Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2017

This Form is Open to Public Inspection

Part I		: Identification Informatior	1							
For calend	lar plan year 2017 or fi	iscal plan year beginning 01/01/	2018	and ending 1	0/31/2018					
A This re	turn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac						
		a one-participant plan	a foreign plan							
B This ret	urn/report is	the first return/report	X the final return/repor							
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)					
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC progra	am				
		special extension (enter desc	. ,							
Part II	Basic Plan Info	ormation—enter all requested in	nformation		T =					
1a Name HARMAN A	of plan GENCY, LLC FINAL F	RETURN			1b Three-dig plan numl (PN) ▶					
					1c Effective	date of plan 07/01/2013				
		oyer, if for a single-employer plan)			2b Employer	Identification Number				
		om, apt., suite no. and street, or P.oce, country, and ZIP or foreign pos		structions)	(EIN) 26-3637389					
-	GENCY, LLC	so, country, and Zir or lordigh poo	tar oode (ii foreign, see iii	on donorio,		s telephone number 08-962-3221				
					2d Business code (see instructions)					
423 MAIN ST	TREET OOD, ID 83522					524210				
	,									
3a Plan a	administrator's name a	nd address X Same as Plan Spo	onsor.		3b Administra	ator's EIN				
					3c Administra	ator's telephone number				
					JC Administra	ator s telepriorie number				
		e plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN					
	sor's name	, ,	·	•	4d PN					
C Plan N	Name									
5a Total	number of participants	s at the beginning of the plan year.			. 5a	15				
		s at the end of the plan year			. 5b	0				
C Numb	er of participants with	account balances as of the end of	the plan year (only define	ed contribution plans	5c	0				
d(1) Tot	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	15				
		articipants at the end of the plan ye			5d(2)	0				
		terminated employment during th			5e	0				
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable ca						
SB or Scho		ther penalties set forth in the instru and signed by an enrolled actuary, aplete.								
SIGN	Filed with authorized	d/valid electronic signature.	12/26/2018	SETH HARMAN						
HERE	Signature of plan a	administrator	Date	Enter name of individ	dual signing as pla	an administrator				
SIGN										
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	dual signing as er	nplover or plan sponsor				

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	Were all of the plan's assets during the plan year invested in eligible. 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	an indeper and condit	ndent qualified public a	account	ant (IQ	PA)		X Yes ☐ No X Yes ☐ No
	If you answered "No" to either line 6a or line 6b, the plan cannot be 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	surance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not determined (See instructions.)
Pa	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	l of Year
a	Total plan assets	7a	154	40146				0
b	Total plan liabilities	7b						
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	154	40146				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
a	Contributions received or receivable from: (1) Employers	8a(1)	;	34867				
	(2) Participants	8a(2)	(38260				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	10	08887				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						182014
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	17	16536				
e	Certain deemed and/or corrective distributions (see instructions)	8e		3764				
f	Administrative service providers (salaries, fees, commissions)	strative service providers (salaries, fees, commissions) 8f						
g	Other expenses	8g		0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)							1722160
<u> i </u>	Net income (loss) (subtract line 8h from line 8c)	8i						-1540146
	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	feature co	des from the List of Plant	an Cha	racteris	stic Co	odes in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the inst	ructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribut 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.)	? (Do not	include transactions	10b		X		
С	Was the plan covered by a fidelity bond?			10c	Χ			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 plan	n?n		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-	end.)	10g	X			0
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				

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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 and complete Scho (Form 5500) and line 11a below)	edule S	В	Y	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 Code or section ERISA?	n 302 of		Y	es X No	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver			of the letter Year	ruling	
lf y	rou 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				
С	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 a negative amount)	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	
Part \	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	s 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 control of the PBGC?					
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to				
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)	

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).

2017 This Form is Open to **Public Inspection**

OMB Nos. 1210-0110 1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2017 or fiscal plan year beginning 01/01/2018 and ending 10/31/2018 a multiple-employer plan (not multiemployer) (Filers checking this box must attach a X a single-employer plan A This return/report is for: list of participating employer information in accordance with the form instructions.) a one-participant plan B This return/report is the first return/report X the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: □ DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit plan number 001 Harman Agency, LLC Final Return (PN) ▶ 1c Effective date of plan 07/01/2013 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 26-3637389 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Harman Agency, LLC 208-962-3221 2d Business code (see instructions) 423 Main Street 524210 Cottonwood TD 83522 3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name 4d PN C Plan Name 5a 15 5a Total number of participants at the beginning of the plan year 5b 0 b Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c 0 5d(1) d(1) Total number of active participants at the beginning of the plan year 15 5d(2) d(2) Total number of active participants at the end of the plan year 0 Number of participants who terminated employment during the plan year with accrued benefits 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 established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

Date

Date

Seth Harman

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

HERE Signature of employer/plan sponsor For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Signature of plan administrator

dorrect, and

SIGN **HERE**

SIGN

	Notice all of the close are a decision the close to the c	l	(Cas instructions)				X Yes	s No
	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							s No
_	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in							ermined
C	If "Yes" is checked, enter the My PAA confirmation number from the							
			erman ming for this p	ian you	'		. (OGO MORIO	
Pa	rt III Financial Information	Landa, s. S.			I			
	Plan Assets and Liabilities		(a) Beginning				(b) End of Year	
	Total plan assets	7a	1,	540,	146			0
	Total plan liabilities	7b		F40	146			0
	Net plan assets (subtract line 7b from line 7a)	7c		540,	146			- 0
8	Income, Expenses, and Transfers for this Plan Year	* * * * * * * * * * * * * * * * * * *	(a) Amoun	it		VIII (NA)	(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		34,	867			
	(2) Participants	8a(2)		38,	260			
	(3) Others (including rollovers)	8a(3)			0	North		
b	Other income (loss)	8b		108,	887	Anton		
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1	82,014
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,	716,	536			
e	Certain deemed and/or corrective distributions (see instructions)	8e		3,	764	MAN.		
f	Administrative service providers (salaries, fees, commissions)	8f		1,	1,860			
g	Other expenses	8g			0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			tera.		1,7	22,160
i	Net income (loss) (subtract line 8h from line 8c)	8i			AT AN		-1,5	40,146
j	Transfers to (from) the plan (see instructions)	8j						ata pagina a ana an
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	feature coo	les from the List of Pl	an Cha	racteri	stic Coo	des in the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	cterist	ic Code	es in the instructions:	
Pai	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	/oluntary Fi	duciary Correction	10a		х		
b		t? (Do not ir	nclude transactions	10b		Х		
c	Was the plan covered by a fidelity bond?			10c	Х		1	00,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
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 t	he benefits under	10e		х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g	Х			0
h		(See instru	ctions and 29 CFR	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				

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Form	EEOO	CE.	2017

control of the PBGC?

13c(1) Name of plan(s):

which assets or liabilities were transferred. (See instructions.)

		Form 5500-SF 2017	Page 3-	_				
Part	VI	Pension Funding Compliance						
11	Is th (For	is a defined benefit plan subject to minimum funding requirements? (If "Yes," sem 5500) and line 11a below)	e instructions and complete Sc	hedule	SB		Ye	s 🗌 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Fo	orm 5500) line 40	11a				
12	ERIS	nis a defined contribution plan subject to the minimum funding requirements of s SA?	ection 412 of the Code or secti	on 302	of		Ye	s X No
а	lfav	waiver of the minimum funding standard for a prior year is being amortized in thi		nd enter		of the l		uling
lf		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500						
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	Subt	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a	a minus sign to the left of a	12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadli	ne?	[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?			X Ye	s	No	
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				0
b		e all the plan assets distributed to participants or beneficiaries, transferred to ar rol of the PRGC?		е		X Yes	. 🔲	No

13c(2) EIN(s)

13c(3) PN(s)

If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to