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 section 6058(a) of the Internal Revenue Code (the Code).

0040

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaran	ty Corporation		▶ Complete all entries in accord	dance witl	h the instructions to the Form 550	0-SF.		pcotion	
Pa	rt I Annua	al Report I	deı	ntification Information				•		
For	calendar plan ye	ar 2010 or fis	cal p	olan year beginning 01/01/201	0	and ending 1	2/31/	2010		
Α -	This return/report	is for	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ınt plan	
	This return/report		Ē.	first return/report	final retur			<u>.</u>	·	
	rnis return/report	. 15 101.	H	an amended return/report		n year return/report (less than 12 moi	othe)			
_			$\overline{}$	·	•		11115)			
C	Check box if filing	g under:		Form 5558	automatic	extension		DFVC progra	am.	
				special extension (enter description	on)					
Pa	rt II Basic	Plan Infor	rma	tion—enter all requested inform	ation					
	Name of plan						1b	Three-digit		
QWE	LL PHARMACE	JTICALS RET	TIRE	MENT PLAN				plan number	001	
							4.0	(PN) •		
							10	Effective date o	•	
2a	Plan enoneor'e n	name and add	Irocc	s (employer, if for single-employer	nlan)		2h	Employer Identi		ımher
	LL PHARMACEL			s (employer, ir for single-employer	piai i)		2.0	(EIN) 39-207		iiiibei
							2c	Plan sponsor's		number
	- 2ND AVE., SUI TLE, WA 98104							206-67	4-3027	
OL/ ()	122, 177 00101						2d	Business code (ctions)
32	Plan administrat	or's name and	4 24	dress (if same as Plan sponsor, e	ntor "Same	5"\	3h	Administrator's		
QWE	LL PHARMACEL	JTICALS, INC	u au C.	1000 - 2ND A	AVE., SUIT	E 3700	35	39-207	5864	
				SEATTLE, W	/A 98104		3с	Administrator's	telephone	number
								206-67	4-3027	
				sponsor has changed since the la		port filed for this plan, enter the	4b	EIN		
r	name, EIN, and ti	ne pian numb	er tr	om the last return/report. Sponso	ors name		40	PN		
5a	Total number of	narticinants a	at th	e heginning of the plan year			5a			2
_										2
				• •		(d-Cd	5b			
C				account balances as of the end of		ear (defined benefit plans do not	5c			2
6a		•				(See instructions.)			X Yes	s No
_		•		0 , ,		ndent qualified public accountant (IQI			<u></u>	
						ons.)			X Yes	s No
				· • •	orm 5500-	SF and must instead use Form 55	00.			
Pa	rt III Finan	cial Inform	nati	on						
7	Plan Assets and	Liabilities				(a) Beginning of Year		(b) End	of Year	
а	Total plan asset	S			. 7a	40932	2			88391
b	Total plan liabilit	ties			. 7b					
С	Net plan assets	(subtract line	7b 1	from line 7a)	7с	40932	2			88391
8	Income, Expens	ses, and Trans	sfers	s for this Plan Year		(a) Amount		(b) ⁻	Total	
а	Contributions re				- 41	4600)			
	. ,				. 8a(1)					
	.,				· · ·	35000	_			
_	• • • • • • • • • • • • • • • • • • • •	· ·	,		— ` ′	2000	_			
b	Other income (Id	oss)			. 8b	8021				
С				(2), 8a(3), and 8b)	. 8c					49621
d				overs and insurance premiums	. 8d					
е	Certain deemed	and/or corre	ctive	e distributions (see instructions)	. 8e	2162	2			
f	Administrative s	ervice provide	ers (salaries, fees, commissions)	. 8f					
g										
h	•			8f, and 8g)						2162
i				h from line 8c)						47459
i	,	, ,		instructions)						
•	, -	, ,		,	ı oj	1				

	Form 5500-SF 2010 Page 2-				
ar	t IV Plan Characteristics				
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2G 2J 2K 2T 3D	acteris	tic Co	des in	the instructions:
)	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	cterist	ic Cod	des in t	he instructions:
art	V Compliance Questions				
)	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		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c		X	
d	,,,,,,	10d		X	
е	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		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X	
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			
ırt	VI Pension Funding Compliance				
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or sec	ction 3	302 of I	ERISA? Yes X No
	(If "Yes," complete 12a or 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 instruct granting the waiver				
lf	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	

С	Enter the amount contributed by the employer to the plan for this plan year	12c	<u> </u>		
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			
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 during the plan year or any prior year?							
	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 the control of the PBGC?							
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
	13c(1) Name of plan(s):			13c(3)	PN(s)			

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 belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/13/2011	ROGER ANDERSON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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 section 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

2010

This Form is Open to Public Inspection

	art I		t Identification Information	2				······································			
Fo	For calendar plan year 2010 or fiscal plan year beginning and ending										
Α	This return/report is for:				employer plan (not multiemployer)		one-participa	nt plan			
	B This return/report is for: first return/report			final retu							
an amended return/report					short plan year return/report (less than 12 months)						
					c extension	,	DFVC progra	ım			
_			special extension (enter descrip				bi vo piogia	,			
P	art II	Basic Plan Inf	ormation—enter all requested infor								
	Name		ormation enter an requested infor	nauon		1h	Three-digit				
		ARMACEUTICALS F	ETIREMENT PLAN			"	plan number				
							(PN) •	001			
						1c	Effective date of plan 01/01/2009				
2a QWI	Plan sp	oonsor's name and a	ddress (employer, if for single-employe	er plan)		2b	Employer Identification Number				
						2c	Plan sponsor's t	elephone number			
		AVE., SUITE 3700 /A 98104				-	206-67				
							Business code (541700				
SAN	Plan ad 1E	Iministrator's name a	and address (if same as Plan sponsor,	enter "Sam	e")	3b	Administrator's E 39-207				
				_		3с	Administrator's t 206-674	elephone number 1-3027			
			plan sponsor has changed since the Inber from the last return/report. Spons		eport filed for this plan, enter the	4b	EIN				
	mame, L	int, and the plan hun	iber from the last return/report. Spons	or s name		4c	PN				
5a	5a Total number of participants at the beginning of the plan year					5a		2			
b			s at the end of the plan year			5b		2			
	Totai n	umber of participant ete this item)	s with account balances as of the end	of the plan	year (defined benefit plans do not	5c		2			
6a	Were a	all of the plan's asse	ts during the plan year invested in eligi	ble assets?	(See instructions.)			X Yes No			
b	Are you	u claiming a waiver o	of the annual examination and report of the instructions on waiver eligibility	f an indepe	ndent qualified public accountant (IQI	PA)					
	If you	answered "No" to e	ither 6a or 6b, the plan cannot use	rand condii Form 5500.	SF and must instead use Form 550			ĭ Yes ∐ No			
Pa	ırt III	Financial Infor		01111 0000	or and must metead use Form 330		·····				
7	Plan As	ssets and Liabilities			(a) Beginning of Year	T	(b) End	of Veer			
а	Total pl	lan assets	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7a	40932	+	(b) Liid (88391			
b	Total pl	an liabilities		7b		1					
С	Net pla	n assets (subtract lir	e 7b from line 7a)	7c	40932			88391			
8			nsfers for this Plan Year		(a) Amount		(b) To	otal			
а		utions received or re			4600						
		•				4					
					35000	-					
b			ers)		2000	-{	4				
C			1), 8a(2), 8a(3), and 8b)		8021	+		40004			
ď			ct rollovers and insurance premiums	8c		+		49621			
_	to provi	de benefits)									
е			ective distributions (see instructions)		2162						
f			ders (salaries, fees, commissions)								
g											
h			d, 8e, 8f, and 8g)		2			2162			
1			line 8h from line 8c)		The state of the s			47459			
J	ranste	rs to (trom) the plan	(see instructions)	9:		1					

	_	Form 5500-SF 2010 Page 2- 1		_					
Pa									
9a		the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charac E 2G 2J 2K 2T 3D	cteris	tic Co	odes ir	the ins	tructio	ns:	
b		the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charact	terist	ic Co	des in	the insi	truction	s:	
Par	t	/ Compliance Questions							
10		During the plan year:		Yes	No		Ar	nount	
а	ì	Was there a failure to transmit to the plan any participant contributions within the time period described in			Х				
b)	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		<u> </u>	├—			
-			юь		×	Ì			
C	;	Was the plan covered by a fidelity bond?1	10c		Х				
d		Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud pr dishonesty?	lOd		x				
е		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.)	l0e		х				
f		das the plan failed to provide any hanefit when due under the plan?	$\neg \uparrow$		X	 			
g		hid the plan baye any postisinent lease? (If Wee ? auto-serve of	10f		$\frac{\hat{x}}{x}$				
h		f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	0g			<u> </u>			
••		2520.101-3.)	Oh		Χ	i			
i		f 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	IOi						
Part		<u> </u>							*
11		s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple	ete S	ched	ule SB	(Form	Г		п.,
12		s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or						Yes	∐ No ⊠ No
		f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	Sec	uon 3	UZ 01 1	EKISA	' L	1 165	M MO
	,	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction ranting the waiver	ons, a	and e	nter th Day	e date d	of the le	etter rul ar	ing
lf :	y	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b		nter the minimum required contribution for this plan year		_	12b				
C	- 1	nter the amount contributed by the employer to the plan for this plan year	• • • • • • • • • • • • • • • • • • • •	· L	12c				
d	1	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of egative amount)	•••••	• ∟	12d				
		/ill the minimum funding amount reported on line 12d be met by the funding deadline?	• • • • • • • • • • • • • • • • • • • •			Yes		No	N/A
art	_								
13a	ı	as a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				Yes	X No
		"Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	١	/ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unc f the PBGC?	der th	e cor	itrol			l vac	No No
С		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the phich assets or liabilities were transferred. (See instructions.)	plan(s) to	••••		L	165	[A 140
1	13	(1) Name of plan(s):		13c	(2) EIN	1(s)		13c(3)	PN(s)
						<u>. , , , , , , , , , , , , , , , , , , ,</u>			
	_								
Cauti	io	a: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable of	Calle	a le c	etahli				
Unde	er	enalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return	/reno	rt inc	ludina	if appli	icable	a Sche	dule
2D 01	r	chedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/rep	ort, a	and to	the b	est of m	y know	ledge a	and

SIGN HERE Signature of employer/plan sponsor

Signature of employer/plan sponsor

Date Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor