

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 2017 This Form is Open to Public Inspection	
Part I Annual Report Identification Information					
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017					
A This return/report is for:		<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)			
B This return/report is:		<input type="checkbox"/> a one-participant plan <input type="checkbox"/> a foreign plan			
		<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report			
		<input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)			
C Check box if filing under:		<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input checked="" type="checkbox"/> DFVC program			
		<input type="checkbox"/> special extension (enter description)			
Part II Basic Plan Information —enter all requested information					
1a Name of plan STANWOOD COMMUNITY AND SENIOR CENTER		1b Three-digit plan number (PN) ▶		001	
		1c Effective date of plan		02/15/2004	
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) STANWOOD COMMUNITY AND SENIOR CENTER 7430 276TH ST NW STANWOOD, WA 98292-5947		2b Employer Identification Number (EIN)		23-7253336	
		2c Sponsor's telephone number		360-629-7403	
		2d Business code (see instructions)		624200	
3a Plan administrator's name and address <input checked="" type="checkbox"/> 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		3	
b Total number of participants at the end of the plan year		5b		3	
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		5c		3	
d(1) Total number of active participants at the beginning of the plan year		5d(1)		3	
d(2) Total number of active participants at the end of the plan year		5d(2)		3	
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.	05/21/2018	DEBORAH THOMPSON		
	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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.				Form 5500-SF (2017) v. 170207	

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ 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.) ☒ 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	192452	213709
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	192452	213709
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)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	21287	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		21287
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	30	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		30
i Net income (loss) (subtract line 8h from line 8c)	8i		21257
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:
2M
- 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	
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	
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	
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? ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

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)

STANWOOD COMMUNITY AND SENIOR CENTER

Plan ID 10088661

Statement Of Net Assets Available For Benefits

Report Date Range: 01/01/2017 - 12/31/2017

	As of December 31				
	2016		2017		Change in Asset Value
	Shares	Assets	Shares	Assets	
Investments, at fair value					
Vanguard Balanced Index Fund Investor Shares	820.88	\$25,537.70	0.00	\$0.00	\$(25,537.70)
Vanguard High-Yield Corporate Fund Investor Shares	19,208.33	\$111,984.59	0.00	\$0.00	\$(111,984.59)
Vanguard Short-Term Treasury Fund Investor Shares	17.10	\$181.99	0.00	\$0.00	\$(181.99)
Vanguard GNMA Fund Investor Shares	1,761.22	\$18,563.33	0.00	\$0.00	\$(18,563.33)
Vanguard Global ex-U.S. Real Estate Index Fund Investor Shares	1,817.43	\$36,185.11	0.00	\$0.00	\$(36,185.11)
Net assets available for benefits		\$192,452.72		\$0.00	\$(192,452.72)

STANWOOD COMMUNITY AND SENIOR CENTER

Plan ID 10088661

Statement Of Changes In Net Assets Available For Benefits

Report Date Range: 01/01/2017 - 12/31/2017

Plan Year End
December 31, 2017

Additions

Investment Income:

Dividend Income	\$	6,239.82
Capital Gains	\$	0.00
	\$	6,239.82

Contributions:

Participant Deferrals(Current Tax Year)	\$	0.00
Employer Contributions(Current Tax Year)	\$	0.00
Participant Deferrals (Prior Tax Year)	\$	0.00
Employer Contributions (Prior Tax Year)	\$	0.00
	\$	0.00

Other additions:

Inbound Asset Transfers	\$	0.00
Inbound Rollovers	\$	0.00
Miscellaneous Additions	\$	0.00
	\$	0.00

<i>Total Additions</i>	\$	6,239.82
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Deductions

Normal Distributions	\$	0.00
Hardship Withdrawals	\$	0.00
Outbound Asset Transfers	\$	210,885.21
Outbound Rollovers	\$	0.00
Corrective Distributions	\$	0.00
Miscellaneous Deductions	\$	0.00
	\$	210,885.21

Account Service Fees	\$	30.00
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<i>Total Deductions</i>	\$	210,915.21
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Net assets available for plan benefits:

Beginning of period	\$	192,452.72
End of period	\$	0.00

Net appreciation(depreciation)in fair value of investments	\$	12,222.67
Net Purchase/ Redemption Transaction Based Fees	\$	0.00

Gain / Loss Summary

STANWOOD COMMUNITY AND SENIOR CENTER

From 11/08/2017 to 12/31/2017

Fund Name		11/8/2017 Market Value	Additions	Withdrawals	Exchanges	12/31/2017 Market Value	12/31/2017 Shares	12/31/2017 Price	Dividends/ Cap Gains	Interest	Gain/Loss
VANGUARD BALANCED INDEX FUND ADMIRAL SHA											
CUSIP: 921931200	Ticker: VBIAX	\$28,410.17	\$0.00	\$0.00	\$0.00	\$29,042.48	836.477	0.00	\$158.07	\$0.00	\$474.24
VANGUARD GL. EX-US R.ESTATE INDEX FD ADM											
CUSIP: 922042668	Ticker: VGRLX	\$43,751.95	\$0.00	\$0.00	\$0.00	\$45,707.28	1,246.109	0.00	\$1,377.54	\$0.00	\$577.79
VANGUARD GNMA FUND ADMIRAL SHARES											
CUSIP: 922031794	Ticker: VFIJX	\$18,980.08	\$0.00	\$0.00	\$0.00	\$18,913.93	1,808.215	0.00	\$77.91	\$0.00	-\$144.06
VANGUARD HIGH-YIELD CORPORATE FUND ADMIR											
CUSIP: 922031760	Ticker: VWEAX	\$119,574.94	\$0.00	\$0.00	\$0.00	\$119,878.12	20,249.682	0.00	\$906.72	\$0.00	-\$603.54
VANGUARD SHORT-TERM TREASURY FUND ADMIRA											
CUSIP: 922031851	Ticker: VFIRX	\$168.07	\$0.00	\$0.00	\$0.00	\$167.64	15.890	0.00	\$0.36	\$0.00	-\$0.79
Plan Total		\$210,885.21	\$0.00	\$0.00	\$0.00	\$213,709.45			\$2,520.60	\$0.00	\$303.64

2824.00
x 6239.82