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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) JRK PHARMA 2b Employer indentification (EIN) 27-0197281 2c Sponsor's telephone nur 2d Business code (see instru- 446110 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 7631 212TH ST SW SUITE D-100 EDMONDS, WA 98026 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 5 Total number of participants at the beginning of the plan year. 5 In total number of participants at the end of the plan year. 5 In total number of participants at the end of the plan year. 5 In total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 C 6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions). 5 C 6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions). 5 C 6 Description 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.) 7 Plan Assets and Liabilities (a) Beginning of Year 8 Total plan assets, subtract line 7 b from line 7a). 7 Plan Assets and Liabilities (a) Reginning of Year 1 (a) Amount (b) Total 1 (b) Total 1 (c) Total income, Expenses, and Transfers for this Plan Year 2 (a) Amount (b) Total 6 Denditions received or receivable from: (c) Participants (d) President of the plan income, loss). 8 (a) O 1 Denditions received or receivable from: (d) Bendition of corrective distributions (see instructions). 8 (e) Certain deemed and/or corrective distributions (see	F	Complete all entries in according to the complete all entries and the complete all entries	dance wit	h the instructions to the Form 5500	0-SF.				
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B This return/report is:	For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/2	2011			
B This return/report is:	Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-partici	ant plan		
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Part II Basic Plan Information—enter all requested information				• • •	ontns)	_			
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h Total expenses (add lines 8d, 8e, 8f, and 8g)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h)	
i Net income (loss) (subtract line 8h from line 8c)	i	Net income (loss) (subtract line 8h from line 8c)	. 8i				610)	
j Transfers to (from) the plan (see instructions)	j	Transfers to (from) the plan (see instructions)	8j						

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Part IV	Plan	Characteristics
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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 2K 2S 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

)	During the plan years		Voc	Nia				
	During the plan year:		Yes	No		Ar	nount	
	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				
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported							
	on line 10a.)	10b		X				
;	Was the plan covered by a fidelity bond?	10c		X				
	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				
i	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		Х				
	Has the plan failed to provide any benefit when due under the plan?	10f		X				
1	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	iug						
	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						
t۷	/I Pension Funding Compliance							
I	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	nplete :	Sched	عاييا عا	(Form	n		
	EE00\\			iule OL	, (1 0111			
	5500))						Yes	
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	旹
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(e or se	 ction 3	302 of	ERISA	 .?	Yes	1 ×
(1 9	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instructions granting the waiver	e or se	ction 3	302 of	ERISA	 .? e of the	Yes	s X N
(1 9	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruc	e or se	ction 3	302 of	ERISA	 .? e of the	Yes	s X N
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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.	05/14/2012	SAIKRISHNA ARUMILLI
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