For	m 5500-SF	Short Form Annual Ret	•	of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	Be This form is required to be filed u	enefit Plan Inder sections 104 ar	nd 4065 of the Employee	Ð	2012			
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19		ctions 6057(b) and 6058	This Form is Open to Publi				
Pension Be	enefit Guaranty Corporation	Complete all entries in accordar	nce with the instruc	tions to the Form 5500)-SF.	Inspection			
Part I		entification Information							
For calenda	ar plan year 2012 or fisca	· · · · · □			2/31/2				
	urn/report is for:		1 1 9 1	an (not multiemployer)		a one-participant plan			
B This ret	urn/report is:		e final return/report						
-		f ' H		n/report (less than 12 mc	onths)	-			
C Check b	box if filing under:		utomatic extension			DFVC program			
		special extension (enter description)							
Part II		nation—enter all requested information	on		1h	Thus a disit			
1a Name SARMS CO	of plan , INC. 401(K) PROFIT SI	HARING PLAN			a	Three-digit plan number			
	,					(PN) ▶ 001			
					1c	Effective date of plan			
			leven 'f fen e stende		01-	01/01/1993			
SARMS CO.		ess; include room or suite number (emp	bioyer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-1265258			
					2c	Sponsor's telephone number			
	TH SUITE 001 LAND, WA 98040-1520				2d	206-236-8883 Business code (see instructions)			
					zu	551112			
3a Plan ad	dministrator's name and	address 🛛 Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's EIN			
					30	Administrator's telephone number			
		lan sponsor has changed since the last	t return/report filed fo	r this plan, enter the	4b	EIN			
name, a Sponso		er from the last return/report.			4c	DNI			
		the beginning of the plan year			40 5a	2			
		the end of the plan year		-	5a 5b	2			
		count balances as of the end of the plar			50	2			
	· ·				5c	2			
b Are you under	ou claiming a waiver of th 29 CFR 2520.104-46? (uring the plan year invested in eligible a le annual examination and report of an See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot	independent qualifie d conditions.)	d public accountant (IQF	PA)	Yes 🗌 No			
Caution: A	penalty for the late or	incomplete filing of this return/repor	t will be assessed u	unless reasonable cau	se is	established.			
SB or Sche		r penalties set forth in the instructions, I signed by an enrolled actuary, as well a te.							
SIGN	Filed with authorized/va	lid electronic signature.	08/02/2013	ROGER J. O'CONNEL	.L				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan administrator			
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sic	ning as employer or plan sponsor			
Preparer's		ne, if applicable) and address; include r				arer's telephone number (optional)			

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	7a	447198	7			4883477
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	447198	4471987			4883477
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	80(4)	600	2			
(1) Employers		675				
(2) Participants		075	0			
b Other income (loss)		46228	3			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		40220	5			475035
d Benefits paid (including direct rollovers and insurance premiums	00					475055
to provide benefits)	8d	4000	0			
e Certain deemed and/or corrective distributions (see instructions).	8e					
f Administrative service providers (salaries, fees, commissions)	8f	2354	5			
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					63545
Net income (loss) (subtract line 8h from line 8c)	8i					411490
J Transfers to (from) the plan (see instructions)	··· 8j					
b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions			clensu			
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fi			10a		Х	
b Were there any nonexempt transactions with any party-in-intere on line 10a.)	`	•	10b		Х	
C Was the plan covered by a fidelity bond?			10c		Х	
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?			10d		Х	
e Were any fees or commissions paid to any brokers, agents, or c insurance service or other organization that provides some or al instructions.)	I of the benefits	s under the plan? (See	10e		X	
${f f}$ Has the plan failed to provide any benefit when due under the p	lan?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount	as of year end	.)	10q		Х	
h If this is an individual account plan, was there a blackout period 2520.101-3.)			10h		Х	
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	•		10i			
Part VI Pension Funding Compliance						
				Sched		
						Yes No
11 Is this a defined benefit plan subject to minimum funding require					11a	
 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) Enter the amount from Schedule SB line 39 	· · · · · · · · · · · · · · · · · · ·				11a	
 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) Enter the amount from Schedule SB line 39 	ng requirements	s of section 412 of the Code			11a	
 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ng requirements w, as applicable eing amortized	s of section 412 of the Code e.) in this plan year, see instruc	or se	ction 3	11a 302 of	ERISA? Yes X No
 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum fundir (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belo If a waiver of the minimum funding standard for a prior year is be 	ng requirements w, as applicable eing amortized	s of section 412 of the Code e.) in this plan year, see instruc Mon	or se	ction 3	11a 302 of enter th	ERISA? Yes X No

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		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 X No	
	lf "Ye	es," 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 the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form	5500-SF	Short Form Annua		f Small Employ	ee	OMB Nos. 1210-0110 1210-0089
	of the Treasury venue Service	This form is required to be	Benefit Plan filed under sections 104 an	d 4065 of the Employee	3	2012
	ent of Labor Security Administration	Retirement Income Security A		tions 6057(b) and 6058(a		This Form is Open to Public Inspection
	uaranty Corporation	Complete all entries in ac	cordance with the instruct	tions to the Form 5500-	-SF.	mapeetion
		lentification Information		1 ×		0/01/0010
For calendar pla		al plan year beginning	01/01/2012	and ending	1	2/31/2012
A This return/re		X a single-employer plan the first return/report	a multiple-employer pla	an (not multiemployer)		a one-participant plan
B This return/re	eportiis: [/report (less than 12 mor	nthe)	
-	l	an amended return/report		report (less than 12 mor	IIIIIIS)	
C Check box if	filing under:	X Form 5558	automatic extension			DFVC program
		special extension (enter desc				
		mation-enter all requested inf	ormation		46 -	1
1a Name of pla SARMS CO.		K) PROFIT SHARING PI	IAN		р	hree-digit Ian number ⊃N) ▶ 001
					1c E	ffective date of plan 1/01/1993
2a Plan snons	or's name and addr	ess; include room or suite numb	er (employer, if for a single-e	employer plan)		mployer Identification Number
Sarms Co.			. (EIN) 91-1265258
7505 SE 2	8th Suite 00	01				ponsor's telephone number 06 - 236 - 8883
						usiness code (see instructions)
Mercer Is		WA 98040-152				51112
3a Plan admin	istrator's name and	address XSame as Plan Spons	sor Name XSame as Plan	Sponsor Address	JD A	dministrator's EIN
4 If the name	and/or EIN of the	plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b E	EIN
a Sponsor's r		ber from the last return/report.			4c F	ŶŇ
		t the beginning of the plan year.			5a	2
		t the end of the plan year			5b	2
c Number of	participants with a	ccount balances as of the end of	the plan year (defined bene	fit plans do not	50	2
6a Were all o b Are you cla under 29 C	f the plan's assets aiming a waiver of t CFR 2520.104-46?	during the plan year invested in e he annual examination and repo (See instructions on waiver eligib her line 6a or line 6b, the plan e	eligible assets? (See instruct rt of an independent qualifie vility and conditions.)	lions.) d public accountant (IQF	PA)	X Yes No
Caution: A per	alty for the late or	r incomplete filing of this retur	n/report will be assessed (unless reasonable caus	se is e	stablished.
Under penalties SB or Schedule	of periury and othe	er penalties set forth in the instru d signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/rep	ort, inc	luding, if applicable, a Schedule
	9 10	Moni	te 1/20/13	Roger J. O'Con	nell	
and the second se	nature of plan ad	ministrator	Date	Enter name of individu	ial sign	ing as plan administrator
SIGN HERE	gnature of employ	er/nlan anoncos	Date	Enter name of individu	al sian	ing as employer or plan sponsor
Preparer's nam	e (including firm na	me, if applicable) and address; in				rer's telephone number (optional)
					⁸ ц	
For Paperwork F	Reduction Act Notice	and OMB Control Numbers, see th	e instructions for Form 5500-	SF.	10.7	Form 5500-SF (2012) v. 120126

Form 5500-SF 2012

7	t III Financial Information	from 1	(a) Beginning of Year			(b) End o	fYear	
	Plan Assets and Liabilities	70		1987				38347
	Fotal plan assets	7a 7b		1907				
	Fotal plan liabilities Net plan assets (subtract line 7b from line 7a)	70	447	1987			4	38347
		70	(a) Amount			(b) To		
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Anount	10	100	(0) 10	u	
	(1) Employers	8a(1)		6002			5	1.12
	2) Participants	8a(2)		6750	100	S. Base		ñ., .
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	46	2283	11.11			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		A				47503
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4	0000				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	2	3545				_
g	Other expenses	8g					11.1	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						6354
i	Net income (loss) (subtract line 8h from line 8c)	8i					12	41149
j	Transfers to (from) the plan (see instructions)	8j				1.1	1.00	
Par				_				
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2G 2R 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fe							
Part	V Compliance Questions							
Part 10				Yes			Amount	
	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions within t	he time period described in					
10 a	During the plan year:	tions within t uciary Correc t? (Do not inc	he time period described in tion Program) slude transactions reported	Yes	No			
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within t uclary Correc t? (Do not inc	he time period described in tion Program) lude transactions reported	10a	No X			
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	tions within t uciary Correc t? (Do not inc fidelity bond	he time period described in tion Program) clude transactions reported , that was caused by fraud	10a /	No X X			
10 a b c	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	tions within t uclary Correc t? (Do not inc fidelity bond her persons t of the benefit	he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See	10a /	No X X X X			
10 a b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all	tions within t uciary Correc t? (Do not inc fidelity bond her persons t of the benefit	he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See	Yes 10a 10b 10c 10d	No X X X X X X			
10 a b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan	tions within t uciary Correc t? (Do not inc fidelity bond her persons t of the benefit	he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See	Yes 10a 10b 10c 10d 10d 10e 10f	No X X X X X X X X X X X X X	,		
10 a b c d e f g	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?	tions within t uclary Correc t? (Do not inc fidelity bond her persons t of the benefit an? us of year end (See instruct	he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See 	Yes 10a 10b 10c 10d 10d	 No X 			
10 a b c d e f g	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	tions within t uciary Correct (Do not inc fidelity bond her persons to of the benefit un? (See instruct he required r	he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See d.) tions and 29 CFR	Yes 10a 10b 10c 10d 10d 10d 10d 10g	 No X X			
10 a b c d e f g h	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	tions within t uciary Correct (Do not inc fidelity bond her persons to of the benefit un? (See instruct he required r	he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See d.) tions and 29 CFR	Yes 10a 10b 10c 10d	 No X X			
10 a b c d e f g h i i Part	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	tions within t uciary Correct ? (Do not inc fidelity bond her persons t of the benefit an? (See instruct he required r 1-3 nents? (If "Ye	he time period described in tion Program)	Yes 10a 10b 10c 10d 10d 10d 10d 10d 10d 10f 10g 10h 10b 10c 10c 10c 10c 10c 10c 10c 10c	No X	(Form		5 [] N
10 a b c d e f g g h i i 2artt	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at the sin individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement	tions within t uciary Correct (Do not inc fidelity bond her persons to of the benefit as of year end (See instruct he required r 11-3	he time period described in tion Program)	Yes 10a 10b 10c 10d	No X	(Form	Amount	5 N
10 a b c d e f g h i 2art 11	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	tions within t uciary Correct (Do not inc fidelity bond her persons to of the benefit as of year end (See instruct he required r 11-3	he time period described in tion Program)	Yes 10a 10b 10c 10d	No X	(Form	Amount	s [] N
10 a b c d e f g g h i i 2artt	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) Has the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding	tions within t uciary Correct (Do not inc fidelity bond her persons to of the benefit an? (See instruct he required r p1-3 nents? (If "Ye	he time period described in tion Program)	Yes 10a 10b 10c 10d	No X	(Form	Amount	
10 a b c d e f g h i i 20 art 11 11a 12	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39.	tions within t uciary Correct (Do not inc fidelity bond her persons to of the benefit an? is of year end (See instruct he required r p1-3 nents? (If "Ye g requiremen t, as applicat ng amortized	he time period described in tion Program)	Yes 10a 10b 10c 10d 10d 10d 10d 10d 10d 10d 10d 10f 10g 10h 10c 0or sections ctions, and	No X	(Form ERISA?	Amount	s X M

Form 5500-SF 2012

Page **3 -** [

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	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		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 brought under of the PBGC?			Yes X No
с	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)	n(s) to		
	3c(1) Name of plan(s):	13c(2) E	N(s)	13c(3) PN(s)
				-
				-
Part	VIII Trust Information (optional)			1.
14a	Name of trust	14b T	rusťs EIN	



Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions. 16---- File With IRS Only

Departr nternal	nent of the Treasury Revenue Service	► Informa	ation about F	orm 5558 and	its instructi	ons is at v	www	.irs.g	ov/for	m5558			
Par	t I Identifica	ition											
	Name of filer, plan administrator, or plan sponsor (see instructions) SARMS CO., INC. Number, street, and room or suite no. (If a P.O. box, see instructions)				E	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX 91-1265258							
	7505 SE 28TH SUITE 001							Social	securit	y number (SSN)	(9 digits XXX-)	(X-XXXX)	
	City or town, state, and ZIP code MERCER ISLAND, WA 98040-1520												
;	MERCER ISLAN		Plan name					Plan		Plar	ı year endir		
							n	umbe	er I	MM	DD	YYYY	
	SARMS CO., INC.	401(K) PROFIT SI	HARING PLA	N			0	0	1	12	31	2012	
Par	t II Extension	n of Time To F	ile Form 5	500 Series,	and/or Fo	orm 895	5-S	SA					
1	Check this b in Part 1, C	box if you are requ above.	lesting an ex	tension of time	e on line 2 t	o file the fi	irst F	orm (5500 s	eries return/r	eport for the	e plan listed	
2	l request an ext	tension of time un	til 10 /	15 / 2013	to fi	e Form 55	500 s	eries	(see i	nstructions).			
	I request an extension of time until <u>10 / 15 / 2013</u> to file Form 5500 series (see instructions). Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.												
3	l request an ext	tension of time un	til 10 /	15 / 2013				•		structions).			
	Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.												
	the normal due	a is automatically e date of Form 55 bove) is not later t	500 series, a	nd/or Form 89	955-SSA for	[,] which th	nis ex	ktensi	on is	(a) the Form requested, a	5558 is filed nd (b) the c	on or befor late on line	
Par	III Extensio	n of Time To F	ile Form 5	330 (see ins	tructions)								
4	l request an ext You may be ap	tension of time un oproved for up to a		/ tension to file				al du	e date	of Form 533	0.		
а	Enter the Code	e section(s) imposi	ng the tax			8 8 8		а					
b	Enter the paym	nent amount attach	hed	••••						a a a 🕨	b		
с 5		es under section 4 why you need th			enter the re	version/ar	meno	dmen	t date	a a e ▶	c		

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Signature >