	rm 5500-SF	Short Form Annua	of Small Emplo	OMB Nos. 1210-0 1210-0						
	rtment of the Treasury nal Revenue Service	This form is required to be filed					2014			
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E	ERISA), and sections 605 Revenue Code (the Code		Interna	This F	Form is Open to lic Inspection			
	enefit Guaranty Corporation	Complete all entries in act	cordance with the instr	uctions to the Form 55	500-SF					
Part I		dentification Information cal plan year beginning 01/01/201		and onding 12	/31/201	1.4				
		cal plan year beginning 01/01/201 X a single-employer plan		and ending 12/ lan (not multiemployer) (
	turn/report is for: urn/report is	a one-participant plan the first return/report an amended return/report	the first return/report I the final return/report							
C Check b	box if filing under:	☐ Form 5558 ☐ special extension (enter descrip	automatic extension		DFVC program					
			-							
Part II		mation—enter all requested infor	mation		41		<u></u>			
1a Name SARMS CO.	of plan ., INC. 401(K) PROFIT :	SHARING PLAN			D 1D	Three-digit plan number				
						(PN) 🕨	001			
					1c	Effective date c	•			
2a Plan sp SARMS CO.,		Iress; include room or suite number	(employer, if for a single-	-employer plan)		01/01/1993 2b Employer Identification Number (EIN) 91-1265258				
					2c Sponsor's telephone number					
	H SUITE 001 AND, WA 98040-1520				2d		36-8883 (see instructions)			
							12			
3a Plan a	dministrator's name and	d address XSame as Plan Sponso	r.		3b	Administrator's	EIN			
4 If the r	name and/or FIN of the	plan sponsor has changed since th	e last return/report filed f	or this plan, enter the	3C 4b		telephone number			
name,		ber from the last return/report.			4c					
- <u>-</u> ·		at the beginning of the plan year			58		2			
b Total r	number of participants a	at the end of the plan year			5k	D	2			
		ccount balances as of the end of the			50	c	2			
d(1) Tota	al number of active part	ticipants at the beginning of the plar	ו year		5d(*	1)	2			
d(2) Tota	al number of active part	ticipants at the end of the plan year.			5d((2)	2			
e Numbe	er of participants that ter	minated employment during the pla	an year with accrued bene	efits that were	5€	. ,	0			
		r incomplete filing of this return/r			use is (established.				
SB or Sche		er penalties set forth in the instruction d signed by an enrolled actuary, as lete.								
SIGN		alid electronic signature.	05/18/2015	ROGER J. O'CONNEL	_L					
HERE	Signature of plan ad	Iministrator	Date	Enter name of individu	ual sig	ning as plan ad	ministrator			
SIGN										
HERE	Signature of employ		Date	Enter name of individu						
Preparer's	name (including firm na	ame, if applicable) and address (incl	ude room or suite numbe	r) (optional)	Prepa	arer's telephone	e number (optional)			

	 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. 								
С	If the plan is a defined benefit plan, is it covered under the PBGC in								
Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year		
а	Total plan assets	7a	49594	92			4971046		
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	49594	92			4971046		
8	Income, Expenses, and Transfers for this Plan Year (a) Amount						(b) Total		
	207								
	(1) Employers	8a(1)		750					
	(2) Participants	8a(2)	07	50					
	(3) Others (including rollovers)	8a(3)	2248	867					
	Other income (loss)	8b	2270		_		233696		
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		253090		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1922	272					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	298	370					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					222142		
	Net income (loss) (subtract line 8h from line 8c)	8i					11554		
j	j Transfers to (from) the plan (see instructions)								
Par	t IV Plan Characteristics								
9a b Part	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2G 2R 3D 2F If the plan provides welfare benefits, enter the applicable welfare fer V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
<u> </u>	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in				Amount		
	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		500000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
e	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 ben	efits under the plan? (See	10e		×			
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 vear e	end.)	10q		Х			
5 h				ivy		~			
	2520.101-3.)			10h		Х			
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					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
_11a	Enter the unpaid minimum required contribution for current year fr	om Schec	lule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)						

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	

	Short Form Annua		of Small Employ	yee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service	This form is required to be filed	Benefit Plan under sections 104 and 40	065 of the Employee Ret	irement	2014					
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (E		(b) and 6058(a) of the In	This Form is Open t Public Inspection						
Pension Benefil Guaranty Corporation	 Complete all entries in ac 	cordance with the instru	ctions to the Form 550							
	dentification Information									
For calendar plan year 2014 or fisc		01/01/2014	and ending	12/31/2						
A This return/report is for: B This return/report is	a single-employer plan a one-participant plan the first return/report an amended return/report	of participating employe a foreign plan the final return/report	in (not multiemployer) (F er information in accorda 'report (less than 12 mor	nce with the form						
C Check box if filing under:	Form 5558	automatic extension		DFVC pro	ogram					
1	special extension (enter descript	tion)								
Part II Basic Plan Infor	mation-enter all requested infor	mation								
1a Name of plan SARMS CO., INC. 401(F	X) PROFIT SHARING PLA	N		1b Three-digit plan number (PN) ► 1c Effective dat	e of plan					
2a Plan sponsor's name and addr	ress; include room or suite number	(employer, if for a single-e	employer plan)	01/01/19 2b Employer Ide	entification Number					
Sarms Co., Inc.				(EIN) 91-1	265258					
	0.1			2c Sponsor's te	•					
7505 SE 28th Suite 00	J⊥			206-236-						
Mercer Island	MA 00040 1500			2d Business co 551112	de (see instructions)					
3a Plan administrator's name and	WA 98040-1520 address XSame as Plan Sponsor			3b Administrato	r'a EIN					
4 If the name and/or EIN of the	plan sponsor has changed since the	e last return/report filed for	this plan, enter the	4b EIN						
	ber from the last return/report.		-							
a Sponsor's name	t the beginning of the plan year			4c PN 5a						
	at the end of the plan year		-	5a 5b						
	ccount balances as of the end of the			30						
		e plan year (defined benef								
complete this item)	icipants at the beginning of the plar		it plans do not	5c						
complete this item) d(1) Total number of active parti	icipants at the beginning of the plar	n year	it plans do not	5c 5d(1)						
complete this item) d(1) Total number of active parti d(2) Total number of active parti	icipants at the beginning of the plan icipants at the end of the plan year.	ı year	it plans do not	5c 5d(1) 5d(2)						
complete this item) d(1) Total number of active parti d(2) Total number of active parti e Number of participants that term	icipants at the beginning of the plar	n yearan year with accrued benef	it plans do not	5c 5d(1)						
complete this item) d(1) Total number of active parti d(2) Total number of active parti e Number of participants that terr less than 100% vested	icipants at the beginning of the plar icipants at the end of the plan year minated employment during the pla r incomplete filing of this return/i	n year. an year with accrued benef report will be assessed u	it plans do not its that were unless reasonable caus	5c5d(1)5d(2)5ese is established						
complete this item) d(1) Total number of active parti d(2) Total number of active parti e Number of participants that terr less than 100% vested Caution: A penalty for the late on Under penalties of perjury and other SB or Schedule MB completed and	icipants at the beginning of the plan icipants at the end of the plan year minated employment during the pla r incomplete filing of this return/n er penalties set forth in the instruction d signed by an enrolled actuary, as	n year. an year with accrued benef report will be assessed u ons, I declare that I have e	it plans do not its that were inless reasonable caus	5c 5d(1) 5d(2) 5e se is established ort, including, if ap	plicable, a Schedule					
complete this item) d(1) Total number of active parti d(2) Total number of active parti e Number of participants that terr less than 100% vested Caution: A penalty for the late of Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and completed	icipants at the beginning of the plan icipants at the end of the plan year minated employment during the pla r incomplete filing of this return/n er penalties set forth in the instruction d signed by an enrolled actuary, as	n year. an year with accrued benef report will be assessed u ons, I declare that I have e	it plans do not its that were inless reasonable caus	5c 5d(1) 5d(2) 5e se is established ort, including, if ap and to the best of	plicable, a Schedule					
complete this item) d(1) Total number of active parti d(2) Total number of active parti e Number of participants that terri less than 100% vested Caution: A penalty for the late on Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct and completed SIGN	icipants at the beginning of the plan icipants at the end of the plan year, minated employment during the plan r incomplete filing of this return/r er penalties set forth in the instruction d signed by an enrolled actuary, as lete.	n year. an year with accrued benef report will be assessed u ons, I declare that I have e	it plans do not its that were inless reasonable caus examined this return/report, ion of this return/report, Deger J. O'Con	5c 5d(1) 5d(2) 5e se is established ort, including, if ap and to the best of nell	plicable, a Schedule my knowledge and					
complete this item) d(1) Total number of active parti d(2) Total number of active parti e Number of participants that terr less than 100% vested Caution: A penalty for the late of Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct and completed SIGN HERE Signature of plan ad	icipants at the beginning of the plan icipants at the end of the plan year, minated employment during the plan r incomplete filing of this return/r er penalties set forth in the instruction d signed by an enrolled actuary, as lete.	an year with accrued beneficiary of the second beneficiary of the seco	it plans do not its that were inless reasonable caus examined this return/report,	5c 5d(1) 5d(2) 5e se is established ort, including, if ap and to the best of nell	plicable, a Schedule my knowledge and					
complete this item) d(1) Total number of active parti d(2) Total number of active parti e Number of participants that terr less than 100% vested Caution: A penalty for the late or Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct and compl SIGN HERE Signature of plan ad SIGN HERE	icipants at the beginning of the plan icipants at the end of the plan year minated employment during the plan r incomplete filing of this return/n er penalties set forth in the instruction d signed by an enrolled actuary, as lete.	an year with accrued beneficiary of the second beneficiary of the seco	it plans do not its that were inless reasonable caus examined this return/reprion of this return/report, Deger J. O'Con Enter name of individu	5c 5d(1) 5d(2) 5e se is established ort, including, if ap and to the best of nell al signing as plan	plicable, a Schedule my knowledge and administrator					
complete this item) d(1) Total number of active parti d(2) Total number of active parti e Number of participants that terr less than 100% vested Caution: A penalty for the late on Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct and completed SIGN HERE Signature of plan ad SIGN HERE	icipants at the beginning of the plan icipants at the end of the plan year minated employment during the plan r incomplete filing of this return/n er penalties set forth in the instruction d signed by an enrolled actuary, as lete.	an year with accrued benefician year with acc	it plans do not its plans do not its that were inless reasonable caus examined this return/report, ion of this return/report, Deger J. O'Con Enter name of individu Enter name of individu	5c 5d(1) 5d(2) 5e se is established ort, including, if ap and to the best of nell al signing as plan	plicable, a Schedule my knowledge and administrator					

or	Paperwork	Reduction	Act Notice and	OMB Contro	A Numbers, see	the instructions f	or Form 5500-SF.
	and the second se				Charles and the second s		

Form 5500-SF 2014

Page **3** -

lfy	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	a	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	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	XN	0		
	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?					ΠY	es 🛛	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.)							
4	13c(1) Name of plan(s):					130	(3) PN	(s)

14b Trust's EIN

Form	5500-	SF	2014
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Ρ	ag	e	2

 6a Were all of the plan's assets during the plan year invested i b Are you claiming a waiver of the annual examination and re under 29 CFR 2520.104-46? (See instructions on waiver eli If you answered "No" to either line 6a or line 6b, the plane is the plane is	port of an independe gibility and condition	nt qualified public accountai s.)	nt (IQ	PA)			X Yes	No No
C If the plan is a defined benefit plan, is it covered under the P	BGC insurance prog	ram (see ERISA section 40)	21)? .		Yes		Not determine	ed
Part III Financial Information						2000		
7 Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of		0.4.0
a Total plan assets		495	949	2			4971	.046
b Total plan liabilities				_				
C Net plan assets (subtract line 7b from line 7a)	7c	495	949	2		10110A+ E-4	4971	.046
8 Income, Expenses, and Transfers for this Plan Year	15	(a) Amount		-		(b) To	tal	_
a Contributions received or receivable from: (1) Employers			207	9				
(1) Employers (2) Participants			675	0				
(3) Others (including rollovers)				-			-	-
b Other income (loss)		22	486	7	-		-	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				<u> </u>			233	3696
 d Benefits paid (including direct rollovers and insurance prem to provide benefits) 	iums	19	227	2			100	
e Certain deemed and/or corrective distributions (see instruct	ions) 8e							
f Administrative service providers (salaries, fees, commission	ns)	2	987	0				
g Other expenses								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	1					222	2142
i Net income (loss) (subtract line 8h from line 8c)							11	1554
j Transfers to (from) the plan (see instructions)	····· 8j							
Part IV Plan Characteristics								
9aIf the plan provides pension benefits, enter the applicable p2E2J2K2G2R3D2FbIf the plan provides welfare benefits, enter the applicable w								
Part V Compliance Questions								
10 During the plan year:				Yes	No	A	Amount	
 Was there a failure to transmit to the plan any participant 29 CFR 2510.3-102? (See instructions and DOL's Volunt 			10a		x			
b Were there any nonexempt transactions with any party-in- on line 10a.)	interest? (Do not inc	ude transactions reported	10b		х			
C Was the plan covered by a fidelity bond?			10c	Х			500	0000
d Did the plan have a loss, whether or not reimbursed by the or dishonesty?			10d		х			
e Were any fees or commissions paid to any brokers, agent insurance service, or other organization that provides som instructions.)	ne or all of the benefit	s under the plan? (See	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 a	mount as of year end	.)	10g		х			
h If this is an individual account plan, was there a blackout p2520.101-3.)	period? (See instructi	ons and 29 CFR	10h		x			
I If 10h was answered "Yes," check the box if you either pro- exceptions to providing the notice applied under 29 CFR 2			10i					
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding r 5500) and line 11a below)						(Form	Yes	No

 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?...
 Yes X
 No

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