-		Short Form Annua		t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
D	rnal Revenue Service		d under sections 104 and (ERISA), and sections 60	057(b) and 6058(a) of the		2017
Description Status Point of Status Display of Status <thdisplay of="" status<="" th=""> Display of Status</thdisplay>						
		dentification Information		didenons to the Form 55	00-51.	
For calend	lar plan year 2017 or fise					to a detail to a construction of a design of
A This re	turn/report is for:		list of participating e			-
B This ret	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	urn/report (less than 12 mo	onths)	
C Check	box if filing under:			[DFVC p	rogram
Part II	Basic Plan Infor		,			
1a Name	of plan				plan	number
				-	. ,	
_						•
Mailin	g address (include room	n, apt., suite no. and street, or P.O		structions)	(EIN)	91-0124915
				_		360-491-4373
					2d Busir	
3a Plan a	administrator's name and	d address \overline{X} Same $$ as Plan Spon	SOF.		3b Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
4 If the	name and/or EIN of the	plan sponsor or the plan name ha	s changed since the last	return/report filed for	4b EIN	
•		sor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN	
C Plan N	Name					
5a Total	number of participants a	at the beginning of the plan year			5a	18
				-	5b	19
				-	5c	19
d(1) Tot	tal number of active part	ticipants at the beginning of the pla	an year			13
• •					5d(2)	11
than	100% vested		· · · ·			
Under pen SB or Sche	alties of perjury and oth edule MB completed and	er penalties set forth in the instruc d signed by an enrolled actuary, a	tions, I declare that I hav	e examined this return/rep	ort, includi	ng, if applicable, a Schedule
			09/28/2018	LEO JRUBA		
			Date	Enter name of individu	al signing a	as plan administrator
			09/28/2018			
HERE For Paperw	Signature of employ	/er/plan sponsor e, see the Instructions for Form 5500	Date	Enter name of individu	al signing a	as employer or plan sponsor Form 5500-SF (2017)
i si i apei w						v.170203

8 Inn a Co. (1) (2) (3) b b Off c To d Be to G f Ao g Off h To j Tr Part I 9a 9a Iff b Iff Part V Part V	the plan provides pension benefits, enter the applicable pension $E = 2F = 2G = 2J = 2K = 2T = 3D$ the plan provides welfare benefits, enter the applicable welfare for			
8 Im a Co. (1) (2) (3) b On b On C c To C d Be Co f Acc G g On To j Tr Part I 9a Iff D b Iff D	Others (including rollovers)	8a(3) 8b 8c 8d 8d 8d 8e 8f 8g 8h 8i 8j	100932 796097 900 es from the List of Plan Char	796997 -644940 odes in the instructions:
8 Inn a Co. (1) (2) (3) b b Off c To d Be to C f Ao g Off h To j Tr Part I 9a	Others (including rollovers) her income (loss) tal income (add lines 8a(1), 8a(2), 8a(3), and 8b) nefits paid (including direct rollovers and insurance premiums provide benefits) rtain deemed and/or corrective distributions (see instructions) ministrative service providers (salaries, fees, commissions) her expenses tal expenses (add lines 8d, 8e, 8f, and 8g) to income (loss) (subtract line 8h from line 8c) ansfers to (from) the plan (see instructions) the plan provides pension benefits, enter the applicable pension is 2F 2G 2J 2K 2T 3D	8a(3) 8b 8c 8d 8d 8d 8e 8f 8g 8h 8i 8j	100932 796097 900 es from the List of Plan Char	796997 -644940 odes in the instructions:
8 Im a Co. (1) (2) (3) b b Off c To d Bee to to e Co f Acc g Off h To j Tr Part I	Others (including rollovers)	8a(3) 8b 8c 8d 8d 8d 8d 8d 8e 8f 8g 8h 8i 8j	100932 796097 900	796997 -644940
8 Inv a Co (1) (2) (3) (3) b Oti c To d Be to C f Ao g Oti h To i Ne	Others (including rollovers) her income (loss) tal income (add lines 8a(1), 8a(2), 8a(3), and 8b) nefits paid (including direct rollovers and insurance premiums provide benefits) train deemed and/or corrective distributions (see instructions) ministrative service providers (salaries, fees, commissions) her expenses tal expenses (add lines 8d, 8e, 8f, and 8g) tt income (loss) (subtract line 8h from line 8c)	8a(3) 8b 8c 8d 8d 8e 8f 8g 8h 8i	100932 796097	796997
8 Inn a Co. (1) (2) (3) b b Ot c To d Bee to to e Ce f Acc g Ot h To	Others (including rollovers) her income (loss) tal income (add lines 8a(1), 8a(2), 8a(3), and 8b) nefits paid (including direct rollovers and insurance premiums provide benefits) ertain deemed and/or corrective distributions (see instructions) ministrative service providers (salaries, fees, commissions) her expenses tal expenses (add lines 8d, 8e, 8f, and 8g)	8a(3) 8b 8c 8d 8d 8e 8f 8g 8h	100932 796097	796997
8 Inn a Co (1) (2) (3) b Off c To d Be to e Ce f Ac g Off	Others (including rollovers) her income (loss) tal income (add lines 8a(1), 8a(2), 8a(3), and 8b) nefits paid (including direct rollovers and insurance premiums provide benefits) rtain deemed and/or corrective distributions (see instructions) ministrative service providers (salaries, fees, commissions) her expenses	8a(3) 8b 8c 8d 8d 8e 8f 8g	100932 796097	
8 Inn a Co (1) (2) (3) 0 b O c To d Be to C e Co f Acc	Others (including rollovers) her income (loss) tal income (add lines 8a(1), 8a(2), 8a(3), and 8b) nefits paid (including direct rollovers and insurance premiums provide benefits) provide benefits) train deemed and/or corrective distributions (see instructions) ministrative service providers (salaries, fees, commissions)	8a(3) 8b 8c 8d 8e 8f	100932 796097	152057
8 Inc a Cc (1) (2) (3) b Ot c Tc d Be to e Cc	Others (including rollovers) her income (loss) tal income (add lines 8a(1), 8a(2), 8a(3), and 8b) nefits paid (including direct rollovers and insurance premiums provide benefits) ertain deemed and/or corrective distributions (see instructions)	8a(3) 8b 8c 8d 8d	100932 796097	152057
8 Inv a Co (1) (2) (3) b Ot c To d Be to	Others (including rollovers) her income (loss) tal income (add lines 8a(1), 8a(2), 8a(3), and 8b) nefits paid (including direct rollovers and insurance premiums provide benefits)	8a(3) 8b 8c 8d	100932	152057
8 Inv a Cc (1) (2) (3) b Ot c Tc d Be	Others (including rollovers) her income (loss) tal income (add lines 8a(1), 8a(2), 8a(3), and 8b) nefits paid (including direct rollovers and insurance premiums	8a(3) 8b 8c	100932	152057
8 Inc a Co (1) (2) (3) b Ot	Others (including rollovers)	8a(3) 8b		152057
8 Ind a Co (1) (2) (3)	Others (including rollovers)	8a(3)		
8 Inc a Co (1) (2)	· · · · · · · · · · · · · · · · · · ·		33728	
8 Inc a Co (1)			22720	
	Intributions received or receivable from: Employers	8a(1)	17397	
C Ne	come, Expenses, and Transfers for this Plan Year		(a) Amount	 (b) Total
	et plan assets (subtract line 7b from line 7a)	7c	750409	 105469
b To	tal plan liabilities	7b		
a To	tal plan assets	7a	750409	105469
7 PI	an Assets and Liabilities		(a) Beginning of Year	(b) End of Year
Part	II Financial Information			
lf	he plan is a defined benefit plan, is it covered under the PBGC ir 'Yes'' is checked, enter the My PAA confirmation number from th			
	you answered "No" to either line 6a or line 6b, the plan cann			
ur	der 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditio	ns.)	
	ere all of the plan's assets during the plan year invested in eligib e you claiming a waiver of the annual examination and report of			X Yes No
<u> </u>				X Yes No

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		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
C	Was the plan covered by a fidelity bond?	10c		Х	
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		Х	
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		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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 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	es X	No	
	lf "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 brought under the trol of the PBGC?	•		Yes	×I	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) F	'N(s)

		4			OMB Nos, 1210-0110
Form 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	of Small Employ	ee	1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed	under sections 104 a			2017
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of the Interna	1974 (ERISA), and s I Revenue Code (the		a) of	This Form is Open to Public
Pension Benefit Guaranty Corporation	Complete all entries in accorda	ance with the instru	ictions to the Form 5500	-SF.	Inspection
Part I Annual Report le	dentification Information				
For calendar plan year 2017 or fisca		01/01/2017	and ending	12/3	31/2017
					cking this box must attach
A This return/report is for:		a list of participating e a foreign plan	employer information in ac	cordance	e with the form instructions.)
B This return/report is:		he final return/report			
[an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	
C Check box if filing under:	x Form 5558	automatic extension			DFVC program
j [special extension (enter description))			
Part II Basic Plan Infor	mation enter all requested inform	nation			
1a Name of plan					ree-digit
The American Legion	Department of Washington	401k Retiremen	nt Plan	2 (ma)	n number N)► 001
				1c Eff	ective date of plan
2a Plan sponsor's name (employe					/01/1995
Mailing Address (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P.O. Box , country, and ZIP or foreign postal cod		ructions)		nployer Identification Number N) 91-0124915
The American Legion	The American Legion Department of Washington				onsor's telephone number 60) 491-4373
					siness code (see instructions)
3600 Ruddell Road SE	:			81	3000
US Lacey WA 98503					
3a Plan administrator's name and	address 🗴 Same as Plan Sponsor			3b Ad	ministrator's EIN
				3c Ad	ministrator's telephone number
				VC Au	
	plan sponsor or the plan name has cha			4b EI	N
	or's name, EIN, the plan name and the	e plan number from th	ne last return/report.	4d PN	
 a Sponsor's name c Plan Name 				4u Piv	
5a Total number of participants at	the beginning of the plan year			5a	18
	t the end of the plan year count balances as of the end of the pla		0.0000000000000000000000000000000000000	5b	19
complete this item)				5c	19
d(1) Total number of active partic	ipants at the beginning of the plan yea	r		5d(1)	13
d(2) Total number of active partic			- 64 - 44 - 4	5d(2)	11
e	rminated employment during the plan y			5e	3
Caution: A penalty for the late of	r incomplete filing of this return/repo	ort will be assessed	l unless reasonable cau	se is est	ablished.
	er penalties set forth in the instructions d signed by an enrolled actuary, as wel ete.				
SIGN Froz M	le	9-28-2019	Les a grube	Ad	Subact
HERE Signature of plan admin	istrator	Date	Enter name of individual	<mark>l signing</mark> a	as plan administrator
SIGN DE	1-	9-24-2018	Les e Grub	n A	dutant
HERE Signature of employer/p	lan sponsor	Date			as employer or plan sponsor
	otice, see the instructions for Form				Form 5500-SF (2017) v.170203

6a	Were all of the plan's assets during the plan year invested in eligible	assets? (Se	e instructions.)	XYes No
b	Are you claiming a waiver of the annual examination and report of ar under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	•	,	XYes 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	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance prog	ram (see ERISA section 4021)?	Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC prem	ium filing for this year	(See instructions.)
Ρ	art III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	750,409	105,469
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	750,409	105,469
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	17,397	
	(2) Participants	8a(2)	33,728	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	100,932	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		152,057
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	796,097	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	900	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		796,997
i	Net income (loss) (subtract line 8h from line 8c)	8i		(644,940)
	Transfers to (from) the plan (see instructions)	8j		

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 2T 3D

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	N/A	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		х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	1.5	
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 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		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				

Form 5500-SF 2017

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Parl	t VI	Pension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple 5500 and line 11a below)					Yes 🗴] No
11a	Enter	he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or ? 					Yes 🗴] No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructio				of the I		ng
lf y	ou con	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter	he minimum required contribution for this plan year.		12b				
с	Enter	he 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 left of re amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes 🗌] No	🗌 N/	Ά
Part	: VII	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?		[] Yes	X	No	
	If "Yes	" enter the amount of any plan assets that reverted to the employer this year	·····	13a				
b		II the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unc of the PBGC?				Yes	X No	
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	olan(s)	to				
13			(2) EIN	(s)		13	:(3) PN(s)