Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

Part I		: Identification Information								
For calend	lar plan year 2018 or f	iscal plan year beginning 01/01/2	2018	and ending 1	2/31/2018					
A This re	turn/report is for:	X a single-employer plan		plan (not multiemployer) employer information in ac						
		a one-participant plan	a foreign plan							
b This ret	urn/report is	the first return/report	the final return/report							
		an amended return/report a short plan year return/report (less than 12 months)								
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am				
	T = . =	special extension (enter descri	• •							
Part II	Basic Plan Info	ormation—enter all requested in	formation		Г					
1a Name PERCEPTION	of plan ON MEDIA 401K PRO	FIT SHARING PLAN			1b Three-dig plan numl (PN) ▶					
					1c Effective	date of plan 01/01/2005				
		oyer, if for a single-employer plan)) Dead			Identification Number				
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		structions)	(EIN)	11-3633497				
	ON MEDIA CORP.	50, 000), and <u></u>	(ii 10101g.1, 000 ii.1	3.1 33.101.10)		s telephone number 12-563-3571				
					2d Business	code (see instructions)				
345 7TH AV 15TH FLOO						541990				
NEW YORK										
3a Plan a	administrator's name a	ind address X Same as Plan Spoi	nsor.		3b Administra	ator's EIN				
		<u></u>								
					3c Administra	ator's telephone number				
		ne plan sponsor or the plan name ha			4b EIN					
	llan, enter the plan spo sor's name	onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN					
C Plan N					44 111					
• Harr	taino									
5a Total	number of participants	s at the beginning of the plan year			. 5a	13				
b Total	number of participants	s at the end of the plan year			. 5b	13				
		account balances as of the end of		-	. 5c	13				
d(1) Tot	tal number of active pa	articipants at the beginning of the pl	an year		5d(1)					
		articipants at the end of the plan year			5d(2)	7				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e 0					
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable ca						
SB or Scho		ther penalties set forth in the instruction and signed by an enrolled actuary, a solete.								
SIGN		d/valid electronic signature.	05/22/2019	DANIEL GONZALEZ						
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as pla	an administrator				
SIGN										
HERE	Signature of employer/plan sponsor Date Enter name of individual					vidual signing as employer or plan sponsor				

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							. X Yes	No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							. X Yes	No	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No								ermined	
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r			(See instru	ctions.)	
Pai	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) En	d of Year		
а	Total plan assets	7a	143	130192				1482984		
b	Total plan liabilities	7b		0			0			
С	Net plan assets (subtract line 7b from line 7a)	7с	143	30192				1482984		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	(b) Total		
а	Contributions received or receivable from:	0-(4)	4.0	02241						
	(1) Employers	8a(1)		57409						
	(2) Participants	8a(2)	`	0	-					
	(3) Others (including rollovers)	8a(3)	-10	01137	_					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	- 10	31137				58513		
	Benefits paid (including direct rollovers and insurance premiums	00						30313		
	to provide benefits)	8d		4058						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		1663						
g	Other expenses		0							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						5721		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						52792		
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0						
Par	Part IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 2G 2K 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the in	structions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	n Chara	acterist	tic Cod	des in the ins	tructions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X			1500	000	
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X				
f	f Has the plan failed to provide any benefit when due under the plan?					X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X			495	500	
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		В	Y	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		:	Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	× N	o
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

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2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		t Identification Information	n		4				
For calenda	ar plan year 2018 or	fiscal plan year beginning	01/01/	2018	and ending	12/31/	2018		
A This ret	urn/report is for:	🛚 a single-employer plan			an (not multiemployer) ployer information in a		this box must attach a the form instructions.)		
		a one-participant plan	a forei	gn plan					
B This retu	ırn/report is	the first return/report	the fina	l return/report					
		an amended return/report	a short	plan year return	n/report (less than 12 r	months)			
C Check	oox if filing under:	Form 5558	autom	atic extension		DFVC progra	am		
		special extension (enter desc	cription)						
Part II	Basic Plan Inf	ormation—enter all requested in	nformation						
1a Name PERC		401K PROFIT SHARING	PLAN			1b Three-dig plan num (PN)			
						1c Effective 01/01			
		loyer, if for a single-employer plan)			ę.	2b Employer	r Identification Number		
		om, apt., suite no. and street, or P. ace, country, and ZIP or foreign pos		oreign, see instr	uctions)		-3633497		
	EPTION MEDIA		The second secon		20 ± 25.	2c Sponsor's telephone number 212–563–3571			
345	7TH AVENUE					2d Business	code (see instructions)		
	FLOOR								
NEW	YORK	NY 100	01			541990	0		
3a Plan a	dministrator's name a	and address X Same as Plan Spo	onsor.			3b Administrator's EIN			
						3c Administr	rator's telephone number		
		he plan sponsor or the plan name h onsor's name, EIN, the plan name	•			4b EIN			
	or's name	onooi o namo, em, mo pian namo	and the plan	nambor morn a	io laot rotarimoport.	4d PN			
c Plan N	ame								
F						50	1.2		
		s at the beginning of the plan year.				5a 5b	13		
		s at the end of the plan year n account balances as of the end of					13		
							13		
d(1) Tota	al number of active p	articipants at the beginning of the p	olan year				6		
, ,		articipants at the end of the plan ye				5d(2)	7		
		o terminated employment during th				. 5e	0		
Caution: A	penalty for the late	or incomplete filing of this return	rn/report wil	l be assessed	unless reasonable ca				
SB or Sche	dule MB completed	other penalties set forth in the instru and signed by an enrolled actuary,	uctions, I ded as well as th	lare that I have e electronic ver	examined this return/r sion of this return/repo	eport, including, i ort, and to the bes	f applicable, a Schedule st of my knowledge and		
SIGN	rue, correct, and con	mplete.	15	5/22/19	Daniel Gonzal	Lez			
HERE	Signature of plan		Da	17-1-6	Enter name of indivi	dual signing as p	lan administrator		
SIGN	ground or plan		50						
HERE	Ci	lever/plen enemer		±0	Enter name of indivi	dual cianina co o	mplayer or plan energer		

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b .	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper						ΧY	es No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		ndent qualified public a	account:	ant /I(`	$1D\Delta 1$				
		Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						XY	es No	
	If you answered "No" to either line 6a or line 6b, the plan cann								ш	
C I	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ER I SA se	ection 4	021)?	[Yes No	Not d	etermined	
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r		(See instruction			
Par	t III Einanaial Information									
			() 5				4) = 1			
	Plan Assets and Liabilities	_	(a) Beginning o	of Year 430,			(b) End	of Year	482,984	
	Total plan assets	7a 	⊥,	430,	192			Δ,	402,90	
	Total plan liabilities	7b -	1	430,	102			1,482,984		
	Net plan assets (subtract line 7b from line 7a)	7c			192				402,904	
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) 1	Γotal		
	Contributions received or receivable from: (1) Employers	8a(1)		102,	241					
	(2) Participants	8a(2)		57 ,	409					
	(3) Others (including rollovers)	8a(3)			0					
b_	Other income (loss)	8b	_	101,	137					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							58,513	
	Benefits paid (including direct rollovers and insurance premiums	8d		4 .	058					
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e		1,0						
	Administrative service providers (salaries, fees, commissions)	8f	1,6							
	Other expenses	8g			0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5,72	
	let income (loss) (subtract line 8h from line 8c)								52,792	
	Transfers to (from) the plan (see instructions)		0						02/132	
Pari	, , , , , ,	8j								
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Chai	racteris	stic Co	ndes in the inst	tructions:		
	2A 2E 2F 2J 2G 2K 3D	Todiaro oo	doo nom the Elector i	ari Oriai	aotoni	3110 00	7400 III 1110 III0	ir dollorio.		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the instr	uctions:		
D	W O compliance Occasions									
Part					V	N.	l			
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	tione within	a tha timaa mawiad		Yes	No	,	Amount		
а	described in 29 CFR 2510.3-102? (See instructions and DOL's V					3.7				
	Program)			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Χ				
С	Was the plan covered by a fidelity bond?			10c	Χ				150,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's			40.1		Х				
	by fraud or dishonesty?			10d						
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		Χ				
f						Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)				Χ				49,500	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10g 10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i						

		Form 5500-SF (2018) Page 3-					
Part	VI	Pension Funding Compliance					
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below)	•		B 	Yes	☐ No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.		11a			
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the SA?		n 302 of		Yes	X No
	(l f '	Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ir nting the waiver.		d enter tl Day		of the letter ru Year	ıling
If	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.				
b	Ente	r the minimum required contribution for this plan year		12b			
С	Ente	the amount contributed by the employer to the plan for this plan year		12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	☐ No ☐	N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	s X No	
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro trol of the PBGC?				Yes X N	No
С	,	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider ch assets or liabilities were transferred.	ntify the plan(s)) to			
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)