	rm 5500-SF	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089						
	nal Revenue Service	This form is required to be filed			2017					
Employee B	epartment of Labor enefits Security Administration	57(b) and 6058(a) of the e).	Internal	This Form is Open to Public Inspection						
	enefit Guaranty Corporation	Complete all entries in a	accordance with the inst	ructions to the Form 55	00-SF.					
Part I		dentification Information	047		104/0047					
For calenda	ar plan year 2017 or fisc				2/31/2017	ing this have several attach a				
A This ret	turn/report is for:	X a single-employer plan	list of participating en			king this box must attach a vith the form instructions.)				
B This rot	urn/report is	a one-participant plan	a foreign plan							
		the first return/report the final return/report an amended return/report X a short plan year return/report (less than 12 months)								
	l	n/report (less than 12 mo	onths)							
C Check	box if filing under:	X Form 5558	automatic extension	[DFVC p	rogram				
_		special extension (enter descr	iption)							
Part II	Basic Plan Infor	mation—enter all requested inf	ormation							
1a Name					1b Thre	5				
MAY HOME	401(K) PLAN				plan (PN)	number 001				
				-	, ,	tive date of plan				
						04/01/2017				
		er, if for a single-employer plan) , apt., suite no. and street, or P.O	. Box)		2b Employer Identification Number (EIN) 20-0817685					
	town, state or province,	, country, and ZIP or foreign posta		ructions)	2c Sponsor's telephone number					
				-	2d Busir	360-907-8144 ness code (see instructions)				
6215 NE 815	ST AVE.					621610				
VANCOUVE	R, WA 98662					021010				
3a Plan a	dministrator's name and	l address X Same as Plan Spon	isor.		3b Admi	nistrator's EIN				
				-	_					
					3C Admi	nistrator's telephone number				
		plan sponsor or the plan name ha	0		4b EIN					
	an, enter the plan spons or's name	sor's name, EIN, the plan name a	nd the plan number from t	he last return/report.	4d PN					
C Plan N										
		t the beginning of the plan year			5a	4				
		t the end of the plan year			5b	4				
		ccount balances as of the end of t		•	5c	2				
d(1) Tota	al number of active parti	icipants at the beginning of the pla	an year		5d(1)	4				
		icipants at the end of the plan yea			5d(2)	4				
		erminated employment during the			5e	0				
Caution: A	penalty for the late or	r incomplete filing of this return	n/report will be assessed	unless reasonable cau						
SB or Sche		er penalties set forth in the instruc d signed by an enrolled actuary, a								
SIGN		alid electronic signature.	10/12/2018	MICHAEL STUBBS						
HERE	Signature of plan ad		Date	Enter name of individu	ual signing	as plan administrator				
SIGN	Signature er plan du		2010							
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ial signing	as employer or plan sponsor				
		enplan sponsor			lividual 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 eligible assets? (See instructions.) 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.) 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)? If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year a Total plan assets (subtract line 7b from line 7a) 7c 0 b Income, Expenses, and Transfers for this Plan Year (a) Amount a a Contributions received or receivable from: (b) Amount (c) Amount	Xes No
under 29 CFR 2520.104-46? (See instructions on waiver 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. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets).
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 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year a Total plan assets 7a 0 b Total plan liabilities 7b 0 c Net plan assets (subtract line 7b from line 7a)).
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets b Total plan liabilities c Net plan assets (subtract line 7b from line 7a) 7c 0 8 Income, Expenses, and Transfers for this Plan Year	
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year a Total plan assets 7a 0 b Total plan liabilities 7b 0 c Net plan assets (subtract line 7b from line 7a) 7c 0 8 Income, Expenses, and Transfers for this Plan Year (a) Amount	No Not determined
Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year a Total plan assets 7a 0 b Total plan liabilities 7b 0 c Net plan assets (subtract line 7b from line 7a) 7c 0 8 Income, Expenses, and Transfers for this Plan Year (a) Amount	
7 Plan Assets and Liabilities (a) Beginning of Year a Total plan assets 7a 0 b Total plan liabilities 7b 0 c Net plan assets (subtract line 7b from line 7a) 7c 0 8 Income, Expenses, and Transfers for this Plan Year (a) Amount	(See instructions.)
a Total plan assets 7a 0 b Total plan liabilities 7b 7b c Net plan assets (subtract line 7b from line 7a) 7c 0 8 Income, Expenses, and Transfers for this Plan Year (a) Amount	
b Total plan liabilities	(b) End of Year
C Net plan assets (subtract line 7b from line 7a) 7c 0 8 Income, Expenses, and Transfers for this Plan Year (a) Amount	12505
8 Income, Expenses, and Transfers for this Plan Year (a) Amount	
	12505
a Contributions received or receivable from:	(b) Total
(1) Employers	
(2) Participants	
(3) Others (including rollovers)	
b Other income (loss)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	12505
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	
Certain deemed and/or corrective distributions (see instructions) 8e	
f Administrative service providers (salaries, fees, commissions) 8f 0	
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	0
i Net income (loss) (subtract line 8h from line 8c)	12505
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 2A 2E 2J 2K 2F 2G 3D	

Par	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	1	x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	5	x	
С	Was the plan covered by a fidelity bond? 10	;	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? 10	1	×	
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	•	x	
f	Has the plan failed to provide any benefit when due under the plan? 10	F	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	9	Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	n	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	1		

Page 3- 1

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)

Form 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Employe	e	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service		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						
Department of Labor Employee Benefits Security Administration	<u> </u>	(ERISA), and sections 605 Revenue Code (the Code		This	Form is Open to blic Inspection			
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the instr	uctions to the Form 5500-S		bile hispection			
Part I Annual Repor	t Identification Information							
For calendar plan year 2017 or	fiscal plan year beginning	04/01/2017	and ending	12/31/201	.7			
A This return/report is for:	X a single-employer plan		an (not multiemployer) (Filers ployer information in accorda					
P This solurn/connect is	a one-participant plan	a one-participant plan 🛛 a foreign plan						
B This return/report is	x the first return/report	the final return/report						
	an amended return/report							
C Check box if filing under:	X Form 5558	automatic extension		FVC program				
	special extension (enter desc	ription)						
Part II Basic Plan Inf	ormation—enter all requested in	formation						
1a Name of plan	· · · · · ·		1b	Three-digit				
May Home 401(k) Plan	a			plan number	001			
			10	(PN)				
				Effective date 04/01/201				
2a Plan sponsor's name (emp Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	D. Box)	2b	Employer Ide (EIN) 20-08	ntification Number			
City or town, state or provir May Home AFH, Inc.	nce, country, and ZIP or foreign pos	tal code (if foreign, see instr	20	Sponsor's tel	ephone number			
				360-907-8				
6215 NE 81st Ave.				Business cod 521610	e (see instructions)			
Vancouver	WA 98662							
3a Plan administrator's name	and address 🛛 Same as Plan Spo	nsor.	3b	Administrator	's EIN			
			3c	Administrator	's telephone number			
	he plan sponsor or the plan name h			EIN				
this plan, enter the plan sp a Sponsor's name	oonsor's name, EIN, the plan name	and the plan number from tr		PN				
C Plan Name			- Tu					
5a Total number of participan	ts at the beginning of the plan year.			a	4			
	ts at the end of the plan year			b	4			
c Number of participants wit	h account balances as of the end of	the plan year (only defined	contribution plans	ic	2			
, , ,	participants at the beginning of the p			(1)	4			
	participants at the end of the plan ye			(2)	4			
e Number of participants where the second se	no terminated employment during th	e plan year with accrued be	enefits that were less	ie	C			
Caution: A penalty for the lat	e or incomplete filing of this retur	n/report will be assessed	unless reasonable cause is	s established.				
Under penalties of perjury and SB or Schedule MB completed	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I have	examined this return/report,	including, if ap				
belief, it is true, correct, and con	sut	10/12/2018	Michael Stubbs					
HERE Signature of plan		Date	Enter name of individual si	anina as nlan s	administrator			
				gring as platte				
SIGN HERE			real and the second sec					
Signature of emp	loyer/plan sponsor tice, see the Instructions for Form 550	0-SF.	Enter name of individual si	gning as emplo	oyer or plan sponsor Form 5500-SF (2017)			
		* •			v.170203			

,

6a b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and cond	endent qualified public itions.)	accoun	tant (IC	QPA)				
C	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 the	nsurance	program (see ERISA s	ection 4	1021)?	·	Yes No Not determined			
Pa	rt III Financial Information			····						
7	Plan Assets and Liabilities		(a) Danta (
<u> </u>	Total plan assets	7-	(a) Beginning	of Yea	1		(b) End of Year			
b	Total plan liabilities	7a			0		12,505			
 c	Net plan assets (subtract line 7b from line 7a)	7b					10 70			
8		7c	±				12,505			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	nt		-in al da an	(b) Total			
	(1) Employers	8a(1)		2,	052					
	(2) Participants	8a(2)		10,						
	(3) Others (including rollovers)	8a(3)	· · · · · · · · · · · · · · · · · · ·		0					
b	Other income (loss)	8b			453					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						12,505			
d	Benefits paid (including direct rollovers and insurance premiums	00								
	to provide benefits)	8d			0					
e	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0			
i	Net income (loss) (subtract line 8h from line 8c)	8i					12,505			
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics		1 <u></u>	·	Ľ.					
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D	feature co	odes from the List of P	lan Cha	racteri	stic Co	odes in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acteris	tic Co	des in the instructions:			
Par	t V Compliance Questions									
10	During the plan year:		76		Yes	No	Amount			
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		x	Anount			
b 	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		х				
С	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 by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		x				
e		ner person ne or all of	s by an insurance the benefits under	10e		x				
f				10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	10g		х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions 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 2520.10	ne required	notice or one of the	10i						

Form 5500-SF 2017

Page 3-

10.00								
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete Sch	edule	SB		Yes [] No	
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.							
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	Code or sectio	n 302 (of		Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ir granting the waiver.	Month	d enter Da		e of the le Yea		ng	
lf y	ou 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 negative amount)	left of a	12d					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	ΠN	/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		
	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 brocontrol of the PBGC?	ught under the			Yes	Yes X No		
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to					
1	3c(1) Name of plan(s):	13c(2)	EIN(s)	130	13c(3) PN(s)		