Fo	rm 5500-SF	Short Form Annua	al Return/Report Benefit Plan	t of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089	
	artment of the Treasury rnal Revenue Service	This form is required to be filed		4065 of the Employee R	etirement	2014	
	epartment of Labor Benefits Security Administration	Income Security Act of 1974 ((ERISA), and sections 609 Revenue Code (the Code		Internal	This Form is Open to	
Pension B	enefit Guaranty Corporation	Complete all entries in a	ccordance with the inst	ructions to the Form 5	500-SF.	Public Inspection	
Part I	Annual Report I	dentification Information					
For calend	lar plan year 2014 or fisc	cal plan year beginning 01/01/20	14	and ending 12	/31/2014		
	turn/report is for: urn/report is	 a single-employer plan a one-participant plan the first return/report an amended return/report 	of participating emplo a foreign plan the final return/report	blan (not multiemployer) byer information in accor prn/report (less than 12 m	dance with t	king this box must attach a list he form instructions)	
C Check	box if filing under:	Form 5558 special extension (enter descrip mation—enter all requested info			D	FVC program	
1a Name			ination		1b Thre	e-digit	
	GENCY, LLC 401(K) PL	LAN			plan (PN)	number	
	ponsor's name and add GENCY, LLC	Iress; include room or suite numbe	r (employer, if for a single	e-employer plan)	2b Emp (EIN)	loyer Identification Number	
423 MAIN S	TREET				2c Spor	nsor's telephone number 208-962-3221	
	DOD, ID 83522				2d Busir	ness code (see instructions) 524210	
					3c Adm	inistrator's telephone number	
		plan sponsor has changed since the plan sponsor has changed since the last return/report.	he last return/report filed f	for this plan, enter the	4b EIN		
a Spons	sor's name				4c PN		
5a Total	number of participants a	at the beginning of the plan year			5a	16	
b Total	number of participants a	at the end of the plan year			5b	15	
compl	lete this item)	ccount balances as of the end of th			5с	15	
		ticipants at the beginning of the pla	-		5d(1)	15	
		ticipants at the end of the plan year			5d(2)	15	
		rminated employment during the pl			5e	0	
Under pen SB or Sche	alties of perjury and othe	r incomplete filing of this return, er penalties set forth in the instruct d signed by an enrolled actuary, as lete.	tions, I declare that I have	e examined this return/re	port, includi	ng, if applicable, a Schedule	
SIGN		alid electronic signature.	05/11/2015	SETH HARMAN			
	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing	as plan administrator	
SIGN HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor	
Preparer's	name (including firm na	ame, if applicable) and address (inc	clude room or suite numbe	er) (optional)	Preparer's	s telephone number (optional)	

-	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (I 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 us				(PA)		X Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in:						
	rt III Financial Information		0	,			
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
a	Total plan assets	7a	12348				1595891
<u> </u>	Total plan liabilities	7b					
	Net plan assets (subtract line 7b from line 7a)	7c	12348	365			1595891
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:						
	(1) Employers	8a(1)	521				
	(2) Participants	8a(2)	397				
	(3) Others (including rollovers)	8a(3)	1489				
b	Other income (loss)	8b	1214	178			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		362419
d	Benefits paid (including direct rollovers and insurance premiums	8d	3	368			
е	to provide benefits) Certain deemed and/or corrective distributions (see instructions)						
	Administrative service providers (salaries, fees, commissions)	8e 8f	Ę	525			
<u> </u>	Other expenses	8g 8h					1393
;		-					361026
÷	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i			_		001020
,	TIV Plan Characteristics	8j					
b Par	2E 2F 2G 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature code	es from the List of Plan Chara	cterist	ic Cod	es in t	he instructions:
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		•	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		•	10b		Х	
С	Was the plan covered by a fidelity bond?			10c	x		100000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		Х	
f	Has the plan failed to provide any benefit when due under the plar	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	Х		48159
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	10g		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	ne required	notice or one of the	10ii			
Part					1		
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Schedu	ule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	e or se	ection (302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	ible.)				

Page 3 - 1

If you 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 left onegative amount)	of a	12d		
e 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?		· 🗆 ۲	Yes 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 brought u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

				· F		
Form 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be filed u	This form is required to be filed under sections 104 and 4065 of the Employee Retiren Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Interr				
Department of Labor Employee Benefits Security Administration		RISA), and sections 605 levenue Code (the Code		Internal	This Form is Open to Public Inspection	
Pension Benefit Guaranty Corporation	Complete all entries in acc	ordance with the instr	uctions to the Form 5	500-SF.		
	Identification Information					
For calendar plan year 2014 or fit		01/01/2014	and ending	12/3	31/2014 .	
A This return/report is for:	x a single-employer plan	of participating employ	lan (not multiemployer) yer information in accor		ing this box must attach a list e 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 retur	n/report (less than 12 m	ionths)		
C Check box if filing under:	Form 5558	automatic extension.	÷ ,		VC program	
-	special extension (enter descripti	on)	• •			
· · · · · · · · · · · · · · · · · · ·				•	·	
	rmation—enter all requested inform	nation				
1a Name of plan	· · ·			1b Three		
Harman Agency, LLC 4	Ol(k) Plan	,			umber 001	
			· · ·	(PN)		
		× .	· ·		ive date of plan	
22 Plan spansor's name and ad	dress; include room or suite number (
Harman Agency, LLC	aress, include room or salle number (employer, it for a single-	employer plan)		yer Identification Number 26 - 3637389	
423 Main Street			۰.			
			•		sor's telephone number 962-3221	
•					ess code (see instructions)	
Cottonwood	ID 83522			5242		
	d address XSame as Plan Sponsor.				istrator's EIN	
	•			3c Admin	istrator's telephone number	
				1	•	
			• • •			
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·		· · · · · · · · · · · · ·	•			
	plan sponsor has changed since the	last return/report filed fo	or this plan, enter the	4b EIN		
name, EIN, and the plan nur	plan sponsor has changed since the new from the last return/report.	last return/report filed fo	or this plan, enter the			
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	Form 5500-SF 2014		Page 2	
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 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 indeper and condit iot use Fo	ndent qualified public accountant (IQP/ ions.) rm 5500-SF and must instead use F	A) X Yes No orm 5500.
	If the plan is a defined benefit plan, is it covered under the PBGC in rtill: Financial Information	surance p	rogram (see ERISA section 4021)?	Yes No Not determined
<u>ार्व</u> 7			(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1234865	
	Total plan liabilities	76	· · · · · · · · · · · · · · · · · · ·	
С	Net plan assets (subtract line 7b from line 7a)	7c	1234865	1595891
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	52186	
	(2) Participants	8a(2)	39771	
	(3) Others (including rollovers)	8a(3)	148984	
b	Other income (loss)	8b	121478	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		362419
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	_8d	868	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	525	

8g

8h

8i

8j

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

24 - P

1393

361026

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)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
c	Was the plan covered by a fidelity bond?	10c	х		100000
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		48159
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	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39			11a	

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

g Other expenses.....

2E 2F 2G 3D

Plan Characteristics

i.

j

b

Part IV

h Total expenses (add lines 8d, 8e, 8f, and 8g)

Net income (loss) (subtract line 8h from line 8c)

Transfers to (from) the plan (see instructions)

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Page **3** -

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	Form 5500), and skip to line	13
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b	Enter the minimum required contribution for this plan year		12b				
<u> </u>	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 left of negative amount)	a	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Ye	es [No	N/A
Part	VII Plan Terminations and Transfers of Assets						
	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	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					Yes	X No
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	olan(s) t	0				
1	3c(1) Name of plan(s):	13	c(2) E	IN(s)		13c(3) PN(s)

Part VIII Trust Information (optional) 14a Name of trust	 	14b Trust's EIN	