	Form 5500-SF			Report of Small Employ	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service		Benefit Plan d under sections 104 and 4065 of the Employee			2010					
Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6056 Employee Benefits Security Administration Internal Revenue Code (the Code).						the This Form is Open to Public					
P	Pension Benefit Guaranty Corporation Inspection Inspection Inspection										
Part I Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010											
		single-employer plan			2/31/2						
	This return/report is for:	first return/report		mployer plan (not multiemployer)		one-participa	nt plan				
в	This return/report is for:	n/report	- 41								
•	[an amended return/report		year return/report (less than 12 mo	ntns)						
C	Check box if filing under:	Form 5558		extension		DFVC progra	IM				
Part II Basic Plan Information—enter all requested information											
	Name of plan	Indulori —enter all requested informa	ation		1b	Three-digit					
	ONIS PHARMACEUTICALS 40	1(K) PLAN				plan number	001				
						(PN) ►					
					10	Effective date of 01/01/2	•				
	Plan sponsor's name and addre	ess (employer, if for single-employer C.	plan)		2b	Employer Identit (EIN) 91-1909					
	7 - 134TH CT N.E., SUITE 110				2c		elephone number 2-1181				
	MOND, WA 98052				2d	Business code (541700					
3a KORO	Plan administrator's name and ONIS PHARMACEUTICALS, IN	address (if same as Plan sponsor, er C. 12277 - 134T	nter "Same	e") SUITE 110	3b	Administrator's I					
	,,	REDMOND,	WA 98052	,	3c	3c Administrator's telephone number 206-682-1181					
		n sponsor has changed since the las		port filed for this plan, enter the	4b EIN						
1	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN					
5a	Total number of participants at	the beginning of the plan year			5a		8				
b	Total number of participants at		5b		4						
С		th account balances as of the end of	, i	5c		4					
							X Yes No				
b	b Are you claiming a waiver of the annual examination and report of an independent gualified public accountant (IQPA)										
	,	see instructions on waiver eligibility a		,			X Yes No				
Pa	rt III Financial Informa										
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End					
а	Total plan assets		7a	293416	5		274479				
b	1			002444			074470				
<u> </u>	· · · ·	b from line 7a)	7c	293416	>		274479				
8	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) 1	otal				
а			8a(1)								
	(2) Participants		8a(2)	3288′							
	(3) Others (including rollovers))	8a(3)								
b	Other income (loss)		8b	38089)						
C		8a(2), 8a(3), and 8b)	8c				70970				
d		ollovers and insurance premiums	8d	89907	7						
е	, ,	ive distributions (see instructions)	8e								
f	Administrative service provider	s (salaries, fees, commissions)	8f								
g	Other expenses		8g								
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h				89907				
i		8h from line 8c)					-18937				
j	Transfers to (from) the plan (se	e instructions)	8j								

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

Part IV **Plan Characteristics**

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2T 2G 2J 2K 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V	Compliance Questions								
10	During the plan year:						Ar	nount		
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х					
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)			Х					
С	W	as the plan covered by a fidelity bond?	10c		Х					
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х					
е	ins	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.)			х					
f	Ha	is the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Dio	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х					
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х					
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI	Pension Funding Compliance								
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	5 🗌 N	lo
lf y b	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a 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 letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year. c Enter the amount contributed by the employer to the plan for this plan year.							uling	lo 	
		gative amount)		-						
		I the minimum funding amount reported on line 12d be met by the funding deadline?				Ye	25	No	N//	<u>۱</u>
Part										
13a		s a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes		lo
h	If "Yes," enter the amount of any plan assets that reverted to the employer this year									
N	of the PBGC?								lo	
C	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
13c(1) Name of plan(s):						13c(2) EIN(s) 13c(3) PN(s))	
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed upless reasonab		ien ie i	octabl	ichad				

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is

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.	05/16/2011	DONALD ELMER					
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					

-					or							
	Form 5500-SF		Return/I Benefit	Report of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service	This form is required to be file	ctions 104 and 4065 of the Employed (ERISA), and section 6058(a) of the		2010							
En	Department of Labor ployee Benefits Security Administration	This Form is Open to Public										
P	ension Benefil Guaranty Corporation	D-SF.	Inspection									
Pa	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.											
For	calendar plan year 2010 or fisca			and ending								
A	This relurn/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan						
1000												
B This return/report is for:												
~		extension										
	Check box if filing under:		DFVC program									
	special extension (enter description)											
-		nation—enter all requested inform	nalion									
	Name of plan				1b	Three-digit						
KOR	ONIS PHARMACEUTICALS 40	01(K) PLAN				plan number 001						
					10	(PN) Effective date of plan						
					10	01/01/2001						
2a KOR	Plan sponsor's name and addro ONIS PHARMACEUTICALS, IN	ess (employer, if for single-employe	r plan)		2b	Employer Identification Number (EIN) 91-1909153						
1227	7 - 134TH CT N.E., SUITE 110				2c	2C Plan sponsor's telephone number 206-682-1181						
RED	MOND WA 98052				2d	2d Business code (see instructions) 541700						
3a SAM		address (if same as Plan sponsor, e	enler "Same	€")	3b	Administrator's EIN 91-1909153						
		Administrator's telephone number 206-682-1181										
4 1	f the name and/or EIN of the pla	an sponsor has changed since the la	ast return/re	port filed for this plan, enter the	4b	EIN						
i i	name, EIN, and the plan numbe	er from the last return/report. Spons	or's name									
					4c	PN						
		I lhe beginning of the plan year			5a	8						
b Total number of participants at the end of the plan year						4						
С	Total number of participants w complete this item)	ith account balances as of the end o	of the plan y	year (defined benefit plans do nol	5c	5c 4						
6a	Were all of the plan's assets of	during lhe plan year invested in eligi	ble assets?	(See instructions.)		X Yes No						
b	Are you claiming a waiver of th	ne annual examination and report of	an indeper	ndent qualified public accountant (IQ	PA)							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)		X Yes 🗌 No						
Pa	rt III Financial Informa	ation	-orm 5500-	SF and must instead use Form 55	00.							
7	Plan Assets and Liabilities	adon	VERTIN		1							
			在学校的建立	(a) Beginning of Year 293416	-	(b) End of Year						
a h				293410	<u> </u>	274479						
b			100 C	202446								
		7b from line 7a)		293416	<u>'</u>	274479						
8	Income, Expenses, and Trans		期間記述世俗	(a) Amount		(b) Total						
a	Contributions received or rece (1) Employers	ivable from:	8a(1)									
	2007			32881								
)		5200	- 192							
Ь				38089	-							
		Po(2) Po(2) and (b)	50	38085	調査							
c d		8a(2), 8a(3), and 8b) rollovers and insurance premiums	<u>8c</u>		REAL PROPERTY	70970						
ų		rollovers and insurance premiums	89907									
е		tive distributions (see instructions)		-								
f		rs (salaries, fees, commissions)										
g												
9 h		8e, 8f, and 8g)	S (1)	TRANSPORT DESCRIPTION OF THE REPORT OF	1882	89907						
		e 8h from line 8c)			441 561							
1		e e instructions)			1日 (11)(11)	-18937						
	Transfers to (from) the plan (se		·· 8j	1		AND A DEPENDENT OF A DESCRIPTION OF A DE						

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

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Form 5500-SF 2010

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	t IV Plan Characteristics								
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D								
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Part	V Compliance Questions								
10	During the plan year:	· · · · · · · · · · · · · · · · · · ·		-	Yes	No			
a		within the time			res	No	<u>A</u>	mount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	х							
a	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
C	Was the plan covered by a fidelity bond?		10c		х				
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
e	e 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								
f	Has the plan failed to provide any benefit when due under the plan?			10e		x			
g	Did the plan have any participant loans? (If "Yes," enter amount as of y		F	10f 10g		x			
ĥ	If this is an individual account plan, was there a blackout period? (See	CFR			x				
i									
Part	120(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(Local International Control of	Port Street High Stells (#SDAT)	
11	Is this a defined benefit plan subject to minimum funding requirements	? (If "Yes," see inst	ructions and comp	plete S	Sched	ule SB	(Form		
12	5500))	· · · ·	<u></u>			••••••		Yes No	
12	Is this a defined contribution plan subject to the minimum funding requ		1412 of the Code	or sec	ction 3	02 of L	ERISA?	🗌 Yes 🛛 No	
-	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)	2						
d	If a waiver of the minimum funding standard for a prior year is being an granting the waiver.	mortized in this plar	year, see instruct	tions,	and e	nler th	e dale of the	letter ruling	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule ME			n	Y	Day_	Y	'ear	
		2 SPS	3			401	992-09111221		
b	· · · · · · · · · · · · · · · · · · ·				_	12b			
C	Enter the amount contributed by the employer to the plan for this plan	year				12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a minu	is sign to the left o	of a		12d			
e	Will the minimum funding amount reported on line 12d be mel by the fu	unding deadline?	·····	•••••			Yes 🗌	No 🗍 N/A	
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	?					Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the emplo	oyer this year				13a			
b	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?	nsferred to another	plan, or brought u	Inder t	he co	ntrol		Yes X No	
C	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	e plar	n(s) lo				
	13c(1) Name of plan(s):						13c(2) EIN(s) 13c(3)		
			5						
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and completed and signed by an enrolled actuary.									
SIG	IGN X J S-11-7N DONALD ELMER								
	IERE Signature of plan administrator Date Enter name of individual signing as plan administrator						istrator		
SIG	SIGN							5	
HER		Date	Enter name of in	dividu	al sinr	nina es	employer		
		the second se					anipicyci U	IUGIIOUG IIIOU	

Enter name of individual signing as employer or plan sponsor

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