.16
922908-64-5	245.376	VANGUARD MID CAP INDEX ADM	44,231.70 180.261	41,969.11 171.040	.41	762	1.82
922908-68-6	1,181.792	VANGUARD SML CAP INDX-ADM	80,967.86 68.513	74,724.71 63.230	.74	1,245	1.67
922908-71-0	2,509.764	VANGUARD INDEX TR 500 ADMIRAL SHS	520,100.19 207.231	580,859.78 231.440	5.74	11,928	2.05
936793-67-8	7,948.196	WASATCH SMALL CAP GROWTH FUND - INST	325,893.59 41.002	257,283.10 32.370	2.54	0	0.00
		TOTAL EQUITY MUTUAL FUNDS	2,750,054.16	2,529,284.63	24.98	33,204	1.31
		TOTAL EQUITIES	7,415,343.36	9,415,615.53	92.98	63,776	0.68
		FIXED INCOME SECURITIES					
		FIXED INCOME COMMON TRUST FUNDS					
999999-03-0	2,844.899	ASSOCIATED CORE BOND FUND	123,775.69 43.508	132,697.76 46.644	1.31	4,589	3.46
999999-07-1	3,217.101	ASSOCIATED SHORT TERM BOND FUND	73,134.77 22.733	75,454.83 23.454	.75	2,017	2.67

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/18

ACCOUNT NO.

CAMERA CORNER, INC.
401K PROFIT SHARING PLAN

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
999999-19-6	68,456.105	MONEY MARKET FUND	101,471.39 1.482	103,945.72 1.518	1.03	0	0.00
		TOTAL FIXED INCOME COMMON TRUST FUNDS	298,381.85	312,098.31	3.08	6,606	2.12
		FIXED INC MUT/ETF FD					
880208-77-2	1,778.324	TEMPLETON GLOBAL BOND - R6	21,255.89 11.953	20,006.15 11.250	.20	1,388	6.94
		TOTAL FIXED INCOME MUTUAL/ETF FUNDS	21,255.89	20,006.15	.20	1,388	6.94
		TOTAL FIXED INCOME SECURITIES	319,637.74	332,104.46	3.28	7,994	2.41
		MISCELLANEOUS					
MS0037-22-1	214,534.140	AMERICAN GENERAL LIFE INSURANCE CO POLICY #X9035597 RICHARD CHERNICK FACE VALUE $1,000,000	214,534.14 1.000	214,534.14 1.000	2.12	0	0.00
MS1029-78-9	163,851.910	MASTER LOAN	163,851.91 1.000	163,851.91 1.000	1.62	0	0.00
		TOTAL MISCELLANEOUS	378,386.05	378,386.05	3.74	0	0.00
		TOTAL ASSETS PLUS ACCRUED INCOME	8,113,367.15	10,126,106.04			

SCHEDULE A - ASSETS AND LIABILITIES
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ACCOUNT NO. CAMERA CORNER PROFIT SHARING PLAN AND TRUST UNITIZIED FUND

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
CASH AND EQUIVALENTS							
	0	CASH	.00 .000	.00 .000		0	0.00
38141W-27-3	232,772.740	GOLDMAN SACHS GOVERNMENT MONEY MARKET INST FUND 465 289.80	232,772.74 1.000	232,772.74 1.000	4.24	5,869	2.52
	TOTAL CASH AND EQUIVALENTS		232,772.74	232,772.74	4.24	5,869	2.52
EQUITIES							
COMMON STOCKS							
MATERIALS							
009158-10-6	385	AIR PRODS & CHEMS INC COM 423.50	64,789.20 168.284	61,619.25 160.050	1.12	1,694	2.75
088606-10-8	1,300	BHP GROUP LIMITED ADR	64,279.25 49.446	62,777.00 48.290	1.14	3,068	4.89
	TOTAL MATERIALS		129,068.45	124,396.25	2.27	4,762	3.83
COMMUNICATION SERVICES							
00206R-10-2	500	AT&T INC COM	20,552.50 41.105	14,270.00 28.540	.26	1,020	7.15
02079K-30-5	28	ALPHABET INC CL A COM	15,136.27 540.581	29,258.88 1,044.960	.53	0	0.00
254687-10-6	178	DISNEY WALT CO COM 156.64	6,140.24 34.496	19,517.70 109.650	.36	313	1.61

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AS OF 12/31/18 PAGE 5

ACCOUNT NO. CAMERA CORNER PROFIT SHARING PLAN AND TRUST UNITIZIED FUND

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
30303M-10-2	155	FACEBOOK INC CL A COM	23,378.85 150.831	20,318.95 131.090	.37	0	0.00
	TOTAL COMMUNICATION SERVICES		65,207.86	83,365.53	1.52	1,333	1.60
	CONSUMER DISCRETION						
023135-10-6	42	AMAZON.COM INC COM	15,712.40 374.105	63,082.74 1,501.970	1.15	0	0.00
410345-10-2	465	HANESBRANDS INC COM	12,852.79 27.640	5,826.45 12.530	.11	279	4.79
548661-10-7	202	LOWES COS INC COM	13,454.96 66.609	18,656.72 92.360	.34	387	2.08
	TOTAL CONSUMER DISCRETION		42,020.15	87,565.91	1.60	666	0.76
	CONSUMER STAPLES						
718172-10-9	162	PHILIP MORRIS INTERNATIONAL INC COM 184.68	13,759.09 84.933	10,815.12 66.760	.20	738	6.83
742718-10-9	120	PROCTER & GAMBLE CO COM	10,172.05 84.767	11,030.40 91.920	.20	344	3.12
	TOTAL CONSUMER STAPLES		23,931.14	21,845.52	.40	1,082	4.96
	ENERGY						
166764-10-0	150	CHEVRON CORP COM	10,608.13 70.721	16,318.50 108.790	.30	672	4.12
26875P-10-1	182	EOG RESOURCES INC COM	16,446.37 90.365	15,872.22 87.210	.29	160	1.01

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AS OF 12/31/18 PAGE 6

ACCOUNT NO. CAMERA CORNER PROFIT SHARING PLAN AND TRUST UNITIZIED FUND

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
46625H-36-5	2,765	JPMORGAN ALERIAN MLP INDEX ETN	76,201.22 27.559	61,714.80 22.320	1.12	5,170	8.38
	TOTAL ENERGY		103,255.72	93,905.52	1.71	6,002	6.39
	FINANCIALS						
054937-10-7	816	BB&T CORP COM	20,218.32 24.777	35,349.12 43.320	.64	1,321	3.74
060505-10-4	1,278	BANK OF AMERICA CORP COM	31,104.21 24.338	31,489.92 24.640	.57	766	2.44
084670-70-2	115	BERKSHIRE HATHAWAY INC CL B COM	13,151.85 114.364	23,480.70 204.180	.43	0	0.00
46625H-10-0	618	JPMORGAN CHASE & CO COM	33,531.82 54.259	60,329.16 97.620	1.10	1,977	3.28
	TOTAL FINANCIALS		98,006.20	150,648.90	2.74	4,064	2.70
	HEALTH CARE						
002824-10-0	350	ABBOTT LABS COM	11,771.41 33.633	25,315.50 72.330	.46	448	1.77
101137-10-7	496	BOSTON SCIENTIFIC CORP COM	17,218.70 34.715	17,528.64 35.340	.32	0	0.00
126650-10-0	369	CVS HEALTH CORP COM	28,631.74 77.593	24,176.88 65.520	.44	738	3.05
375558-10-3	283	GILEAD SCIENCES INC COM	21,590.41 76.291	17,701.65 62.550	.32	645	3.65
478160-10-4	245	JOHNSON & JOHNSON COM	16,810.58 68.615	31,617.25 129.050	.58	882	2.79

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AS OF 12/31/18 PAGE 7

ACCOUNT NO. CAMERA CORNER PROFIT SHARING PLAN AND TRUST UNITIZIED FUND

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
58933Y-10-5	389	MERCK & CO INC NEW COM	16,592.90	29,723.49	.54	855	2.88
	213.95		42.655	76.410			
91324P-10-2	139	UNITEDHEALTH GROUP INC COM	7,181.73	34,627.68	.63	500	1.45
			51.667	249.120			
	TOTAL HEALTH CARE		119,797.47	180,691.09	3.29	4,068	2.25
	INFORMATION TECH						
037833-10-0	572	APPLE INC COM	25,074.76	90,227.28	1.64	1,670	1.85
			43.837	157.740			
594918-10-4	691	MICROSOFT CORP COM	21,655.68	70,184.87	1.28	1,271	1.81
			31.340	101.570			
81762P-10-2	215	SERVICENOW INC COM	37,657.22	38,280.75	.70	0	0.00
			175.150	178.050			
981558-10-9	459	WORLDPAY INC CLA A COM	38,184.97	35,081.37	.64	0	0.00
			83.192	76.430			
	TOTAL INFORMATION TECH		122,572.63	233,774.27	4.26	2,941	1.26
	INDUSTRIALS						
097023-10-5	158	BOEING CO COM	10,239.88	50,955.00	.93	1,298	2.55
			64.809	322.500			
235851-10-2	446	DANAHER CORP COM	11,851.84	45,991.52	.84	285	0.62
	71.36		26.574	103.120			
438516-10-6	209	HONEYWELL INTL INC COM	24,882.99	27,613.08	.50	685	2.48
			119.057	132.120			

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/18 PAGE 8

ACCOUNT NO. CAMERA CORNER PROFIT SHARING PLAN AND TRUST UNITIZIED FUND

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
	TOTAL INDUSTRIALS		46,974.71	124,559.60	2.27	2,268	1.82
	UTILITIES						
98389B-10-0	422	XCEL ENERGY INC COM 160.36	11,813.82 27.995	20,791.94 49.270	.38	641	3.09
	TOTAL UTILITIES		11,813.82	20,791.94	.38	641	3.09
	EXCH TRD FDS						
06738C-77-8	2,600	BARCLAYS BANK PLC IPATH BLOOMBERG COMMODITY INDEX TOTAL RETURN ETN	64,113.50 24.659	55,172.00 21.220	1.01	0	0.00
46090E-10-3	940	INVESCO QQQ TRUST SER 1 ETF	169,217.22 180.018	145,004.40 154.260	2.64	1,320	0.91
464288-18-2	791	ISHARES MSCI ALL COUNTRY ASIA EX JAPAN INDEX ETF	60,119.96 76.005	50,252.23 63.530	.92	1,055	2.10
92189F-10-6	4,803	VANECK VECTORS GOLD MINERS ETF	122,770.81 25.561	101,295.27 21.090	1.85	504	0.50
922908-55-3	1,422	VANGUARD REAL ESTATE ETF	119,000.07 83.685	106,038.54 74.570	1.93	5,021	4.74
	TOTAL EXCH TRD FDS		535,221.56	457,762.44	8.34	7,900	1.73
	TOTAL COMMON STOCKS		1,297,869.71	1,579,306.97	28.78	35,727	2.26

SCHEDULE A - ASSETS AND LIABILITIES
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ACCOUNT NO. CAMERA CORNER PROFIT SHARING PLAN AND TRUST UNITIZIED FUND

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
EQUITY MUTUAL FUNDS							
02368A-63-8	3,026.082	AMERICAN BEACON SMALL CAP VALUE INSTL	80,543.69 26.616	60,703.20 20.060	1.11	550	0.91
256206-10-3	2,472.331	DODGE AND COX FDS INTL STOCK FD	94,236.72 38.117	91,253.74 36.910	1.66	2,670	2.93
298706-82-1	2,286.099	AM FDS EUROPACIFIC GROWTH FD CL R6	89,482.26 39.142	102,851.59 44.990	1.87	1,833	1.78
552987-55-4	7,895.730	MFS MID CAP GROWTH FUND - R6	159,134.02 20.154	130,200.59 16.490	2.37	0	0.00
649280-81-5	2,034.333	AM FDS NEW WORLD FUND R6	101,838.79 50.060	116,526.59 57.280	2.12	1,708	1.47
683974-60-4	1,305.581	OPPENHEIMER DEVELOPING MARKETS I	46,244.32 35.420	49,063.73 37.580	.89	394	0.80
92837F-44-1	9,168.202	VIRTUS CEREDEX MID-CAP VALUE EQUITY FUND - R6	106,919.94 11.662	94,157.43 10.270	1.72	1,402	1.49
936793-67-8	3,600.964	WASATCH SMALL CAP GROWTH FUND - INST	138,699.04 38.517	116,563.20 32.370	2.12	0	0.00
		TOTAL EQUITY MUTUAL FUNDS	817,098.78	761,320.07	13.87	8,557	1.12
		TOTAL EQUITIES	2,114,968.49	2,340,627.04	42.65	44,284	1.89

SCHEDULE A - ASSETS AND LIABILITIES
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ACCOUNT NO. CAMERA CORNER PROFIT SHARING PLAN AND TRUST UNITIZIED FUND

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
		FIXED INCOME SECURITIES					
		FIXED INCOME COMMON TRUST FUNDS					
999999-03-0	11,897.839	ASSOCIATED CORE BOND FUND	266,872.82 22.430	554,964.01 46.644	10.11	19,192	3.46
999999-07-1	79,789.895	ASSOCIATED SHORT TERM BOND FUND	1,382,905.30 17.332	1,871,415.53 23.454	34.10	50,034	2.67
		TOTAL FIXED INCOME COMMON TRUST FUNDS	1,649,778.12	2,426,379.54	44.21	69,226	2.85
		FIXED INC MUT/ETF FD					
880208-77-2	43,281.753	TEMPLETON GLOBAL BOND - R6	570,492.79 13.181	486,919.72 11.250	8.87	33,803	6.94
		TOTAL FIXED INCOME MUTUAL/ETF FUNDS	570,492.79	486,919.72	8.87	33,803	6.94
		TOTAL FIXED INCOME SECURITIES	2,220,270.91	2,913,299.26	53.08	103,029	3.54
		TOTAL ASSETS	4,568,012.14	5,486,699.04			
		ACCRUED INCOME					
		DIVIDENDS	1,210.49	1,210.49	.02		
		INTEREST	289.80	289.80	.01		
		TOTAL ACCRUED INCOME	1,500.29	1,500.29	.03		
		TOTAL ASSETS PLUS ACCRUED INCOME	4,569,512.43	5,488,199.33			