-	m 5500-SF	Short Form Annua	l Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service         Demant Plan           Department of Labor         This form is required to be filed under sections 104 and 4065 of the Employee Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Employee						2017		
	epartment of Labor enefits Security Administration		RISA), and sections 605		Internal	This Form is Open to		
Pension Be	nefit Guaranty Corporation	Complete all entries in ac	cordance with the instru	uctions to the Form 55	00-SF.	Public Inspection		
Part I		Identification Information						
For calenda	For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017							
A This ret	urn/report is for:	X a single-employer plan	list of participating em			king this box must attach a /ith the form instructions.)		
R This rote	ırn/report is	a one-participant plan	a foreign plan					
		the first return/report	the final return/report					
_		an amended return/report	a short plan year return	n/report (less than 12 mc	onths)			
C Check I	box if filing under:	X Form 5558	automatic extension	[	DFVC p	rogram		
		special extension (enter descrip						
Part II	Basic Plan Info	rmation—enter all requested infor	mation					
1a Name	•				1b Thre			
MICHAEL D	BOHANNON, PLLC	401(K) PLAN			(PN)	number 001		
					, ,	ctive date of plan		
2a Plan s	oonsor's name (emplo	yer, if for a single-employer plan)			2b Empl	07/11/2007 loyer Identification Number		
Mailing	address (include roor	m, apt., suite no. and street, or P.O.		uctions)	(EIN)	20-8677418		
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MICHAEL D. BOHANNON, PLLC					2c Sponsor's telephone number 360-779-6665		
					2d Busir	ness code (see instructions)		
PO BOX 232 POULSBO, V						541110		
					0			
<b>3a</b> Plan a	dministrator's name ar	nd address 🗙 Same as Plan Spons	or.		3D Admi	nistrator's EIN		
					3c Admi	nistrator's telephone number		
		e plan sponsor or the plan name has nsor's name, EIN, the plan name and			4b EIN			
•	or's name	noor o hame, Env, the plan hame and			<b>4d</b> PN			
C Plan N	ame							
5a Total r	number of participants	at the beginning of the plan year			5a	2		
		at the end of the plan year			5b	2		
		account balances as of the end of th			5c	2		
• •		rticipants at the beginning of the plar	-	F	5d(1)	2		
• •		rticipants at the end of the plan year			5d(2)	2		
than	100% vested	terminated employment during the p			5e	0		
		or incomplete filing of this return/						
SB or Sche		her penalties set forth in the instruction nd signed by an enrolled actuary, as plete.						
SIGN		valid electronic signature.	10/11/2018	MICHAEL D. BOHANN	ION			
HERE	Signature of plan a	dministrator	Date	Enter name of individu	al signing	as plan administrator		
SIGN								
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	al 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 eligib	le assets? (	See instructions.)	X Yes No
b	Are you claiming a waiver of the annual examination and report of a			
	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			
С	If the plan is a defined benefit plan, is it covered under the PBGC in			
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC pre	emium 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	Total plan assets	7a	843136	999905
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	843136	999905
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:			
	(1) Employers	8a(1)	7976	
	(2) Participants	8a(2)	31425	
		0a(2)	01120	
	(2) Participants	8a(3)		
b	•••••••		125337	
	(3) Others (including rollovers)	8a(3)		164738
	<ul> <li>(3) Others (including rollovers)</li> <li>Other income (loss)</li> <li>Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>Benefits paid (including direct rollovers and insurance premiums</li> </ul>	8a(3) 8b 8c		164738
c d	<ul> <li>(3) Others (including rollovers)</li> <li>Other income (loss)</li> <li>Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>Benefits paid (including direct rollovers and insurance premiums to provide benefits)</li> </ul>	8a(3) 8b 8c 8d		164738
c d	<ul> <li>(3) Others (including rollovers)</li> <li>Other income (loss)</li> <li>Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>Benefits paid (including direct rollovers and insurance premiums to provide benefits)</li> <li>Certain deemed and/or corrective distributions (see instructions)</li> </ul>	8a(3) 8b 8c 8d 8e	125337	164738
c d	<ul> <li>(3) Others (including rollovers)</li> <li>Other income (loss)</li> <li>Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>Benefits paid (including direct rollovers and insurance premiums to provide benefits)</li> <li>Certain deemed and/or corrective distributions (see instructions)</li> <li>Administrative service providers (salaries, fees, commissions)</li> </ul>	8a(3) 8b 8c 8d 8e 8f		164738
c d e f g	<ul> <li>(3) Others (including rollovers)</li></ul>	8a(3) 8b 8c 8d 8e 8f 8g	125337	
c d e f g	<ul> <li>(3) Others (including rollovers)</li></ul>	8a(3)           8b           8c           8d           8d           8e           8f           8g           8h	125337	7969
c d e f g	<ul> <li>(3) Others (including rollovers)</li></ul>	8a(3) 8b 8c 8d 8e 8f 8g	125337	
c d e f g	<ul> <li>(3) Others (including rollovers)</li></ul>	8a(3)           8b           8c           8d           8d           8e           8f           8g           8h	125337	7969
c d f g h i j	<ul> <li>(3) Others (including rollovers)</li></ul>	8a(3)         8b         8c         8d         8d         8e         8f         8g         8h         8i         8j	125337 125337 7969 1	7969 156769

**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
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)       10	a	x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	b	x	
С	Was the plan covered by a fidelity bond?	c 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?       10	d	×	
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.)10	e	x	
f	Has the plan failed to provide any benefit when due under the plan?	f	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	g	Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	h	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	)i		

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Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[	Ye	s 🗌 No
11a	Enter	the 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 se ? 	ctior	n 302 c	of 	[	Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver.	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this 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 a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII   F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I 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 pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s)	)	13	c(3)	PN(s)

Department of the Treasury Snort Form Annual Return/Report of S Benefit Plan	Small Employee	OMB Nos. 1210-0110 1210-0089
This form is required to be filed under sections 104 and 4065 o Department of Labor Employee Benefits Security Administration	f the Employee Retirement	2017
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Ind 6058(a) of the Internal	This Form is Open to
Complete all entries in accordance with the Instruction	ns to the Form 5500-SF.	Public Inspection
For colorador allowing DO(2) of the color internation		
	and ending 12/3	1/2017
A This return/report is for:	r information in accordance wi	ing this box must attach a it the form instructions.)
📋 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 return/report	rt (less than 12 months)	
C Check box if filing under: X Form 5558		
special extension (enter description)	DFVC pr	ogram
Part II Basic Plan Information—enter all requested information		
1a Name of plan	1b Three	diait
MICHAEL D. BOHANNON, PLLC 401(k) PLAN		number 001
	(PN)	
		live date of plan 1/2007
2a Plan sponsor's name (employer, if for a single-employer plan)	······································	byer 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 instruction:		20-8677418
MICHAEL D. BOHANNON, PLLC	2c Spon	sor's telephone number
		779-6665
PO BOX 2326	20 Busin 54113	ess code (see instructions)
POULSBO WA 98370	U-1 2. 4. 3	
POULSBO         WA         98370           3a Plan administrator's name and address         X Same as Plan Sponsor.		
ou Plan builder of antice and address A Same as Plan Sponsor.	3b Admir	histrator's EIN
	3c Admir	nistrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/re	anort filed for the run	
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last	eport filed for 4b EIN return/report.	
a Sponsor's name c Plan Name	4d PN	
C Flan Name		
5a Total number of participants at the beginning of the plan year		
b Total number of participants at the end of the plan year	5b	2
C Number of participants with account balances as of the end of the plan year (only defined contribution).	oution plans	2
complete this item)	50	2
d(1) Total number of active participants at the beginning of the plan year		2
<ul> <li>d(2) Total number of active participants at the end of the plan year</li> <li>e Number of participants who terminated employment during the plan year with accrued baseline.</li> </ul>		2
than 100% vested	) Se	0
- Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless	s reasonable cause is estat	lichod
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examine SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of belief, it is true, covery and complete.	ned this return/report, includir f this return/report, and to the	ng, if applicable, a Schedule best of my knowledge and
	nael D. Bohannon	
HERE		
Signature of plan administrator Date Ente	t name of individual signing a	is plan administrator
HERE Signature of employer/plan sponsor Date Ente	er name of individual signing a	

٧.	1	70	203

6a b		
	under 29 CFR 2520.104-46? (See instructions on walver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	X Yes 🗌 No
¢	If the plan is a defined benefit plan, is it covered under the PBGC Insurance program (see ERISA section 4021)? [] Yes [] No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	Not determined (See Instructions.)
	rt III   Financial Information	

a Total plan assets7a843,136b Total plan liabilities7bc Net plan assets (subtract line 7b from line 7a)7c843,1368 Income, Expenses, and Transfers for this Plan Year(a) Amounta Contributions received or receivable from: (1) Employers8a(1)7,976(2) Participants8a(2)31,425(3) Others (including rollovers)8a(3)8bb Other income (loss)8b125,337c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c6d Benefits paid (including direct rollovers and insurance premiums to provide benefits)8d7,969g Other expenses8g7,969g Other expenses8g7,969g Other expenses8g1000000000000000000000000000000000000	End of Year 999,905 999,905 (b) Total 164,738
bTotal plan liabilities7bcNet plan assets (subtract line 7b from line 7a)7c843,1368Income, Expenses, and Transfers for this Plan Year(a) AmountaContributions received or receivable from: (1) Employers8a(1)7,976(2) Participants8a(2)31,425(3) Others (including rollovers)8a(3)bOther income (loss)8bc125,337cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8cdBenefits paid (including direct rollovers and insurance premiums to provide benefits)8deCertain deemed and/or corrective distributions (see instructions)8efAdministrative service providers (salaries, fees, commissions)8ffAdministrative service providers (salaries, fees, commissions)8ffTotal expenses (add lines 8d, 8e, 8f, and 8g)8h	999,905 (b) Total
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount         a       Contributions received or receivable from:       8a(1)       7,976         (1)       Employers       8a(2)       31,425         (2)       Participants       8a(2)       31,425         (3)       Others (including rollovers)       8a(3)       8a(3)         b       Other income (loss)       8b       125,337         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       8d         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       125,337         f       Administrative service providers (salaries, fees, commissions)       8f       7,969         g       Other expenses       8g       17,969         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       17,969	(b) Total
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount         a       Contributions received or receivable from:       7,976         (1)       Employers       8a(1)       7,976         (2)       Participants       8a(2)       31,425         (3)       Others (including rollovers)       8a(3)       8a(3)         b       Other income (loss)       8b       125,337         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       8d         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       8d         e       Certain deemed and/or corrective distributions (see instructions)       8e       7,969         g       Other expenses       8f       7,969         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h	(b) Total
a Contributions received or receivable from:       8a(1)       7,976         (1) Employers       8a(2)       31,425         (2) Participants       8a(2)       31,425         (3) Others (including rollovers)       8a(3)       8a(3)         b Other income (loss)       8b       125,337         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       8c         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       8d         e Certain deemed and/or corrective distributions (see instructions)       8e       6         f Administrative service providers (salaries, fees, commissions)       8f       7,969         g Other expenses       8g       6         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       6	
(2) Participants	164,738
(3) Others (including rollovers)	164,738
b       Other income (loss)       8b       125,337         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       8c         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       8d         e       Certain deemed and/or corrective distributions (see instructions)       8e       7,969         g       Other expenses       8g       7,969         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       8h	164,738
C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         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       7, 969         g       Other expenses       8g       6         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h	164,738
to provide benefits)	
f       Administrative service providers (salaries, fees, commissions)       8f       7,969         g       Other expenses	
g         Other expenses         8g           h         Total expenses (add lines 8d, 8e, 8f, and 8g)         8h	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	
	<u></u>
	7,969
i Net income (loss) (subtract line 8h from line 8c)	156,769
j Transfers to (from) the plan (see instructions)	
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 2E 3D 2G 2J 2K 2T	> instructions:
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the i	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	Amount
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a,)	
C Was the plan covered by a fidelity bond?	10.000
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	10,000
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.)	
f Has the plan failed to provide any benefit when due under the plan?	
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.)	
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	······

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Part	VI Pension Funding Compliance	······				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a (Form 5500) and line 11a below)	nd complete Sch	edule S	в		Yes 🗍 No
<u>11a</u>	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4	0	110		<u></u>	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of th ERISA?	e Code or sectio	n 302 of	f		Yes 🗙 No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver.	Month		he date		tter ruling
<u> </u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5600), and skip to li	ne 13.				
<u>b</u>	Enter the minimum required contribution for this plan year		12b			
	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 t negative amount)	he left of a	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Π	Yes	No	N/A
Part '						
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		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or be control of the PBGC?	rought under the			Yes	X No
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.)	entify the plan(s)	) to	1	······	,,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	(3) PN(s)
						<u> </u>
·······						
			•			