Form 5500-SF

Department of the Treasury

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Benefit Plan Internal Revenue Service Department of Labor

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Short Form Annual Return/Report of Small Employee

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

Part I		Identification Information				
For calenda	ar plan year 2016 or fis	scal plan year beginning 01/01/2			2/31/2016	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pla list of participating em	an (not multiemployer) (nployer information in ac		
	·	a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 m	ionths)	
C Check I	oox if filing under:	Form 5558	automatic extension		DFVC program	n
Dort II	Basis Blan Info	special extension (enter descr				
Part II 1a Name		rmation—enter all requested inf	ormation		1b Three-digit	
	GENCY, LLC 401(K) P	LAN			plan numb	
					1c Effective d	ate of plan 07/01/2013
	` '	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O). Box)		2b Employer I	dentification Number 26-3637389
	town, state or provinc	e, country, and ZIP or foreign posta		ructions)	2c Sponsor's	telephone number 8-962-3221
						code (see instructions)
423 MAIN ST COTTONWO	REET OD, ID 83522					524210
3a Plan a	dministrator's name ar	nd address X Same as Plan Spor	nsor.		3b Administrati	tor's EIN
		-			3c Administra	tor's telephone number
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN	
a Spons	or's name				4c PN	
5a Total r	number of participants	at the beginning of the plan year			5a	13
b Total r	number of participants	at the end of the plan year			5b	14
		account balances as of the end of t		-	5c	14
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	12
d(2) Tota	al number of active pa	rticipants at the end of the plan yea	ar		5d(2)	13
e Numb	er of participants that	terminated employment during the	e plan year with accrued bei	nefits that were less	5e	0
Caution: A	penalty for the late	or incomplete filing of this returr	n/report will be assessed	unless reasonable ca		
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.				
SIGN		valid electronic signature.	05/25/2017	SETH HARMAN		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as pla	n administrator
SIGN						
HERE	Signature of emplo		Date			ployer or plan sponsor
Preparer's	name (including firm n	name, if applicable) and address (in	ıclude room or suite numbe	э г)	Preparer's telep	hone number

Form 5500-SF 2016 Page **2**

	 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 (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 								X Yes	
	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 ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	ermined
Pa	rt III Financial Information	•								
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year	
a	Total plan assets	7a	1	169314					1391037	7
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1	169314					1391037	7
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) 1	otal	
а	Contributions received or receivable from:	90/4)		52198						
	(1) Employers	8a(1)		59961						
	(2) Participants	8a(2)		13014	_					
<u>_</u>	(3) Others (including rollovers)	8a(3)		112617						
	Other income (loss)	8b			_				237790)
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							201730	
	to provide benefits)	8d		15857	•					
е	Certain deemed and/or corrective distributions (see instructions) .	8e		0	1					
f	Administrative service providers (salaries, fees, commissions)	8f		210						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				16067				7
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							221723	3
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
Par	t 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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
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 by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X					24478
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		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			10i						

ı	Form	550	0-SF	201	16

Page 3-	1	
Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru				Y	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			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

A RESIDENCE OF THE PROPERTY OF THE PARTY OF	A STATE OF THE PARTY OF THE PAR	scal plan year beginning	01/01/2016	and ending	12/31/203	16		
		a single-employer plan	a multiple-employer pla					
A This return/re	port is for:	a one-participant plan	list of participating em a foreign plan	ployer information in a	ccordance with the fo	orm instructions.)		
D This art and		the first return/report	the final return/report					
B This return/rep	ont is	an amended return/report	a short plan year return	Vronnet (loss than 12 n	nonths)			
		an amended return epoit		report (less than 12 h	(CILLIS)			
C Check box if t	filing under:	Form 5558	automatic extension		DFVC program			
		special extension (enter des						
and the latest devices the lates		rmation—enter all requested i	nformation		1 d b	_		
1a Name of plan					1b Three-digit plan number	001		
Marman Agen	cy, LLC 4	Ol(k) Plan			(PN) >	002		
					1c Effective date 07/01/201			
Mailing addn	ess (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P	O. Box)		2b Employer Ide (EIN)26-36			
City or town, Harman Age		e, country, and ZIP or foreign pos	stal code (if foreign, see instri	uctions)	2c Sponsor's tel 208-962-3			
423 Main Street					2d Business code (see instructions) 524210			
Cottonwood		ID 83522						
3a Plan adminis	trator's name a	nd address X Same as Plan Sp	onsor.		3b Administrator	's EIN		
4 If the name	and/or EIN of th	e plan sponsor has changed since	e the last return/report filed fo	or this plan, enter the	4b EIN			
name, EIN,	and the plan nu	mber from the last return/report.			4c PN			
a Sponsor's na					-	1		
		at the beginning of the plan year				1		
		at the end of the plan year account balances as of the end of				1		
c Number of p complete th	is item)	account balances as of the end of	if the plan year (only defined)	CONTINUED OF PRINTS	5c	1		
and the second s		rticipants at the beginning of the			THE R. P. LEWIS CO., LANSING, MICH.	1		
d(2) Total num	ber of active pa	erticipants at the end of the plan y	ear	***************************************		1		
e Number of	participants that	terminated employment during the	ne plan year with accrued ber	nefits that were less	5e			
Caution: A pena	ilty for the late	or incomplete filing of this retu her penalties set forth in the instr	rn/report will be assessed	unless reasonable ca	use is established.	nlicable a Schedule		
SB or Schedule f belief, it is true, or	MB completed a	nd signed by an enrolled actuary.	as well as the electronic ven	sion of this return/repo	rt, and to the best of	my knowledge and		
SIGN	A IIII. A	Mu		Seth Harman				
HERE	nature of plan		DateS - 25-17	Enter name of individ	dual signing as plan	administrator		
SIGN /	1 1/4 1/	200		Set la Hari				
HERE	Still the	oyer/plan sponsor	Date 5-25-17	Enter name of individ		over or plan sponsor		
Preparer's name	(including firm t	name, if applicable) and address			Preparer's telepho			

	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 independ and condition	ient qualified public a	ccount	ant (IC	PA)			X Yes	No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in								Not deten	mined
Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End o		
a	Total plan assets	7a	1,	169,	314				1,39	1,037
b	Total plan liabilities	7b		-					50 70700	
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	169,	314				1,39	1,037
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t	(b) Tota			otal		
a	Contributions received or receivable from: (1) Employers	8a(1)		52,198						
	(2) Participants	8a(2)	59,961							
	(3) Others (including rollovers)	8a(3)	13,014							
b	Other income (loss)	8b		112,617						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		× 100000	9.65				23	7,790
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		15,	857					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		- 1	210					
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								6,067
i	Net income (loss) (subtract line 8h from line 8c)	8i			180				22	1,723
j	Transfers to (from) the plan (see instructions)	8j					1999	- 4	- 1	
Pai	t IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Pla	an Cha	racteris	stic Co	odes in	the instru	uctions.	
	2E 2F 2G 3D			-					A Turboni	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plai	n Chara	ctenst	ic Co	des in ti	ne instruc	ctions:	
Par	t V Compliance Questions									
			7777		Yes	No	N/A		Amount	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions within	the time period		100	1,0	1		ranount	
d	described in 29 CFR 2510.3-1027 (See instructions and DOL's V	oluntary Fig	duciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	X				10	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	d, that was caused	10d		Х				
е	by fraud or dishonesty? 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		х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g				10g	Х				2	4,478
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х				
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i				300		

Form 5500-SF 2016	Page 3-

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor (Form 5500) and line 11a below)					es 🗌 No
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 Cod ERISA?				O Y	es 🛭 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 instru	etione or	ed antar	the date	of the letter	ndina
	granting the waiverMo	nth	Da		Year_	runng
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		Lin			
b	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 the left negative 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			VIV-1		
13a	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s X No	1
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a	10		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?		8		Yes X	No
С			s) to			
- 1	3c(1) Name of plan(s):	13c(2	EIN(s)		13c(3)	PN(s)
Part 14a	VIII Trust Information Name of trust		14b	Trust's I	EIN	
14c	Name of trustee or custodian				s or custodia ne number	an's
Part	IX IRS Compliance Questions					
159	Is the plan a 401(k) plan? If "No," skip b.	Yes			No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	100000000000000000000000000000000000000	gn-base harbor	d ["Prior ye	ar" ADP
	401(k)(3) for the plan year? Check all that apply:		Current year" N/A			
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Rati	centage	- Average · · · ·		
	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	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number					
h Shusse	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the letter	er the date	of the n	nost rec	ent determin	ation
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?	ated from	Ye	s [No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	operation :	. Ye	s	No	