Form 5500-SF Short Form Annual Return/Report of Small En Benefit Plan				OMB Nos. 1210- 1210-							
	ment of the Treasury al Revenue Service	This form is required to be file			tirement	2016					
Employee Ber	partment of Labor nefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co		nternal	This Form is Open to Public Inspection					
	efit Guaranty Corporation	Complete all entries in a	accordance with the in	structions to the Form 55							
For calenda	Annual Report IC r plan year 2016 or fisc	lentification Information	016	and ending 12	/31/2016						
		a single-employer plan	a multiple-employer	plan (not multiemployer) (F		king this box	must attach a				
A This retu	Irn/report is for:	a one-participant plan	list of participating a foreign plan	employer information in acc	cordance w	ith the form	instructions.)				
<b>B</b> This retu	m/report is	] the first return/report ] an amended return/report	the final return/repo	rt turn/report (less than 12 mc	onths)						
C Check b	ox if filing under:	 ] Form 5558	automatic extension	n [	DFVC p	rogram					
		special extension (enter descr	. ,								
Part II		mation—enter all requested inf	ormation		1b	a altarit					
<b>1a</b> Name of MICHAEL D.	of plan BOHANNON, PLLC 40	1(K) PLAN			1b Three plan (PN)	number	001				
					1c Effective date of plan 07/11/2007						
Mailing	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)			2b Employer Identification Number (EIN) 20-8677418							
	CHAEL D. BOHANNON, PLLC		istructions)	2c Sponsor's telephone number 360-779-6665							
PO BOX 2326 POULSBO, W				-	2d Busir	ness code (s 54111	ee instructions)				
<b>3a</b> Plan ad	ministrator's name and	address X Same as Plan Spor	isor.		<b>3b</b> Admi	nistrator's E	IN				
				-	3c Admi	nistrator's te	elephone number				
name,	EIN, and the plan numb	plan sponsor has changed since the four from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN						
a Sponso					4C PN						
		the beginning of the plan year			5a 5b		2				
C Numbe	r of participants with ac	the end of the plan year	the plan year (only defin	ed contribution plans	50 50		2				
	,				5d(1)		2				
• • •	•	cipants at the beginning of the pla		F	5d(1)		2				
e Numbe	er of participants that te	cipants at the end of the plan yea rminated employment during the	plan year with accrued	benefits that were less	5e		C				
		incomplete filing of this return			se is estal	olished.					
Under penal SB or Scheo	lties of perjury and othe	r penalties set forth in the instruct signed by an enrolled actuary, a	tions, I declare that I ha	ve examined this return/rep	ort, includi	ng, if applica					
	Filed with authorized/va	lid electronic signature.	07/11/2017	MICHAEL D. BOHANN	ON						
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	al signing a	as plan adm	inistrator				
SIGN											
HERE	Signature of employe		Date	Enter name of individu							
Preparer's n	ame (including firm nar	ne, if applicable) and address (in	clude room or suite num	nber )	Preparer's	s telephone	number				
		see the Instructions for Form 5500		-		E.	orm 5500-SE (2016)				

<u> </u>				
oa b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a		,	
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a			
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use For	m 5500-SF and must instead use	Form 5500.
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA section 4021)? .	Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	748929	843136
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	748929	843136
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:		8616	
	(1) Employers	8a(1)		
	(2) Participants	8a(2)	31200	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	54391	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		94207
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		
i	Net income (loss) (subtract line 8h from line 8c)	8i		94207
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 3D 2G 2J 2K 2T	feature cod	les from the List of Plan Characteris	tic Codes in the instructions:

**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		Х		
C	Was the plan covered by a fidelity bond?	10c	X			10000
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		
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				

Part	Part VI Pension Funding Compliance								
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)					י 🗌 א	′es	No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					. П Y	′es 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uction	is, and	enter t	he date	of the lette	r ruling	
	gran	ting the waiver	onth _		_ Day		_ Year _		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
b	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 le tive 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?				Yes	s XN	0	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes 🛛	No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>)</b> PN(s)	
	,			. ,					
Part	VIII	Trust Information							
14a	Name	of trust			<b>14b</b> ⊺	Trust's E	EIN		
14c	Name	e of trustee or custodian					s or custod ne number	an'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:		Desigi safe h	n-basec arbor	[	Prior ye test	ar" ADP	
				"Curre ADP t	nt year' est	,	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	ntage		verage enefit test	N/	A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			ł
17b	10 11 -	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	ost rec	ent determi	nation	
	letter	//							
18	letter Defin Were		rated f	rom	Yes	6 [	No		

and the second	the second se							
Form 5500-SF Department of the Treasury	Short Form Ann	ual Return/Repor Benefit Plan	t of Small Employee	OMB Nos. 1210-0110 1210-0089				
Internal Revenue Service Department of Labor	Income Security Act of 197	ed under sections 104 and 4 (ERISA), and sections 6	4065 of the Employee Retirement 057(b) and 6058(a) of the Internal	2016				
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Revenue Code (the Co	te).	This Form is Open to				
	Complete all entries in	accordance with the ins	tructions to the Form 5500-SF.	Public Inspection				
For calendar plan year 2016 or	t Identification Information fiscal plan year beginning 01/01/20	<b>1</b>						
	X a single-employer plan		and ending 12/31/2016 plan (not multiemployer) (Filers chec					
A This return/report is for:	a one-participant plan	list of participating e	mployer information in accordance	with the form instructions.)				
B This return/report is	the first return/report	the final return/report						
	an amended return/report		m/report (less than 12 months)					
C Check box if filing under:	Form 5558	automatic extension		orogram				
	special extension (enter desc	A CONTRACTOR OF A CONTRACTOR OFTA CONT						
Part II Basic Plan Inf	ormation-enter all requested in	formation						
<b>1a</b> Name of plan MICHAEL D. BOHANNON, PLLC	: 401(k) PLAN		(PN)	number				
2a Plan sponsor's name (employer, if for a single-employer plan)				1/2007 loyer Identification Number				
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) MICHAEL D. BOHANNON, PLLC			tructions)	(EIN) 20-8677418 2c Sponsor's telephone number (360) 779-6665				
O BOX 2326			<b>2d</b> Busin 5411	ness code (see instructions) 10				
OULSBO, WA 98370								
	and address X Same as Plan Spo	nsor	26.41					
		nsur,	JD Admi	nistrator's EIN				
			<b>3c</b> Admi	nistrator's telephone number				
4 If the name and/or EIN of the	e plan sponsor has changed since	Alex Development I and Pta A						
name, EIN, and the plan nu	imber from the last return/report.	the last return report lifed	for this plan, enter the 4b EIN					
a Sponsor's name			4c PN	···				
	s at the beginning of the plan year.			2				
<ul> <li>D Total number of participants</li> <li>C Number of participants with</li> </ul>	s at the end of the plan year		<u>5</u> b	2				
complete this item)	account balances as of the end of		50	2				
	articipants at the beginning of the pl			2				
d(2) Total number of active pa	articipants at the end of the plan yes	ar		2				
e Number of participants that	t terminated employment during the	plan year with accrued be	nefits that were less 5e	0				
Caution: A penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cause is estat					
Under penalties of perjury and o	ther penalties set forth in the instruction of the signed by an enrolled actuary a	ctions. I declare that I have	examined this return/report, including rsion of this return/report, and to the	if applicable a Schedule				
	e	7-11+17	* Luchael D. B	- 1				
IERE Signature of plan a	administrator			Thankon				
		Date	Enter name of individual signing a	as plan administrator				
Signature of emplo	oyer/plan sponsor name, if applicable) and address (ir	Date	Enter name of individual signing a er) Preparer's	is employer or plan sponsor telephone number				
				<del></del>				
	ce, see the Instructions for Form 5500							

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6a b	Were all of the plan's assets during the plan year invested in eligit	ble assets	? (See instructions.)						X Yes	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe and cond	endent qualified public	accour	ntant (I	QPA)				
	y of an off of the to entries me oa of the ob, the plan can	10t use Fo	orm 5500-SF and mu	ist Inct	ant hee	o For	m EEOO		X Yes	No No
C	If the plan is a defined benefit plan, Is it covered under the PBGC in	nsurance	program (see ERISA	section	4021)	?	Yes	No	Not det	ermined
Pa	rt III Financial Information									
_7	Plan Assets and Liabilities		(a) Beginning	of Yea				(b) End	of Year	
<u>a</u>		7a		7489		1	2 201 - 273		8431	36
	Total plan liabilities	7b				·	-	-	0101	
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		7489	29				84313	36
8	Income, Expenses, and Transfers for this Plan Year		(а) Алтоц	nt				(b) T		
а	Contributions received or receivable from: (1) Employer							(9) 1		·
3. <del></del>	(1) Employers	8a(1)		86						
<del>.</del>	(2) Participants	8a(2)		312	00					
	(3) Others (including rollovers)	8a(3)								200 200
	Other income (loss)	8b		543	91	367				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							9420	7
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				alatin.				10.05
е	Certain deemed and/or corrective distributions (see instructions)									
f	Administrative service providers (selaries, fees, commissions)	8e 8f								
q	Other expenses									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g								
1	Net income (loss) (subtract line 8h from line 8c)	<u>8h</u>	· · · · · · · · · · · · · · · · · · ·			<u> </u>				
i	Transfers to (from) the plan (see instructions)	<u>8i</u>							9420	7
Par	t IV Plan Characteristics	<u>8j</u>								
-	If the plan provides pension benefits, enter the applicable pension t	eature co	des from the List of Pl	lan Cha	racteri	stic Co	odes in	the instri	Intione	
<u> </u>										
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Pla	n Chara	cterist	ic Coo	des in th	ne instruc	tions:	
Par					. <u> </u>					
10										
<u> </u>	During the plan year:				Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volume 10.1) and DOL's DOL's DOL DOL's DOL DOL's DOL DOL DOL's DOL DOL DOL's DOL	ions within	the time period							
	Program)			10a	2	х				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not in	oclude transactions	10b		х				
C				10c	х	_				10000
d		idelity bon	d that was caused	100		x				
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons	by an insurance	10e		x			<u> </u>	
f	Has the plan failed to provide any benefit when due under the plan	?		10 <del>1</del>		х	-			. <u> </u>
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		x			_	
h	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	See instruc	ctions and 29 CFR	10g		X				
I	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	required	potice or one of the	101						

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<b>n</b>		-			<u></u>			
Part								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)				8B		Yes	
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 Coc ERISA?	de or	sectio	n 302 o	f		Yes	X N
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- granting the waiver	uctio	ns, an					ng
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.	_	Day	/	Year		
	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				Electropal C
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef negative amount)	ft of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			İΠ	Yes	No	1 N	/A
Part '				1				
13a	Has a resolution to terminate the plan been adopted in any plan year?				Ye	s X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?		lor the			Yes	X No	
C	If, during this plan year, any assets or llabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the	plan(s	) to	I			
1	3c(1) Name of plan(s):		13c(2)	) EIN(s)		13c	3) PN(	<u>_</u>
Part 14a i	VIII Trust Information			14b 1	ruet'e l			
				140	rusts			
14c	Name of trustee or custodian					's or custo ne numbe		
Part	IX IRS Compliance Questions							
15a	Is the plan a 401(k) plan? If "No," skip b		Yes			No		
15b   4	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section IO1(k)(3) for the plan year? Check all that apply:		safe h			Prior y test	rear" Al	DP
			"Curre ADP t	ent year" .est	[	] N/A		
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio perce test	entage		verage enefit test		N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	9002 - 19	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op the letter and the serial number	inlor	letter	or advis	ory let	ler, enter ti	ne date	of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, ente letter	r the	date	of the m	ost rec	ent determ	ination	<u> </u>
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separa service?	ted f	rom	Yes	[	] No		
	Was any plan participent a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	[	No		