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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

r		lance witl	the instructions to the Form 5500)-SF.		•	
P	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	1/30/20	011		
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)	Ī	a one-particip	ant plan	
			eturn/report	L			
			·	\n t ha\			
_			in year return/report (less than 12 mo	ontns) r	7		
С	Check box if filing under:	automatic	extension		DFVC progra	m	
	special extension (enter description	n)					
Pa	Irt II Basic Plan Information—enter all requested informa	ition					
1a	Name of plan			1b	Three-digit		
L1 A	GROSCIENCES, INC. 401K PLAN				plan number		
					(PN) ▶	001	
				1c	Effective date of		
					01/01		
	Plan sponsor's name and address; include room or suite number (en GROSCIENCES, INC.	nployer, if	for a single-employer plan)		Employer Identif		oer
LIA	ONOGOILNOLO, INC.				(=114)	74845	
				2c	Sponsor's telep		r
	AST PINE STREET		ŀ	0.1.	206-832		
SEA	TLE, WA 98122			2 a	Business code (ons)
2-	District the second sec	. "0	w.	2	54170	_	
	Plan administrator's name and address (if same as plan sponsor, en BROSCIENCES, INC. 300 EAST PIN			3D /	Administrator's I	=IN 74845	
	SEATTLE, WA			3c	Administrator's t		mber
				,	206-832		111001
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from the last return/report.			_			
	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			,
b	Total number of participants at the end of the plan year			5b			
С	Number of participants with account balances as of the end of the pl	lan year (d	defined benefit plans do not				
	complete this item)			5c			_
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes	No
b	- , · · · · · · · · · · · · · · · · · ·					V [٦
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•			X Yes	No
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 550)0.			
	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End		0
а	Total plan assets	7a	0				0
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	0				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:						
	(1) Employers	8a(1)		_			
	(2) Participants	8a(2)	99059	_			
	(3) Others (including rollovers)	8a(3)	117491				
b	Other income (loss)	8b	-12792				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				20375	8
d	Benefits paid (including direct rollovers and insurance premiums		20227				
	to provide benefits)	8d	202874				
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	884				
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				20375	8
i	Net income (loss) (subtract line 8h from line 8c)	8i					0
i	Transfers to (from) the plan (see instructions)						
,	() and plant (000 mondono) minimum.	8j					

Form	5500-	SF	201

Page 2 -	1
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Partiv	Pian	Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2T
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

		Yes	Na		_		
During the plan year:		res	No		A	mount	
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	100						
on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c		Χ				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
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				
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	- 5		V				
2520.101-3.)	10h		X				
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						
rt VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor				3 (For	m	Yes	□ N
5500))							
						<u> </u>	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						Yes	+
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						<u> </u>	
(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 instru	le or se	ction 3	302 of Inter th	ERIS/	A? e of the	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 instrugranting the waiver	le or se uctions, nth	ction 3	302 of Inter th	ERIS/	A? e of the	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 instrugranting the waiver. Moi f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	le or se uctions, nth	and e	02 of Inter th	ERIS/	A? e of the	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 instrugranting the waiver. Moi f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	le or se uctions, nth	and e	nter th Day	ERIS/	A? e of the	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 instrugranting the waiver	le or se uctions, nth	and e	02 of Inter th	ERIS/	A? e of the	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 instrugranting the waiver. Mor f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year.	uctions, nth	and e	nter th Day	ERIS/	A? e of the	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 instrugranting the waiver. More if you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	le or se uctions, nth t of a	and e	12b 12c 12d	ERIS/	A? e of the	Yes	No 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 instrugranting the waiver. More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 be Enter the minimum required contribution for this plan year. Center the amount contributed by the employer to the plan for this plan year. Contributed by the employer to the plan for this plan year. Contributed by the employer to the plan for this plan year. Contributed by the employer to the plan for this plan year. Contributed by the employer to the plan for this plan year. Contributed by the employer to the plan for this plan year. Contributed by the employer to the plan for this plan year.	le or se uctions, nth t of a	and e	12b 12c 12d	ERIS/	A? e of the	letter ru	No No
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(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 instrugranting the waiver. More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 better the minimum required contribution for this plan year. Center the amount contributed by the employer to the plan for this plan year. Contract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Contract the minimum funding amount reported on line 12d be met by the funding deadline? Contract VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	le or se	and e	12b 12c 12d	ERIS/ne date	A? e of the Y	letter ru	I 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 instrugranting the waiver. More five completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 between the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	t of a	and e	12b 12c 12d	ERIS/ne date	A? e of the Y	letter ruear	I 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 instrugranting the waiver. More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 or Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan is plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan is plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan is plan to a	t of a	and e	12b 12c 12d 	ERIS/ne date	A? e of the Y	letter ruear	I No
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(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 instrugranting the waiver	t of a	and e	12b 12c 12d 	ERIS/	A? e of the Y	letter ruear	No 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 instrugranting the waiver	t of a	and e	12b 12c 12d	ERIS/	A? e of the Y	letter ruear	No No

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.	02/06/2012	HANS LUNDIN
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 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

2011

This Form is Open to Public Inspection

Pi	art I	Annual Report	Identification Informa				
For	calenda	ar plan year 2011 or fis	scal plan year beginning	01/01/2	011 and ending		11/30/2011
Α	This ret	turn/report is for:	X a single-employer plan	a multiple	e-employer plan (not multiemployer)	a one-participant plan
В	This ret	turn/report is:	X the first return/report	X the final i	eturn/report		
			an amended return/repo	ort 🗓 a short pl	an year return/report (less than 12 r	nonths))
С	Check I	box if filing under:	Form 5558	Ħ	extension		DFVC program
_			special extension (ente	description)			
· P:	art II	Basic Plan Info	rmation—enter all reques				
<u> </u>	Name		Titlation onter an reques	ica imormation		1b	Three-digit
		•	Inc. 401k Plan				plan number
	,	•					(PN) ▶ 001
						1c	Effective date of plan 01/01/2011
22	Dlan ei	noneor's name and add	dress; include room or suite	number (employer i	for a single employer plan	2h	
Lu		grosciences, :		riumber (employer, i	ioi a single-employer plan)	20	Employer Identification Number (EIN) 27-2374845
						2c	Sponsor's telephone number
							(206) 832-1993
	300	East Pine Stre	eet			2d	Business code (see instructions)
	Seat				WA 98122		541710
3a	Plan a	idministrator's name an	nd address (if same as plan s	sponsor, enter "Sami) ")	3b	Administrator's EIN
						3c	Administrator's telephone number
							, rammonator o telephone number
4					report filed for this plan, enter the	4b	EIN
а		, ⊏iiv, and the pian nur :or's name	mber from the last return/rep	οπ.		Ac	PN
			at the beginning of the plan	vear	***************************************	-	5
b				-			0
c			account balances as of the e			1 30	
					······	. 5c	0
6a	Were	all of the plan's assets	s during the plan year investe	ed in eligible assets?	(See instructions.)		X Yes No
þ		•		•	ndent qualified public accountant (I	,	X Yes No
					ions.) SF and must instead use Form 5		M les [] No
Pa	rt III	Financial Inforr					
7	Plan A	Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total	plan assets		7a		0	0
þ	Total	plan liabilities		7b			
C	Net pla	an assets (subtract line	e 7b from line 7a)	7c		0	0
8	Incom	ie, Expenses, and Trar	nsfers for this Plan Year		(a) Amount		(b) Total
а		ibutions received or rec		9-/4)			
	• ,	, ,		· · · · · · · · · · · · · · · · · · ·	99,0	E 0	
		•	ers)	1	117,4		
b					(12,79		
C		, ,), 8a(2), 8a(3), and 8b)		(12,7)		203,758
ď			ct rollovers and insurance pr				
				i i	202,8	74	
e	Certai	in deemed and/or corre	ective distributions (see instr	uctions) 8e			
f	Admin	nistrative service provid	ders (salaries, fees, commiss	ions) 8f	8	84	
g		•					
h	Total 6	expenses (add lines 8c	d, 8e, 8f, and 8g)	8h			203,758
							
j		, , ,	ine 8h from line 8c)(see instructions)	8i			0

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HERE

Signature of employer/plan sponsor

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Part IV Plan Characterist	ics
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- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2T
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	V Compliance Questions							
10	During the plan year:		Yes	No		Ar	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in	4.0		Х				
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a						
~	on line 10a.)	10b		Х				
С	Was the plan covered by a fidelity bond?	10c		Х		**		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х				
е		10e		Х				
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 amount as of year end.)	10g		X				
h		10g		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					:	
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	1 X
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					1		x 1
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	,				[_	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver							
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
h.			-			· · · · · · · · · · · · · · · · · · ·		
D	Enter the minimum required contribution for this plan year		[12b		·····		
C				12b 12c				
	Enter the minimum required contribution for this plan year	of a	F					
c d	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	of a		12c 12d	Ye	s []	No	
c d	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a		12c 12d	Ye	s 🔲	No	
c d e Part	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a		12c 12d	Ye	s [No	
c d e Part	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets	of a		12c 12d			No	
c d e Part 13a	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	of a	3a the co	12c 12d		No	No X Yes	∏ N/₁
e Part 13a	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	of a	3a the co	12c 12d	es [No		∏ N/₁
e Part 13a b	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan is plan to another	of a	3a the co	12c 12d	es [No	X Yes	∏ N/₁
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Enter name of individual signing as employer or plan sponsor