-	m 5500-SF	Short Form Annu	al Return/Rep Benefit Pla	ort of Small Employee OMB Nos. 1210 1210						
	tment of the Treasury nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee R			Retirement	2017				
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Employee Benefits Security Administration Revenue Code (the Code).					e Internal	This Form is Open to				
Pension Be	nefit Guaranty Corporation	Complete all entries in a	accordance with the	instructions to the Form 5	500-SF.	Public Inspection				
Part I										
For calenda	ar plan year 2017 or fis	cal plan year beginning 01/01/2			2/31/2017					
A This ret	urn/report is for:	a single-employer plan	list of participatir	er plan (not multiemployer) ng employer information in a		-				
B This rotu	urn/report is	a one-participant plan	a foreign plan							
		the first return/report	the final return/rep							
		an amended return/report	a short plan year	return/report (less than 12 r	nonths)					
C Check b	oox if filing under:	X Form 5558	automatic extens	ion	DFVC p	C program				
		special extension (enter descr								
Part II	Basic Plan Info	rmation—enter all requested inf	ormation		•					
1a Name	•				1b Thre					
GRACEWAY	PUBLISHING 401 K I	PROFIT SHARING PLAN TRUST			plan (PN)	number 001				
						ctive date of plan				
2a Plan so	oonsor's name (employ	ver, if for a single-employer plan)			2b Emp	01/01/2014 loyer Identification Number				
Mailing	address (include roon	n, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		instructions)	(EIN) 11-2632688					
	PUBLISHING				2c Sponsor's telephone number 516-504-7576					
					2d Business code (see instructions)					
350 NORTHE SUITE 203	RN BLVD					541990				
GREAT NEC	K, NY 11021									
3a Plan ad	dministrator's name an	d address X Same as Plan Spor	isor.		3b Adm	b Administrator's EIN				
					3c Adm	c Administrator's telephone number				
4 If the n	ame and/or EIN of the	plan sponsor or the plan name ha	as changed since the I	ast return/report filed for	4b EIN					
this pla a Sponso		nsor's name, EIN, the plan name a	nd the plan number fr	om the last return/report.	4d PN					
C Plan N					-TCI IN					
_		at the beginning of the plan year			C 1	8				
		at the end of the plan year				9				
				-						
d(1) Total number of active participants at the beginning of the plan year						7				
d(2) Total number of active participants at the end of the plan year						8				
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 Sche		d signed by an enrolled actuary, a								
SIGN		valid electronic signature.	ectronic signature. 07/30/2018 ALKA AMRIT JAIN							
HERE	Signature of plan ad	dministrator	Date	Enter name of indivi	dual signing	as plan administrator				
SIGN										
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of indivi	individual signing as employer or plan sponsor					

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

Form 5500-SF (2017) v.170203

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? c If the plan is a defined benefit plan, is it covered under the PBGC premium filing for this plan year (See instructions.) 							
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year			
а	a Total plan assets		45614	101762			
b			0	0			
C Net plan assets (subtract line 7b from line 7a)		7c	45614	101762			
8	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	10924				
(2) Participants		8a(2)	33921				
(3) Others (including rollovers)		8a(3)	0				

(3) Others (including rollovers)		0					
b Other income (loss)	8b	11376					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		56221				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	72					
e Certain deemed and/or corrective distributions (see instructions)	8e	0					
f Administrative service providers (salaries, fees, commissions)	8f	1					
g Other expenses		0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)			73				
i Net income (loss) (subtract line 8h from line 8c)			56148				
j Transfers to (from) the plan (see instructions)	8j	0					
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							
b If the plan provides welfare benefits, enter the applicable welfare f	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
а	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		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		20000
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	
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		X	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
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			

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	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 Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r 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)							
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	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b	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			
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2) EIN(s	5)	130	:(3) P	'N(s)