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.**

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 01/01/2018 and ending 12/31/2018

A This return/report is for:
- [X] a single-employer plan
- [ ] a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a one-participant plan
- [ ] a foreign plan

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WALKER ADVERTISING 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1987

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)
WALKER ADVERTISING LLC

20101 HAMILTON AVE, SUITE 375
TORRENCE, CA 90502

2b Employer Identification Number (EIN) 47-4948016

2c Sponsor's telephone number 310-427-3406

2d Business code (see instructions) 551112

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	119
b Total number of participants at the end of the plan year	**5b**	119
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c**	73
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	119
d(2) Total number of active participants at the end of the plan year	**5d(2)**	79
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	BRENDA BUENO
	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

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... [X] Yes [ ] No

b 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.) ..... [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.

c 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.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1903528	843920
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	1903528	843920
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	0	
(2) Participants	8a(2)	160747	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	-67350	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		93397
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1150859	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	2146	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1153005
i Net income (loss) (subtract line 8h from line 8c)	8i		-1059608
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3D 3H

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

Part V Compliance Questions

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		340000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e 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	X		6889
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		1956
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	☐ Yes ☐ 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 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	☐ Yes ☒ No
a	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 letter ruling granting the waiver. Month _____ Day _____ Year _____	

If 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**	
c	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**	
e	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 ☒ No
	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 ☒ No

c 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.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

WALKER ADVERTISING

10/15/2019: Auditor Opinion Pending

Brenda Bueno

Human Resources Manager

Bbueno@walkeradvertising.com

(310) 427-3405

10/15/2019

Schedule C Attachment for Line Item 3(e)

Plan Name **G38346 WALKER ADVERTISING 401K PROFIT SHARING PLAN**

Plan Number **001** **Plan Year End** **12/31/2018**

EIN **47-4948016**

Revenue Sharing Formula:

The investment options of the Plan include various portfolios within an AUL separate account. The separate account in turn invests in investment portfolios of certain open-end management investment companies. AUL receives indirect compensation from these investment companies for the services provided by AUL.

The compensation received by AUL is computed by each investment company by multiplying the daily account balance of the AUL separate account's interest in a particular portfolio by a predetermined percentage rate negotiated with the investment company. This indirect compensation is not charged to the plan or participants accounts but is paid directly by the investment company.

The investment company, the underlying investment portfolio, and the annual compensation percentages

Investment Company	Investment Portfolio	Annual Percentage
AMERICAN FUNDS	AMERFDS AMERICAN BALANCED R4	0.35
AMERICAN FUNDS	AMERFDS NEW WORLD R4	0.35
BLACKROCK	BLACKROCK HEALTH SCI OPPS I	0.25
COLUMBIA	COLUMBIA MIDCAP INDX A	0.25
COLUMBIA	COLUMBIA SELIGMAN COM&INFO ADV	0.25
COLUMBIA	COLUMBIA SMCAP INDX A	0.25
COLUMBIA	COLUMBIA QUALITY INCOME ADV	0.25
DEUTSCHE	DWS MID CAP VALUE S	0.25
DEUTSCHE	DWS REAL ESTATE SECS S	0.25
DFA	DFA US TARGETED VAL R2	0.25
FIDELITY	FIDELITY VIP OVERSEAS INIT	0.15
GOLDMAN SACHS	GOLDMANSACHS INT EQ INSI INST	0.10
INVESCO	INVESCO DIVERSIFIED DIV INV	0.50
LORD ABBETT	LORD ABBETT GROWTH LEADERS R5	0.25
LORD ABBETT	LORD ABBETT HIGH YIELD R5	0.25
LORD ABBETT	LORD ABBETT TOTAL RETURN R5	0.25
ONEAMERICA FUNDS	AUL STABLE VALUE ACCOUNT	0.00
OPPENHEIMER	OPPENHEIMER GLOBAL OPS Y	0.25
OPPENHEIMER	OPPENHEIMER INTL BOND Y	0.25
PARNASSUS	PARNASSUS CORE EQTY INV	0.25
PIMCO	PIMCO INCOME ADM	0.25
PIONEER	PIONEER BOND Y	0.35
PNC	PNC INTERNATIONAL EQUITY I	0.25
STATE STREET GLOBAL	STATE ST S&P 500 INDX CL F	0.22
THORNBURG	THORNBURG LTD-TERM INC R5	0.20
TIAA-CREF	TIAA-CREF LIFECYCLE IDX 2010 R	0.25
TIAA-CREF	TIAA-CREF LIFECYCLE IDX 2015 R	0.25
TIAA-CREF	TIAA-CREF LIFECYCLE IDX 2020 R	0.25
TIAA-CREF	TIAA-CREF LIFECYCLE IDX 2025 R	0.25
TIAA-CREF	TIAA-CREF LIFECYCLE IDX 2030 R	0.25
TIAA-CREF	TIAA-CREF LIFECYCLE IDX 2035 R	0.25

Investment Company	Investment Portfolio	Annual Percentage
TIAA-CREF	TIAA-CREF LIFECYCLE IDX 2040 R	0.25
TIAA-CREF	TIAA-CREF LIFECYCLE IDX 2045 R	0.25
TIAA-CREF	TIAA-CREF LIFECYCLE IDX 2050 R	0.25
TIAA-CREF	TIAA-CREF LIFECYCLE IDX 2055 R	0.25
TIAA-CREF	TIAA-CREF LIFECYCLE IDX 2060 R	0.25
TIAA-CREF	TIAA-CREF LIFECYCLE IDX INC R	0.25
TIAA-CREF	TIAA-CREF GRTH & INC R	0.25
TIAA-CREF	TIAA-CREF LARGE-CAP GROWTH R	0.25
TIAA-CREF	TIAA-CREF MID-CAP GROWTH R	0.25
VANGUARD	VANGUARD VIF SMALLCOMPGRTH INS	0.00

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan: WALKER ADVERTISING 401K PROFIT SHARING PLAN
Employer Identification Number: 47-4948016
For plan year (beginning/ending): 01-01-2018 TO 12-31-2018 Plan number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	AMERICAN FUNDS	AMERFDS AMERICAN BALANCED R4 MUTUAL FUND SHARES	0	7,425
	AMERICAN FUNDS	AMERFDS NEW WORLD R4 MUTUAL FUND SHARES	0	540
*	AMERICAN UNITED LIFE INS CO	AUL STABLE VALUE ACCOUNT	0	21,428
	BLACKROCK	BLACKROCK HEALTH SCI OPPS I MUTUAL FUND SHARES	0	1,913
	COLUMBIA	COLUMBIA MIDCAP INDX A MUTUAL FUND SHARES	0	3,654
	COLUMBIA	COLUMBIA QUALITY INCOME ADV MUTUAL FUND SHARES	0	17,990
	COLUMBIA	COLUMBIA SELIGMAN COM&INFO ADV MUTUAL FUND SHARES	0	5,779
	COLUMBIA	COLUMBIA SMCAP INDX A MUTUAL FUND SHARES	0	1,517
	DFA	DFA US TARGETED VAL R2 MUTUAL FUND SHARES	0	183
	DEUTSCHE	DWS REAL ESTATE SECS S MUTUAL FUND SHARES	0	1,109
	GOLDMAN SACHS	GOLDMANSACHS INT EQ INSI INST MUTUAL FUND SHARES	0	5,764
	INVESCO	INVESCO DIVERSIFIED DIV INV MUTUAL FUND SHARES	0	8,879
	PARTICIPANTS	LOANS 5.5% TO 5.5%	0	1,956
	LORD ABBETT	LORD ABBETT GROWTH LEADERS R5 MUTUAL FUND SHARES	0	11,735
	OPPENHEIMER	OPPENHEIMER GLOBAL OPS Y MUTUAL FUND SHARES	0	14,877
	OPPENHEIMER	OPPENHEIMER INTL BOND Y MUTUAL FUND SHARES	0	15,384
	PARNASSUS	PARNASSUS CORE EQTY INV MUTUAL FUND SHARES	0	18,543
	PIMCO	PIMCO INCOME ADM MUTUAL FUND SHARES	0	1,279
	PIONEER	PIONEER BOND Y MUTUAL FUND SHARES	0	59
	PNC	PNC INTERNATIONAL EQUITY I MUTUAL FUND SHARES	0	3,847
	STATE STREET GLOBAL	STATE ST S&P 500 INDX CL F MUTUAL FUND SHARES	0	8,996
	TIAA-CREF	TIAA-CREF GRTH & INC R MUTUAL FUND SHARES	0	15,360
	TIAA-CREF	TIAA-CREF LARGE-CAP GROWTH R MUTUAL FUND SHARES	0	14,456
	TIAA-CREF	TIAA-CREF LIFECYCLE IDX 2045 R MUTUAL FUND SHARES	0	69,948
	TIAA-CREF	TIAA-CREF LIFECYCLE IDX 2030 R MUTUAL FUND SHARES	0	307,093
	TIAA-CREF	TIAA-CREF LIFECYCLE IDX 2035 R MUTUAL FUND SHARES	0	100,974
	TIAA-CREF	TIAA-CREF LIFECYCLE IDX 2040 R MUTUAL FUND SHARES	0	102,025
	TIAA-CREF	TIAA-CREF LIFECYCLE IDX 2050 R MUTUAL FUND SHARES	0	10,649
	TIAA-CREF	TIAA-CREF LIFECYCLE IDX 2055 R MUTUAL FUND SHARES	0	39,572
	TIAA-CREF	TIAA-CREF LIFECYCLE IDX 2060 R MUTUAL FUND SHARES	0	28,384
	VANGUARD	VANGUARD VIF SMALLCOMPGRTH INS MUTUAL FUND SHARES	0	2,601