

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).  <b>► Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089
		<b>2011</b>
		<b>This Form is Open to Public Inspection</b>

<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information
<b>1a</b> Name of plan <u>CMC ICOS BIOLOGICS, INC. 401(K) PLAN</u>	<b>1b</b> Three-digit plan number (PN) ► <u>001</u> <b>1c</b> Effective date of plan <u>12/14/2007</u>
<b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)  <u>CMC ICOS BIOLOGICS, INC.</u>  <u>22021 20TH AVENUE SE</u> <u>BOTHELL, WA 98021</u>	<b>2b</b> Employer Identification Number (EIN) <u>26-1276219</u> <b>2c</b> Sponsor's telephone number <u>425-485-1900</u> <b>2d</b> Business code (see instructions) <u>339900</u>

**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 accompanying schedules, statements and attachments, 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.

<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>10/08/2012</u>	<u>GUSTAVO MAHLER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)  
v.012611

<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") CMC ICOS BIOLOGICS, INC.  22021 20TH AVENUE SE BOTHELL, WA 98021	<b>3b</b> Administrator's EIN 26-1276219  <b>3c</b> Administrator's telephone number 425-485-1900
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<b>4</b> 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:  <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	188
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<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a</b> Active participants.....	<b>6a</b>	194
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>	37
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	231
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>	0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	231
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>	183
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	16

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
 2F 2G 2J 2K 2T 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
<b>(1)</b> <input type="checkbox"/> Insurance	<b>(1)</b> <input type="checkbox"/> Insurance
<b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts	<b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts
<b>(3)</b> <input checked="" type="checkbox"/> Trust	<b>(3)</b> <input checked="" type="checkbox"/> Trust
<b>(4)</b> <input type="checkbox"/> General assets of the sponsor	<b>(4)</b> <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1)** ☒ **R** (Retirement Plan Information)  
  
**(2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  
  
**(3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1)** ☒ **H** (Financial Information)  
**(2)** ☐ **I** (Financial Information – Small Plan)  
**(3)** ☐ **A** (Insurance Information)  
**(4)** ☒ **C** (Service Provider Information)  
**(5)** ☐ **D** (DFE/Participating Plan Information)  
**(6)** ☐ **G** (Financial Transaction Schedules)

<b>SCHEDULE C</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110
		<b>2011</b>
		<b>This Form is Open to Public Inspection.</b>

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

<b>A</b> Name of plan <u>CMC ICOS BIOLOGICS, INC. 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>CMC ICOS BIOLOGICS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>26-1276219</u>

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  
FID.INV.INST.OPS.CO.

04-2647786

**(b)** Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 60	RECORDKEEPER	3980	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>ALLNZ NFJ DIV VAL AD - BOSTON FINAN</p> <p>04-2526037</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.35%</p>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>DWS GLB SM CAP GR S - DWS INVESTMEN</p> <p>02-0432775</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.35%</p>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>IVK GRTH &amp; INC A - INVESCO CANADA L      P.O. BOX 4739 HOUSTON, TX 77210</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.35%</p>		

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
LOOMIS SM CAP VAL R - BOSTON FINANC	0.40%	
04-2526037		
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
MSIF MID CAP GRTH P - MORGAN STANLE	0.35%	
13-3799749		
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
ROYCE VALUE PLUS SER - BOSTON FINAN	0.45%	
04-2526037		



**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

**Part III** **Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <div style="font-size: 24pt; font-weight: bold;">2011</div>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2011 or fiscal plan year beginning <span style="color: blue;">01/01/2011</span> and ending <span style="color: blue;">12/31/2011</span>		
<b>A</b> Name of plan <span style="color: blue;">CMC ICOS BIOLOGICS, INC. 401(K) PLAN</span>	<b>B</b> Three-digit plan number (PN) ►	<span style="color: blue;">001</span>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">CMC ICOS BIOLOGICS, INC.</span>	<b>D</b> Employer Identification Number (EIN)  <span style="color: blue;">26-1276219</span>	

Part I Asset and Liability Statement			
<b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other.....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	273497	413756
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other.....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	79746	29195
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	7151580	8014018
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

**1d** Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	7504823	8456969

**Liabilities**

<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	0	0

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	7504823	8456969
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**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income**

		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	363519	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	1381586	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	38847	
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1783952
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	97	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	3148	
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		3245
(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	241948	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		241948
(3) Rents .....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		

		(a) Amount	(b) Total
<b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	<b>2b(5)(A)</b>		
(B) Other .....	<b>2b(5)(B)</b>		
(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		-511832
<b>c</b> Other income.....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		1517313

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	559996	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		559996
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses: (1) Professional fees .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Investment advisory and management fees .....	<b>2i(3)</b>		
(4) Other .....	<b>2i(4)</b>	5171	
(5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>		5171
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		565167

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		952146
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CLARK NUBER P.S.

(2) EIN: 91-1194016

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 5b** 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.)

**5b(1)** Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

<b>SCHEDULE R</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Retirement Plan Information</b>  This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2011</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

<b>A</b> Name of plan <u>CMC ICOS BIOLOGICS, INC. 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>CMC ICOS BIOLOGICS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>26-1276219</u>

<b>Part I</b>	<b>Distributions</b>
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All references to distributions relate only to payments of benefits during the plan year.

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<u>0</u>
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  EIN(s): <u>04-6568107</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	<b>3</b>	

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>		
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_



- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

<b>a</b> The current year .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year .....	<b>14b</b>	
<b>c</b> The second preceding plan year .....	<b>14c</b>	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....	<b>16b</b>	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ..... ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

***CMC ICOS BIOLOGICS, INC. 401(k) PLAN***

Financial Statements

For the Years Ended  
December 31, 2011 and 2010

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Assets Held as of December 31, 2011	10

***Independent Auditors' Report******To the Plan Administrator  
CMS ICOS Biologics, Inc. 401(k) Plan  
Bothell, Washington***

We were engaged to audit the accompanying statements of net assets available for benefits and statements of changes in net assets available for benefits of the CMC ICOS Biologics, Inc. 401(k) Plan (the Plan) as of and for the years ended December 31, 2011 and 2010, and supplementary information as of December 31, 2011. These financial statements and supplementary information are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplementary information. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's financial statements and supplementary information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplementary information taken as a whole. The supplementary information is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and the supplementary information, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Certified Public Accountants  
September 21, 2012

**CMC ICOS BIOLOGICS, INC. 401(k) PLAN**

**Statements of Net Assets Available for Benefits  
December 31, 2011 and 2010**

---

	<u>2011</u>	<u>2010</u>
<b>Assets:</b>		
Investments, at fair value-		
Mutual funds	\$ 8,014,018	\$ 7,151,580
Money market fund	<u>413,756</u>	<u>273,497</u>
Total investments, at fair value	8,427,774	7,425,077
Receivables-		
Notes receivable from participants	29,195	79,746
Employer contributions	<u>20,289</u>	<u>21,543</u>
Total receivables	<u>49,484</u>	<u>101,289</u>
<b>Net Assets Available for Benefits</b>	<b><u><u>\$ 8,477,258</u></u></b>	<b><u><u>\$ 7,526,366</u></u></b>

*See accompanying notes.*

**CMC ICOS BIOLOGICS, INC. 401(k) PLAN**

**Statements of Changes in Net Assets Available for Benefits  
For the Years Ended December 31, 2011 and 2010**

	<u>2011</u>	<u>2010</u>
<b>Additions to Net Assets:</b>		
Contributions-		
Participant deferral	\$ 1,381,586	\$ 1,228,532
Employer	362,265	337,373
Participant rollover	38,847	44,923
	<u>1,782,698</u>	<u>1,610,828</u>
Total contributions	1,782,698	1,610,828
Investment (loss) income-		
Interest and dividends	245,193	103,898
Net (depreciation) appreciation in fair value of investments	(511,832)	957,433
	<u>(266,639)</u>	<u>1,061,331</u>
Net investment (loss) income	(266,639)	1,061,331
<b>Total Additions to Net Assets</b>	<b>1,516,059</b>	<b>2,672,159</b>
<b>Deductions from Net Assets:</b>		
Benefits paid to participants	559,996	487,790
Administrative fees	5,171	4,505
	<u>565,167</u>	<u>492,295</u>
<b>Total Deductions from Net Assets</b>	<b>565,167</b>	<b>492,295</b>
<b>Net Increase in Net Assets Available for Benefits</b>	<b>950,892</b>	<b>2,179,864</b>
<b>Net Assets Available for Benefits:</b>		
Beginning of year	<u>7,526,366</u>	<u>5,346,502</u>
<b>End of Year</b>	<b><u>\$ 8,477,258</u></b>	<b><u>\$ 7,526,366</u></b>

See accompanying notes.

## **CMC ICOS BIOLOGICS, INC. 401(k) PLAN**

### **Notes to Financial Statements**

#### **For the Years Ended December 31, 2011 and 2010**

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#### **Note 1 - Description of the Plan**

The following description of the CMC ICOS Biologics, Inc. 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provision.

**General** - The Plan is a defined contribution plan, established December 14, 2007, covering all eligible employees of CMC ICOS Biologics, Inc. (the Company). The Plan provides for contributions pursuant to Section 401(a) of the Internal Revenue Code (IRC) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**Eligibility** - All employees except those covered by collective bargaining agreements, leased, or temporary are eligible to participate in the Plan. Employees become eligible for the Plan on the first day of each month subsequent to the date of hire. Temporary employees can achieve eligible status for participation in the plan upon reaching 1,000 hours of service and 21 years of age.

**Participant Contributions** - Under the provisions of the Plan, participants may defer on a pretax basis up to 75% of their eligible compensation to the Plan, subject to IRC regulations and limitations. Eligible participants who are at least 50 years of age may elect to make catch up contributions subject to certain limitations under the IRC. Participants may also contribute amounts representing distributions from other qualified defined benefit and contribution plans.

**Employer Matching Contributions and Vesting** - The Company contributes an employer matching contribution equal to 50% of participant deferral contributions up to 6% of a participant's eligible compensation calculated each plan year. The contribution period for purposes of calculating the amount of employer matching contributions is each plan year.

The Company may make a discretionary profit sharing contribution to the Plan. There was no profit sharing contribution for the years ended December 31, 2011 or 2010.

Participants are immediately vested in their voluntary salary deferral contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary profit sharing contributions plus actual earnings thereon is based on years of continued service as follows:

<u>Years of Service</u>	<u>Percentage Vested</u>
Less than 1	0%
1 but less than 2	25%
2 but less than 3	50%
3 but less than 4	75%
4 or more	100%

**Participant Accounts** - Participant accounts are credited with their contributions, any Company contributions and any related income, expenses, gains or losses, and loan and loan repayments. Earnings allocations are based on participant's units in their investment funds. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Upon enrollment in the Plan, a participant may direct Company and participant contributions into any of the Plan's investment options.

## **CMC ICOS BIOLOGICS, INC. 401(k) PLAN**

### ***Notes to Financial Statements***

***For the Years Ended December 31, 2011 and 2010***

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#### ***Note 1 - Continued***

**Notes Receivable from Participants** - Plan participants may borrow from their fund accounts, generally for periods not to exceed five years, a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. If loans are for the purchase of a primary residence, repayment periods can extend up to 10 years. Interest is paid by the borrower at a rate determined by the administrator based on the prevailing interest rates for loans made under similar circumstances and is retained in the borrower's account until the account balance is withdrawn.

**Investment Options** - Participants may select one or more predetermined investment options to invest contributions and allocated earnings. Contributions are deposited directly into the participant elected investment vehicles.

The Plan provides for various investment fund options which in turn invest in mutual funds or money market funds. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

**Payment of Benefits** - Upon retirement, disability or termination, a participant may elect to take a distribution up to the vested balance of the participant's account or rollover the vested balance into another qualified plan. Participants may defer the receipt of their distribution until a later date, however the Plan has the option to distribute all account balances less than \$1,000 without participant consent. Upon death, the participant's vested account balance shall be paid to the designated beneficiary.

**Hardship Withdrawals** - Under certain conditions, participants, while still employed by the Company, are permitted to withdraw, in a single sum, a minimum of \$500 up to the entire employee contribution portion and vested portion of the employer contribution within their account balance. These conditions include unreimbursed medical expenses, the purchase of the participant's principal residence, the payment of postsecondary education tuition or to prevent eviction or foreclosure from the participant's principal residence. A participant's right to make deferrals to the Plan will be suspended for six months after the receipt of a hardship withdrawal.

**Forfeitures** - Unapplied forfeited nonvested accounts are used first to reduce future employer contributions payable under the Plan, and then used to pay administrative expense. At December 31, 2011 and 2010, there were no forfeited nonvested accounts. The total forfeited amounts used during the years ended December 31, 2011 and 2010, to reduce employer contributions were \$15,477 and \$6,893, respectively.

**Administrative Expenses** - The Plan's administrative fees are paid for by the Company and the Plan. Initial loan setup fees are paid by the participants. Investment management fees are charged directly against investments and netted with investment income on the statement of changes in net assets available for benefits.

**Subsequent Events** - The Plan's management has evaluated subsequent events through September 21, 2012, the date on which the Plan's financial statements were available to be issued.



## **CMC ICOS BIOLOGICS, INC. 401(k) PLAN**

### ***Notes to Financial Statements***

***For the Years Ended December 31, 2011 and 2010***

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#### ***Note 2 - Summary of Accounting Policies***

**Basis of Accounting** - The financial statements of the Plan are prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America (GAAP).

**Investment Valuation and Income Recognition** - The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income are accrued as earned. Net appreciation or depreciation in fair value is the net gain or loss on disposition of investments plus the net unrealized increase or decrease in fair value during the year of investments held at year-end.

**Use of Estimates** - The preparation of financial statements, in conformity with GAAP, requires the plan administrator to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

**Notes Receivable from Participants** - Notes receivable from participants are measured at their unpaid principal balance. Accrued but unpaid interest, if any, would not have a material impact on the Plan's financial statements.

**Payment of Benefits** - Benefits paid to participants are recognized when paid. There were no amounts allocated to accounts of participants who had elected to withdraw from the Plan but had not yet been paid as of December 31, 2011 or 2010.

#### ***Note 3 - Certified Investment Information***

The Plan's management elected the method of compliance permitted by Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Under this provision of ERISA, certain information certified by a trust company need not be subjected to independent audit. The Plan's management has obtained certification from the trustee, Fidelity Management Trust Company (Fidelity), that the following information provided by the trustee and included in the Plan's financial statements and supplementary information is complete and accurate:

- Fair value of investments as of December 31, 2011 and 2010;
- Investments and other income earned and losses incurred for the years ended December 31, 2011 and 2010; and
- Investment transactions for the years ended December 31, 2011 and 2010.

#### ***Note 4 - Plan Termination***

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, all participants immediately become 100% vested in their respective account balances.

## **CMC ICOS BIOLOGICS, INC. 401(k) PLAN**

### ***Notes to Financial Statements***

#### ***For the Years Ended December 31, 2011 and 2010***

---

#### ***Note 5 - Federal Income Taxes***

The Company has adopted a Prototype Standardized Profit Sharing Plan with a deferral arrangement, which received a favorable opinion letter from the Internal Revenue Service (IRS) on March 31, 2008, stating that the Plan and its related trust are designed in accordance with applicable sections of the IRC. The prototype plan has been amended since the date of the favorable opinion letter. However, the plan administrator believes that the Plan and its related trust are designed and currently operating in compliance with the applicable requirements of the IRC.

The Plan is subject to audits by the IRS for certain tax periods based on applicable laws and regulations; however, there are currently no audits for any tax periods in progress.

#### ***Note 6 - Party-In-Interest Transactions***

Certain plan investments are shares of mutual funds and a money market account managed by an entity affiliated with Fidelity, the trustee of the Plan. These transactions qualify as exempt party-in-interest transactions.

#### ***Note 7 - Investments***

The following table identifies investments that represent 5% or more of the fair value of the Plan's net assets as of December 31:

	<u>2011</u>	<u>2010</u>
Morgan Stanley Mid-Cap Growth Portfolio	\$ 878,979	\$ 883,798
Fidelity Low Priced Stock*	710,290	**
Fidelity Contra Fund*	608,007	507,890
Spartan U.S. Bond Index	588,802	**
Allianz NFJ Dividend Value Admin	464,445	394,715
Spartan U.S. Equity Index	451,506	380,516
Fidelity International Discovery*	449,539	513,335
Fidelity Leverage Co. Stock*	**	694,554
Fidelity U.S. Bond Index*	**	471,942
Royce Value Plus Fund	**	435,425

\* Represents party-in-interest transactions.

\*\* Individual investment fund does not represent 5% or more of net assets at respective year end.

#### ***Note 8 - Fair Value Measurements***

GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

## CMC ICOS BIOLOGICS, INC. 401(k) PLAN

### Notes to Financial Statements

#### For the Years Ended December 31, 2011 and 2010

#### Note 8 - Continued

The three levels of the fair value hierarchy under this guidance are described as follows:

Level 1 - Unadjusted quoted prices available in active markets for identical assets or liabilities;

Level 2 - Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; or

Level 3 - Unobservable inputs that are significant to the fair value measurement.

A financial instrument's level within the fair value hierarchy is based upon the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Mutual Funds - Valued at quoted market prices in active markets, which represent the net asset value of shares held by the Plan at year-end.

Money Market Fund - Valued at cost plus accrued interest, which approximates fair value.

The valuation methodologies used by the Plan may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan's management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

	<i>Fair Value Measurements as of December 31, 2011</i>			
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Mutual funds-				
Domestic equity	\$ 5,987,530	\$ -	\$ -	\$ 5,987,530
International equity	1,015,086			1,015,086
Fixed income	634,934			634,934
Balanced fund	376,468			376,468
Total mutual funds	8,014,018			8,014,018
Money market fund	413,756			413,756
	<u>\$ 8,427,774</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 8,427,774</u>

**CMC ICOS BIOLOGICS, INC. 401(k) PLAN**

**Notes to Financial Statements**

**For the Years Ended December 31, 2011 and 2010**

**Note 8 - Continued**

	<i>Fair Value Measurements as of December 31, 2010</i>			
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Mutual funds-				
Domestic equity	\$ 5,321,800	\$ -	\$ -	\$ 5,321,800
International equity	1,029,840			1,029,840
Fixed income	508,100			508,100
Balanced fund	291,840			291,840
Total mutual funds	7,151,580			7,151,580
Money market fund	273,497			273,497
	<b>\$ 7,425,077</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 7,425,077</b>

**Note 9 - Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of the net assets available for benefits per the financial statements to the Form 5500 as of December 31:

	<u>2011</u>	<u>2010</u>
Net assets available for benefits per the financial statements	\$ 8,477,258	\$ 7,526,366
Less employer contributions receivable	<u>(20,289)</u>	<u>(21,543)</u>
<b>Net Assets Available for Benefits Per the Form 5500</b>	<b><u>\$ 8,456,969</u></b>	<b><u>\$ 7,504,823</u></b>

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31:

	<u>2011</u>	<u>2010</u>
Net increase in net assets per the financial statements	\$ 950,892	\$ 2,179,864
Add prior year employer contributions receivable	21,543	22,967
Less current year employer contributions receivable	<u>(20,289)</u>	<u>(21,543)</u>
<b>Net Income Per the Form 5500</b>	<b><u>\$ 952,146</u></b>	<b><u>\$ 2,181,288</u></b>

***SUPPLEMENTARY INFORMATION***

**CMC ICOS BIOLOGICS, INC. 401(k) PLAN**

**Attachment to Form 5500, Schedule H, Item 4(i)**  
**Assets Held as of December 31, 2011**

**Employer:** CMC ICOS Biologics, Inc.  
**EIN:** 26-1276219  
**Plan No.:** 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Morgan Stanley	Mid-Cap Growth Portfolio	**	\$ 878,979
*	Fidelity	Low Priced Stock	**	710,290
*	Fidelity	Contra Fund	**	608,007
	Spartan	US Bond Index	**	588,802
	Allianz	NFJ Dividend Value Admin	**	464,445
	Spartan	US Equity Index	**	451,506
*	Fidelity	International Discovery	**	449,539
	Royce	Value Plus Fund	**	422,292
*	Fidelity	Retirement Money Market Portfolio Fund	**	413,758
*	Fidelity	Freedom 2025 Fund	**	395,476
	DWS	Global Small Cap Growth Fund	**	382,792
*	Fidelity	Balanced Fund	**	376,468
*	Fidelity	Freedom 2040 Fund	**	343,210
*	Fidelity	Freedom 2035 Fund	**	318,739
	Invesco	US Mid-Cap Value A	**	259,956
	Spartan	Total Market Index	**	210,415
*	Fidelity	Small-Cap Value	**	207,581
*	Fidelity	Freedom 2045 Fund	**	186,962
	Spartan	International Index	**	182,755
	Loomis	Small-Cap Value	**	158,228
*	Fidelity	Freedom 2020 Fund	**	108,528
	Invesco	Growth and Income Fund	**	89,300
*	Fidelity	Freedom 2050 Fund	**	86,798
*	Fidelity	Freedom 2030 Fund	**	52,229
*	Fidelity	Freedom 2015 Fund	**	28,180
*	Fidelity	Freedom 2000 Fund	**	24,886
*	Fidelity	Freedom Income	**	18,537
*	Fidelity	Freedom 2010 Fund	**	6,407
*	Fidelity	Freedom 2005 Fund	**	2,709
*	Participant Loans	Interest rates 5.25%; maturities through 2016	-0-	29,195
<b>Total</b>				<b>\$ 8,456,969</b>

\* Party-in-interest as defined by section 3(14) of ERISA.

\*\* The disclosure of historical cost basis for participant directed individual accounts is not required.

See independent auditors' report.

***CMC ICOS BIOLOGICS, INC. 401(k) PLAN***

Financial Statements

For the Years Ended  
December 31, 2011 and 2010

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Attachment to Form 5500, Schedule H, Item 4(i)	
Assets Held as of December 31, 2011	10



***Independent Auditors' Report******To the Plan Administrator  
CMS ICOS Biologics, Inc. 401(k) Plan  
Bothell, Washington***

We were engaged to audit the accompanying statements of net assets available for benefits and statements of changes in net assets available for benefits of the CMC ICOS Biologics, Inc. 401(k) Plan (the Plan) as of and for the years ended December 31, 2011 and 2010, and supplementary information as of December 31, 2011. These financial statements and supplementary information are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplementary information. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's financial statements and supplementary information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplementary information taken as a whole. The supplementary information is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and the supplementary information, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Certified Public Accountants  
September 21, 2012

**CMC ICOS BIOLOGICS, INC. 401(k) PLAN**

**Statements of Net Assets Available for Benefits  
December 31, 2011 and 2010**

---

	<u>2011</u>	<u>2010</u>
<b>Assets:</b>		
Investments, at fair value-		
Mutual funds	\$ 8,014,018	\$ 7,151,580
Money market fund	<u>413,756</u>	<u>273,497</u>
Total investments, at fair value	8,427,774	7,425,077
Receivables-		
Notes receivable from participants	29,195	79,746
Employer contributions	<u>20,289</u>	<u>21,543</u>
Total receivables	<u>49,484</u>	<u>101,289</u>
<b>Net Assets Available for Benefits</b>	<b><u><u>\$ 8,477,258</u></u></b>	<b><u><u>\$ 7,526,366</u></u></b>

*See accompanying notes.*

**CMC ICOS BIOLOGICS, INC. 401(k) PLAN**

**Statements of Changes in Net Assets Available for Benefits  
For the Years Ended December 31, 2011 and 2010**

	<u>2011</u>	<u>2010</u>
<b>Additions to Net Assets:</b>		
Contributions-		
Participant deferral	\$ 1,381,586	\$ 1,228,532
Employer	362,265	337,373
Participant rollover	38,847	44,923
	<u>1,782,698</u>	<u>1,610,828</u>
Total contributions	1,782,698	1,610,828
Investment (loss) income-		
Interest and dividends	245,193	103,898
Net (depreciation) appreciation in fair value of investments	(511,832)	957,433
	<u>(266,639)</u>	<u>1,061,331</u>
Net investment (loss) income	(266,639)	1,061,331
<b>Total Additions to Net Assets</b>	<b>1,516,059</b>	<b>2,672,159</b>
<b>Deductions from Net Assets:</b>		
Benefits paid to participants	559,996	487,790
Administrative fees	5,171	4,505
	<u>565,167</u>	<u>492,295</u>
<b>Total Deductions from Net Assets</b>	<b>565,167</b>	<b>492,295</b>
<b>Net Increase in Net Assets Available for Benefits</b>	<b>950,892</b>	<b>2,179,864</b>
<b>Net Assets Available for Benefits:</b>		
Beginning of year	<u>7,526,366</u>	<u>5,346,502</u>
<b>End of Year</b>	<b><u>\$ 8,477,258</u></b>	<b><u>\$ 7,526,366</u></b>

See accompanying notes.

## **CMC ICOS BIOLOGICS, INC. 401(k) PLAN**

### **Notes to Financial Statements**

**For the Years Ended December 31, 2011 and 2010**

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#### **Note 1 - Description of the Plan**

The following description of the CMC ICOS Biologics, Inc. 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provision.

**General** - The Plan is a defined contribution plan, established December 14, 2007, covering all eligible employees of CMC ICOS Biologics, Inc. (the Company). The Plan provides for contributions pursuant to Section 401(a) of the Internal Revenue Code (IRC) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**Eligibility** - All employees except those covered by collective bargaining agreements, leased, or temporary are eligible to participate in the Plan. Employees become eligible for the Plan on the first day of each month subsequent to the date of hire. Temporary employees can achieve eligible status for participation in the plan upon reaching 1,000 hours of service and 21 years of age.

**Participant Contributions** - Under the provisions of the Plan, participants may defer on a pretax basis up to 75% of their eligible compensation to the Plan, subject to IRC regulations and limitations. Eligible participants who are at least 50 years of age may elect to make catch up contributions subject to certain limitations under the IRC. Participants may also contribute amounts representing distributions from other qualified defined benefit and contribution plans.

**Employer Matching Contributions and Vesting** - The Company contributes an employer matching contribution equal to 50% of participant deferral contributions up to 6% of a participant's eligible compensation calculated each plan year. The contribution period for purposes of calculating the amount of employer matching contributions is each plan year.

The Company may make a discretionary profit sharing contribution to the Plan. There was no profit sharing contribution for the years ended December 31, 2011 or 2010.

Participants are immediately vested in their voluntary salary deferral contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary profit sharing contributions plus actual earnings thereon is based on years of continued service as follows:

<u>Years of Service</u>	<u>Percentage Vested</u>
Less than 1	0%
1 but less than 2	25%
2 but less than 3	50%
3 but less than 4	75%
4 or more	100%

**Participant Accounts** - Participant accounts are credited with their contributions, any Company contributions and any related income, expenses, gains or losses, and loan and loan repayments. Earnings allocations are based on participant's units in their investment funds. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Upon enrollment in the Plan, a participant may direct Company and participant contributions into any of the Plan's investment options.

## **CMC ICOS BIOLOGICS, INC. 401(k) PLAN**

### ***Notes to Financial Statements***

***For the Years Ended December 31, 2011 and 2010***

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#### ***Note 1 - Continued***

**Notes Receivable from Participants** - Plan participants may borrow from their fund accounts, generally for periods not to exceed five years, a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. If loans are for the purchase of a primary residence, repayment periods can extend up to 10 years. Interest is paid by the borrower at a rate determined by the administrator based on the prevailing interest rates for loans made under similar circumstances and is retained in the borrower's account until the account balance is withdrawn.

**Investment Options** - Participants may select one or more predetermined investment options to invest contributions and allocated earnings. Contributions are deposited directly into the participant elected investment vehicles.

The Plan provides for various investment fund options which in turn invest in mutual funds or money market funds. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

**Payment of Benefits** - Upon retirement, disability or termination, a participant may elect to take a distribution up to the vested balance of the participant's account or rollover the vested balance into another qualified plan. Participants may defer the receipt of their distribution until a later date, however the Plan has the option to distribute all account balances less than \$1,000 without participant consent. Upon death, the participant's vested account balance shall be paid to the designated beneficiary.

**Hardship Withdrawals** - Under certain conditions, participants, while still employed by the Company, are permitted to withdraw, in a single sum, a minimum of \$500 up to the entire employee contribution portion and vested portion of the employer contribution within their account balance. These conditions include unreimbursed medical expenses, the purchase of the participant's principal residence, the payment of postsecondary education tuition or to prevent eviction or foreclosure from the participant's principal residence. A participant's right to make deferrals to the Plan will be suspended for six months after the receipt of a hardship withdrawal.

**Forfeitures** - Unapplied forfeited nonvested accounts are used first to reduce future employer contributions payable under the Plan, and then used to pay administrative expense. At December 31, 2011 and 2010, there were no forfeited nonvested accounts. The total forfeited amounts used during the years ended December 31, 2011 and 2010, to reduce employer contributions were \$15,477 and \$6,893, respectively.

**Administrative Expenses** - The Plan's administrative fees are paid for by the Company and the Plan. Initial loan setup fees are paid by the participants. Investment management fees are charged directly against investments and netted with investment income on the statement of changes in net assets available for benefits.

**Subsequent Events** - The Plan's management has evaluated subsequent events through September 21, 2012, the date on which the Plan's financial statements were available to be issued.

## ***CMC ICOS BIOLOGICS, INC. 401(k) PLAN***

### ***Notes to Financial Statements***

***For the Years Ended December 31, 2011 and 2010***

---

#### ***Note 2 - Summary of Accounting Policies***

**Basis of Accounting** - The financial statements of the Plan are prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America (GAAP).

**Investment Valuation and Income Recognition** - The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income are accrued as earned. Net appreciation or depreciation in fair value is the net gain or loss on disposition of investments plus the net unrealized increase or decrease in fair value during the year of investments held at year-end.

**Use of Estimates** - The preparation of financial statements, in conformity with GAAP, requires the plan administrator to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

**Notes Receivable from Participants** - Notes receivable from participants are measured at their unpaid principal balance. Accrued but unpaid interest, if any, would not have a material impact on the Plan's financial statements.

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#### ***Note 4 - Plan Termination***

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, all participants immediately become 100% vested in their respective account balances.

## **CMC ICOS BIOLOGICS, INC. 401(k) PLAN**

### ***Notes to Financial Statements***

#### ***For the Years Ended December 31, 2011 and 2010***

---

#### ***Note 5 - Federal Income Taxes***

The Company has adopted a Prototype Standardized Profit Sharing Plan with a deferral arrangement, which received a favorable opinion letter from the Internal Revenue Service (IRS) on March 31, 2008, stating that the Plan and its related trust are designed in accordance with applicable sections of the IRC. The prototype plan has been amended since the date of the favorable opinion letter. However, the plan administrator believes that the Plan and its related trust are designed and currently operating in compliance with the applicable requirements of the IRC.

The Plan is subject to audits by the IRS for certain tax periods based on applicable laws and regulations; however, there are currently no audits for any tax periods in progress.

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Certain plan investments are shares of mutual funds and a money market account managed by an entity affiliated with Fidelity, the trustee of the Plan. These transactions qualify as exempt party-in-interest transactions.

#### ***Note 7 - Investments***

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Fidelity Low Priced Stock*	710,290	**
Fidelity Contra Fund*	608,007	507,890
Spartan U.S. Bond Index	588,802	**
Allianz NFJ Dividend Value Admin	464,445	394,715
Spartan U.S. Equity Index	451,506	380,516
Fidelity International Discovery*	449,539	513,335
Fidelity Leverage Co. Stock*	**	694,554
Fidelity U.S. Bond Index*	**	471,942
Royce Value Plus Fund	**	435,425

\* Represents party-in-interest transactions.

\*\* Individual investment fund does not represent 5% or more of net assets at respective year end.

#### ***Note 8 - Fair Value Measurements***

GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

## CMC ICOS BIOLOGICS, INC. 401(k) PLAN

### Notes to Financial Statements

For the Years Ended December 31, 2011 and 2010

#### Note 8 - Continued

The three levels of the fair value hierarchy under this guidance are described as follows:

Level 1 - Unadjusted quoted prices available in active markets for identical assets or liabilities;

Level 2 - Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; or

Level 3 - Unobservable inputs that are significant to the fair value measurement.

A financial instrument's level within the fair value hierarchy is based upon the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Mutual Funds - Valued at quoted market prices in active markets, which represent the net asset value of shares held by the Plan at year-end.

Money Market Fund - Valued at cost plus accrued interest, which approximates fair value.

The valuation methodologies used by the Plan may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan's management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

	<i>Fair Value Measurements as of December 31, 2011</i>			
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Mutual funds-				
Domestic equity	\$ 5,987,530	\$ -	\$ -	\$ 5,987,530
International equity	1,015,086			1,015,086
Fixed income	634,934			634,934
Balanced fund	376,468			376,468
Total mutual funds	8,014,018			8,014,018
Money market fund	413,756			413,756
	<u>\$ 8,427,774</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 8,427,774</u>



**CMC ICOS BIOLOGICS, INC. 401(k) PLAN**

**Notes to Financial Statements**

**For the Years Ended December 31, 2011 and 2010**

**Note 8 - Continued**

	<i>Fair Value Measurements as of December 31, 2010</i>			
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Mutual funds-				
Domestic equity	\$ 5,321,800	\$ -	\$ -	\$ 5,321,800
International equity	1,029,840			1,029,840
Fixed income	508,100			508,100
Balanced fund	291,840			291,840
Total mutual funds	7,151,580			7,151,580
Money market fund	273,497			273,497
	<b>\$ 7,425,077</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 7,425,077</b>

**Note 9 - Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of the net assets available for benefits per the financial statements to the Form 5500 as of December 31:

	<u>2011</u>	<u>2010</u>
Net assets available for benefits per the financial statements	\$ 8,477,258	\$ 7,526,366
Less employer contributions receivable	<u>(20,289)</u>	<u>(21,543)</u>
<b>Net Assets Available for Benefits Per the Form 5500</b>	<b><u>\$ 8,456,969</u></b>	<b><u>\$ 7,504,823</u></b>

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31:

	<u>2011</u>	<u>2010</u>
Net increase in net assets per the financial statements	\$ 950,892	\$ 2,179,864
Add prior year employer contributions receivable	21,543	22,967
Less current year employer contributions receivable	<u>(20,289)</u>	<u>(21,543)</u>
<b>Net Income Per the Form 5500</b>	<b><u>\$ 952,146</u></b>	<b><u>\$ 2,181,288</u></b>

***SUPPLEMENTARY INFORMATION***

**CMC ICOS BIOLOGICS, INC. 401(k) PLAN**

**Attachment to Form 5500, Schedule H, Item 4(i)**  
**Assets Held as of December 31, 2011**

**Employer:** CMC ICOS Biologics, Inc.

**EIN:** 26-1276219

**Plan No.:** 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Morgan Stanley	Mid-Cap Growth Portfolio	**	\$ 878,979
*	Fidelity	Low Priced Stock	**	710,290
*	Fidelity	Contra Fund	**	608,007
	Spartan	US Bond Index	**	588,802
	Allianz	NFJ Dividend Value Admin	**	464,445
	Spartan	US Equity Index	**	451,506
*	Fidelity	International Discovery	**	449,539
	Royce	Value Plus Fund	**	422,292
*	Fidelity	Retirement Money Market Portfolio Fund	**	413,758
*	Fidelity	Freedom 2025 Fund	**	395,476
	DWS	Global Small Cap Growth Fund	**	382,792
*	Fidelity	Balanced Fund	**	376,468
*	Fidelity	Freedom 2040 Fund	**	343,210
*	Fidelity	Freedom 2035 Fund	**	318,739
	Invesco	US Mid-Cap Value A	**	259,956
	Spartan	Total Market Index	**	210,415
*	Fidelity	Small-Cap Value	**	207,581
*	Fidelity	Freedom 2045 Fund	**	186,962
	Spartan	International Index	**	182,755
	Loomis	Small-Cap Value	**	158,228
*	Fidelity	Freedom 2020 Fund	**	108,528
	Invesco	Growth and Income Fund	**	89,300
*	Fidelity	Freedom 2050 Fund	**	86,798
*	Fidelity	Freedom 2030 Fund	**	52,229
*	Fidelity	Freedom 2015 Fund	**	28,180
*	Fidelity	Freedom 2000 Fund	**	24,886
*	Fidelity	Freedom Income	**	18,537
*	Fidelity	Freedom 2010 Fund	**	6,407
*	Fidelity	Freedom 2005 Fund	**	2,709
*	Participant Loans	Interest rates 5.25%; maturities through 2016	-0-	29,195
<b>Total</b>				<b>\$ 8,456,969</b>

\* Party-in-interest as defined by section 3(14) of ERISA.

\*\* The disclosure of historical cost basis for participant directed individual accounts is not required.

See independent auditors' report.