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).

2016

This Form is Open to **Public Inspection**

OMB Nos. 1210-0110

1210-0089

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

		Identification Information				
For calendar p	lan year 2016 or fis	scal plan year beginning 01/01/2	016 	and ending 1	2/31/2016	
A This return,	/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer) on the second and the second		
		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 retur	n/report (less than 12 m	nonths)	
C Check box	if filing under:	Form 5558	automatic extension		DFVC progra	mı
Dort II D	lacia Dian Infa	special extension (enter descr	• ′			
Part II B		rmation—enter all requested inf	ormation		1b Three-dig	uit I
		TMENT OF WASHINGTON 401K	RETIREMENT PLAN		plan num	
					1c Effective	date of plan 01/01/1995
Mailing ad	dress (include rooi	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O			2b Employer (EIN)	Identification Number 91-0124915
		e, country, and ZIP or foreign posta TMENT OF WASHINGTON	al code (if foreign, see inst	ructions)		s telephone number 60-491-4373
3600 RUDDELL	ROAD SE				2d Business	code (see instructions)
LACEY, WA 985						813000
3a Plan admi	nistrator's name ar	nd address 🛛 Same as Plan Spor	nsor.		3b Administr	ator's EIN
					3c Administra	ator's telephone number
		e plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN	
name, EII a Sponsor's	•	mber from the last return/report.			4c PN	
		at the beginning of the plan year			5a	19
_		at the end of the plan year			5b	19
C Number of	f participants with	account balances as of the end of the	the plan year (only defined	I contribution plans	5c	12
		rticipants at the beginning of the pla			5d(1)	12
	•	rticipants at the end of the plan yea	•		5d(2)	13
e Number	of participants that	terminated employment during the	plan year with accrued be	enefits that were less	5e	1
Caution: A pe	nalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable ca	use is establish	ed.
SB or Schedul		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete				
		valid electronic signature.	03/30/2017	DALE F. DAVIS		
HERE	ignature of plan a	dministrator	Date	Enter name of individ	lual signing as pl	an administrator
SIGN	•				.	
		yer/plan sponsor	Date			mployer or plan sponsor
Preparer's nan	ne (including firm n	ame, if applicable) and address (in	clude room or suite numb	er)	Preparer's tele	phone number

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	Were all of the plan's assets during the plan year invested in eligib		` ,						X Ye	s No	
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Ye	s No	
	If you answered "No" to either line 6a or line 6b, the plan cann										
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not de	termined	
Par	t III Financial Information	_									
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year		
а	Total plan assets	7a		683692	2				75040)9	
b	Total plan liabilities	7b		C)						
C	Net plan assets (subtract line 7b from line 7a)	7c		683692	2				75040)9	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) ⁻	Total		
	Contributions received or receivable from: (1) Employers	8a(1)		15872							
	(2) Participants	8a(2)		31980)						
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b		30546	,						
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							7839	98	
	Benefits paid (including direct rollovers and insurance premiums	- 55									
	to provide benefits)	8d		11081	_						
е	Certain deemed and/or corrective distributions (see instructions).	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		600)						
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						11681			
	Net income (loss) (subtract line 8h from line 8c)	8i				66717				17	
j	Transfers to (from) the plan (see instructions)	8j									
	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in t	he instr	uctions:		
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amoun	t	
а	Was there a failure to transmit to the plan any participant contribudescribed 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.)	t? (Do not	include transactions	10a		X					
С	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 by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e		Х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X					
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i							

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he 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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

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 section 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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016 a multiple-employer plan (not multiemployer) (Filers checking this box must attach x a single-employer plan A This return/report is for: a list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan the first return/report the final return/report B This return/report is: an amended return/report a short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information --- enter all requested information Part II 1b Three-digit 1a Name of plan plan number The American Legion Department of Washington 401k Retirement Plan 001 (PN) ▶ 1c Effective date of plan 01/01/1995 Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing Address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-0124915 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number The American Legion Department of Washington (360) 491-4373 2d Business code (see instructions) 3600 Ruddell Road SE 813000 US Lacey WA 98503 3a Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a Total number of participants at the beginning of the plan year 5a Total number of participants at the end of the plan year 5b 19 Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c 12 complete this item) 5d(1) 12 d(1) Total number of active participants at the beginning of the plan year 5d(2) 13 **d(2)** Total number of active participants at the end of the plan year Number of participants that terminated employment during the plan year with accrued benefits that were 5e 1 less than 100% vested ______ 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.

2017 Dale Davis SIGN HERE Enter name of individual signing as plan administrator Signature of plan administrator Date Dale Davis SIGN Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Date

Preparer's name (including firm name, if applicable) and address (include room or suite number) Skip this question

Preparer's telephone number Skip this question

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)					•••••	X Yes	□No
_	Are you claiming a waiver of the annual examination and report of ar			ntant	(IQPA	A)			_	_
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar							•••••	x Yes	□No
	If you answered "No" to either line 6a or line 6b, the plan cannot					_			_	
<u></u>	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section	1 402	1)? .		Yes	∐N	o Not d	letermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	Year	•			(b) End	l of Year	
а	Total plan assets	7a	68	3,6	92				750	,409
b	Total plan liabilities	7b			0					
C	Net plan assets (subtract line 7b from line 7a)	7c		3,6	92				750	,409
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	1	.5,8	72					
	(2) Participants	8a(2)	3	1,9	80					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	3	0,5	46					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							78	,398
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	1,0	81					
e	Certain deemed and/or corrective distributions (see instructions)	8e	_							
f	Administrative service providers (salaries, fees, commissions)	8f		6	00					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							11	,681
i	Net income (loss) (subtract line 8h from line 8c)	8i							66	,717
j	Transfers to (from) the plan (see instructions)	8j								
Pa	ert IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	aract	eristic	Code	s in the	instruc	tions:	
	2E 2F 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	racte	ristic (Codes	in the	instructi	ons:	
Pa	ert V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribut	ions within	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	luciary Correction							
	Program)			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		х				
				10c		х				
	by fraud or dishonesty?	•		10d		х				
е	· · · · · · · · · · · · · · · · · · ·	•	,							
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)			10e		х				
f	,			10f		х				
				10g		х				
<u>=</u> h		-	·	- 79						
	2520.101-3.)	***************************************	•••••••	10h		х				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i						

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Part	: VI	Pension Funding Compliance				_	
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 15500 and line 11a below)				Yes 🗓	No
		ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		1	
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the				Yes 🗵	No
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	inatruotiana	and anta	r the data	of the letter mil	
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see i g the waiver			r the date av	Of the letter rul	ing
lf y		pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
b	Enter tl	ne minimum required contribution for this plan year.	••••••	12b			
С	Enter tl	ne amount contributed by the employer to the plan for the plan year	•••••	12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 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 r	resolution to terminate the plan been adopted in any plan year?	•••••	.	Yes	X No	
		" enter the amount of any plan assets that reverted to the employer this year			Ī		
b	Were a	Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro				Yes X No)
		of the PBGC?g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide					
		assets or liabilities were transferred. (See instructions.)	intily the pla	11(3) 10			
13	3c(1) Na	me of plan(s):	13c(2)	EIN(s)		13c(3) PN	(s)
Part	VIII	Trust Information - Skip These Questions			I		
	VIII Name	•		14b	Trust's E	IN	
		•		14b	Trust's E	IN	
14a	Name (of trust					
14a	Name (•				or custodian's	
14a	Name (of trust			Trustee o	or custodian's	
14a	Name o	of trust			Trustee o	or custodian's	
14a 14c	Name o	of trust			Trustee o	or custodian's	
14a 14c Part	Name of Name o	of trustee or custodian IRS Compliance Questions - Skip These Questions Ilan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section		14 d	Trustee of telephone	or custodian's e number	ear" ADP
14a 14c Part	Name of Name o	of trustee or custodian IRS Compliance Questions - Skip These Questions lan a 401(k) plan? If "No," skip b.		Yes Design-t	Trustee of telephone	or custodian's e number No "Prior yet	ear" ADP
14a 14c Part	Name of Name o	of trustee or custodian IRS Compliance Questions - Skip These Questions Ilan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-t safe har	Trustee of telephone	or custodian's e number No "Prior ye	ear" ADP
14a 14c Part 15a 15b	Name of Name o	of trustee or custodian IRS Compliance Questions - Skip These Questions Ilan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-tsafe har "Current ADP tes Ratio percenta	Trustee of telephone	or custodian's e number No "Prior yet	ear" ADP
14a 14c Part 15a 15b	Name of Name o	IRS Compliance Questions - Skip These Questions John a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: Desting method was used to satisfy the coverage requirements under section 410(b) for the plan		Yes Design-tsafe har "Current ADP tes Ratio	Trustee of telephone	or custodian's e number No "Prior yettest N/A Average	
14a 14c Part 15a 15b 16a 16b	Name of IX Is the p How did 401(k)(c) What to gear? (c) Did the for the If the p	IRS Compliance Questions - Skip These Questions Plan a 401(k) plan? If "No," skip b. Id the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: Plan satisfy the coverage requirements under section 410(b) for the plan check all that apply: Plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules? In is a master and prototype plan (M&P) or volume submitter plan that received a favorable If		Yes Design-t safe har "Current ADP tes Ratio percentatest Yes	Dased poor year" t	or custodian's enumber No Prior yetest N/A Average benefit test No	□ N/A
14a 14c Part 15a 15b 16a 16b 17a	Name of IX Is the p How did 401(k)(c) What to year? (c) Did the for the left. If the p	IRS Compliance Questions - Skip These Questions Plan a 401(k) plan? If "No," skip b. Id the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: Plan satisfy the coverage requirements under section 410(b) for the plan check all that apply: Plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules? In is a master and prototype plan (M&P) or volume submitter plan that received a favorable If	1	Yes Design-t safe har "Current ADP tes Ratio percentatest Yes etter or ac	Dased poor year" t	or custodian's enumber No Prior yetest N/A Average benefit test No ter, enter the de	□ N/A ate of
14a 14c Part 15a 15b 16a 16b 17a	Name of Name o	IRS Compliance Questions - Skip These Questions Jan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: John String method was used to satisfy the coverage requirements under section 410(b) for the plan check all that apply: John String method was used to satisfy the coverage requirements under section 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules? Jan is a master and prototype plan (M&P) or volume submitter plan that received a favorable leter / / / and serial number _ Jan is an individually-designed plan that received a favorable determination letter from the IRS _ / / / John Stripton of Money Purchase Pension Plan Only: Jan distributions made during the plan year to an employee who attained age 62 and had not serial number John Stripton of Money Purchase Pension Plan Only: John Stripton of Mone	an	Yes Design-t safe har "Current ADP tes Ratio percentatest Yes etter or actate of the	Dased poor year" t	or custodian's enumber No Prior yetest N/A Average benefit test No ter, enter the de	□ N/A ate of
14a 14c Part 15a 15b 16a 17a 17b 18	Name of IX Is the p How did 401(k)(c) What to year? (c) Did the for the letter If the p letter Defined Were a service	IRS Compliance Questions - Skip These Questions blan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: plan satisfy the coverage and nondiscrimination requirements of sections 410(b) for the plan year by combining this plan with any other plan under the permissive aggregation rules? lan is a master and prototype plan (M&P) or volume submitter plan that received a favorable If er / and serial number Benefit Plan or Money Purchase Pension Plan Only:	an	Yes Design-t safe har "Current ADP tes Ratio percentatest Yes etter or actate of the	Dased poor year" t dvisory let	or custodian's enumber No Prior yetest N/A Average benefit test No ter, enter the dent determination	□ N/A ate of