### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

0040

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	Complete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.					
		tification Information								
For	calendar plan year 2010 or fiscal pl	an year beginning 01/01/20	10	and ending 1	2/31/2	2010				
A	This return/report is for:	ingle-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
В	This return/report is for:	rst return/report	final retur	n/report						
	a	in amended return/report	short plar	n year return/report (less than 12 mor	nths)					
С	Check box if filing under:	Form 5558	automatio	extension		DFVC program				
	i i i i i i i i i i i i i i i i i i i	pecial extension (enter descripti	ion)							
Dr										
		tion—enter all requested inform	nation		1h	Thron digit				
	Name of plan AQUEST PHARMACEUTICALS, IN	IC 401(K) DLAN			ID	Three-digit plan number				
I ILIVI	AQUEST I HARWACEUTICAES, IN	VO., 401(IX) I LAIV				(PN) • 001				
					1c	Effective date of plan				
						01/01/2008				
	Plan sponsor's name and address		r plan)		2b	Employer Identification Number				
HEM	AQUEST PHARMACEUTICALS, IN	IC.				(EIN) 26-0814473				
1229	MADISON STREET, SUITE 860				2c	Plan sponsor's telephone number 206-826-9907				
	TTLE, WA 98104				2d	Business code (see instructions)				
						621510				
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")						Administrator's EIN				
HEM	AQUEST PHARMACEUTICALS, IN	NC. 1229 MADIS SEATTLE, V		EŤ, SUITE 860		26-0814473				
		- ,			3c	Administrator's telephone number 206-826-9907				
4 1	f the name and/or EIN of the plan sp	nonsor has changed since the la	et return/re	port filed for this plan, enter the	4b EIN					
	name, EIN, and the plan number fro			port med for this plan, enter the	TO LIN					
	•		4c	PN						
5a	Total number of participants at the	beginning of the plan year			5a	13				
b	Total number of participants at the	end of the plan year			5b	15				
С	Total number of participants with a	account balances as of the end of	of the plan y	vear (defined benefit plans do not						
	complete this item)				5c	14				
6a	Were all of the plan's assets durin	ng the plan year invested in eligi	ble assets?	(See instructions.)		Yes   No				
b				ndent qualified public accountant (IQI		⊠ voo □ No				
	•	• •		ions.)		Yes No				
Pa	rt III Financial Information		-01111 3300-	SF and must instead use Form 55	υυ.					
7	Plan Assets and Liabilities	<b>2</b> 11		(a) Baninninn of Year		(h) Fud of Voca				
=				(a) Beginning of Year	3	(b) End of Year 267202				
	Total plan assets		<u>7a</u>							
b	Total plan liabilities			110113	2	267202				
<u>c</u>	Net plan assets (subtract line 7b fr		7с							
8	Income, Expenses, and Transfers			(a) Amount		(b) Total				
а	Contributions received or receivab  (1) Employers	ile from:	8a(1)	13996	6					
	(2) Participants		` ` `	83143	3					
	(3) Others (including rollovers)			84203	03					
b	Other income (loss)		` '	26766	66					
C	Total income (add lines 8a(1), 8a(2					208108				
d	Benefits paid (including direct rollo		60							
u	to provide benefits)		8d	51019	)					
е	Certain deemed and/or corrective		8e	(	)					
f	Administrative service providers (s			(						
g	Other expenses	,		(	)					
h	Total expenses (add lines 8d, 8e, 8					51019				
i	Net income (loss) (subtract line 8h					157089				
i	Transfers to (from) the plan (see in			(	)					

	F	orm 5500-SF 2010 Page <b>2-</b>							
Par	t IV	Plan Characteristics							
Эа	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan C $^{2F}$ $^{2G}$ $^{2J}$ $^{2K}$	haracteri	stic Co	des in	the instru	ction	is:	
		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cl	naracteris	stic Co	des in t	the instruc	ctions	s:	
art	٧	Compliance Questions							
0	Durir	ng the plan year:		Yes	No		An	nount	
а		there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	l in <b>10a</b>		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions report ne 10a.)	ed <b>10b</b>		X				
С	Was	the plan covered by a fidelity bond?	10c	X					10000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by franshonesty?	ud <b>10d</b>		X				
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR .101-3.)	10h		Х				
i		n was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i	X					
art	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and						Yes	X No
12	Is thi	is a defined contribution plan subject to the minimum funding requirements of section 412 of the C	ode or se	ection 3	302 of	ERISA?		Yes	<sup>X</sup> No
а	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) raiver of the minimum funding standard for a prior year is being amortized in this plan year, see in:	structions	, and e	enter th	ie date of	the I	etter ru	ling
	grant	ing the waiverI	Month						
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Г	40h	<u> </u>			
b	Enter	the minimum required contribution for this plan year			12b				
		the amount contributed by the employer to the plan for this plan year			12c	<b></b>			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the tive amount)			12d				
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?		····· <u>-</u>				Yes	X No

If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

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)

Yes No

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/20/2011	TAMARA SEYMOUR					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

#### Form 5500-SF

Ospartment of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

#### Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

			rdance wit	h the instructions to the Form	6600-SF		spection			
	art I Annual Report Iden									
For	calendar plan year 2010 or fiscal p		01/01/2	010 and ending		12/31/20:	LO			
Α	This return/report is for:	single-employer plan	multiple-employer plan (not multiemployer) one-participant plan							
B	This return/report is for:	irst return/report	final retu	rn/report						
		an amended return/report	short pla	n year return/report (less than 12	months)					
. 0	Check box if filing under:	Form 5558	automati	c extension		DFVC progra	ana			
	<u> </u>	special extension (enter descrip	ion)							
p	irt II Basic Plan Informa	tion—enter all requested infor	nation							
1a	Name of plan	,		*** ** * * * * * * * * * * * * * * * *	115	Three-digit				
	HemaQuest Pharmaceut:	icals, Inc., 401(k)	Plan			plan number	1			
						(PN) <b>&gt;</b>	001			
					190	Effective date o 01/01/200				
2a	Plan sponsor's name and address	(employer, if for single-employe	r olan)		2h	Employer Identi				
	Plan sponsor's name and address HemaQuest Pharmaceut;	icals, Inc.				(EIN) 26-081	4473			
					20	Plan sponsor's	telephone number			
	1229 Madison Street,	Suite 860			20	(206) 826-				
	Seattle			WA 98104	24	Business code 621510	(see instructions)			
3a	Plan administrator's name and add	iress (il same as Plan sponsor,	enter *Sam		3h	Administrator's	EIN			
	Same									
					30	Administrator's (206) 826-	telephone number			
4 1	f the name and/or EIN of the plan s	ponsor has changed since the I	ast return/re	port filed for this plan, enter the	46	EIN				
	name, ElM, and the plan number fro	om the last return/report. Spons	emen a'ro	,,		•				
- Ro	Tatal washing of a salida sate at the	Seat at a track to a track to a sea to			<del></del>	PN				
	Total number of participants at the				1-2-	····	13			
	Total number of participants at the			15						
G	Total number of participants with a complete this item)	account palances as of the end	of the plan	year (defined benefit plans do no	5c		1.4			
6a	Were all of the plan's assets during						X Yes No			
b	Are you claiming a waiver of the a	annual examination and report of	f an indopa	ndent qualified public accounter	HOPAY					
	under 29 GFR 2520,104-467 (See If you answered "No" to aither	instructions on waiver eligibility	and condi	ions.)		*******************	X Yes No			
Pa	rt III Financial Information		במנועו מסטט	or and must instead use rom	1 8800.					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year			
а	Total plan assets	********************************	<u> </u>		,113	(D) End	267,202			
	Total plan (labilities					^^-···	201,202			
	Net plan assets (subtract line 7b fo			110	, 113		267,202			
8	Income, Expenses, and Transfers	. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(a) Amount		(b) 1	rotal .			
a	Contributions received or receivab									
	(1) Employers	*************************************	··· · · · · ·		996					
	(2) Participants			**************************************	143					
	(3) Others (including rollovers)				203		# 0.7kg (* ± ±			
	Other income (loss)				766	J. A. L. A. L.				
	Total income (add lines 8a(1), 8a(		8c				208,108			
đ	Benefits paid (including direct rollo to provide benefits)		8d	51	019		. XXXXXX			
е	Certain deemed and/or corrective				0					
f	Administrative service providers (s	•			ol					
g	Other expenses	• • • • • • • • • • • • • • • • • • • •	<u> </u>		0					
h	Total expenses (add lines 8d, 8e,				, \	- A STORY OF THE CONTRACTOR	51,019			
ī	Net income (loss) (subtract line 8h						157,089			
i	Transfers to (from) the plan (see in		_		0					

	Form 5500-8F 2010	Pag	e 2-								
Pa	tt V Plan Characteristics			<del></del>							<del></del>
9a		n the L	ist of Plai	n Chara	cteris	tic Co	odes in	the inst	uclio	ns;	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from	the L!	st of Plan	n Charac	cterist	lio Co	des in	the instr	uction	18:	
Pai	tV Compliance Questions					*****	********				
10	During the plan year:				····· 1	Yes	No	T	Ar	mount	<u> </u>
а		ogran ne perio	od descri	ibed in	10a		x	<u> </u>			
þ	Were there any nonexempt transactions with any party-in-interest? (Do not include to nine 10a.)	transac	tions rep	corted	10b		x	***************************************			···
o	Was the plan covered by a fidelity bond?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10c	Х	T	1			10,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that or dishonesty?	was ca	used by	fraud	10d		x				•
e		insurar er the e	nce carrie	er,	10e		x				· · · · · · · · · · · · · · · · · · ·
f					10f		x				
g	Did the plan have any participant loans? (if "Yes," enter amount as of year end.)	********			10g		X	· · · · · · ·			
İ	If this is an individual account plan, was there a blackout period? (See instructions a 2520.101-3.)	and 29	CFR	ľ	10h		x	7 T S	77		
i	If 10h was answered "Yes," check the box if you either provided the required notice exceptions to providing the notice applied under 29 CFR 2520.101-3	or one	of the		10i	х					<del>dybhar.</del>
Par	Pension Funding Compliance			<del></del>					<del></del>	******	<del></del>
11	ls this a defined benefit plan subject to minimum funding requirements? (If "Yes," se 5500))	e instr	ictions a	nd comp	olete 5	Sche	dule SI	B (Form		   Ye	s X No
12	is this a defined contribution plan subject to the minimum funding requirements of se									Ye	s X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)										_
	if a waiver of the minimum funding standard for a prior year is being amortized in this granting the waiver.		**********	Monti	tions, h	and	enter ti Day	he date d	if the Yi	letter i	ruling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)	•				г	485				
	Enter the minimum required contribution for this plan year					P	12b	1			
q	Subtract the amount in line 120 from the amount in line 12b. Enter the result (enter a	a minus	sign to t	the left o	)fa	Г	12c				
_	negative amount)					-		<u> </u>	-7		m
	Will the minimum funding amount reported on line 12d be met by the funding deadling	ne?	***********	**********	******	*******		Yes	_Ц	No	N/A
- Care 10.7	VII Plan Terminations and Transfers of Assets		<del>, , , , , , , , , , , , , , , , , , , </del>	····							
1Ja	Has a resolution to terminate the plan been adopted during the plan year or any prio							<del></del>		Ye	а (Х) Ио
- h	If "Yes," enter the amount of any plan assets that reverted to the employer this year.	- 11					13a	<u> </u>			
C	Were all the plan assets distributed to participants or beneficiaries, transferred to an of the PBGC?		***********	-		*******	*****		ļ	Ye	s 🗓 No
	which assets or liabilities were transferred. (See instructions.)	ottier p	1411(5); JUI	anna no	a hiai	·-					
-	13c(1) Name of plan(s):					13	c(2) E	(N(s)		130(	(3) PN(s)
Çau	tion: A penalty for the late or incomplete filing of this return/report will be assess	sed ur	less rea	sonable	e çau	se is	estab	lished.			
SBo	er peneities of perjury and other peneities set forth in the instructions, I declare that I h or Schedule MB com <u>plete</u> d and signed by an enrolled actuary, as well as the elactronic of, it is true, egreet, and complete.	ave ex c versio	amined to on of this	this retur return/r	epori,	ori, i , and	ncludin to the	ig, if appl best of n	ikable ny kni	a, a Sc owledg	chedule je and
SIG	N (2-29-3	) T	AMARA	SEYN	10UR						
H	Signature of plan administrator Date	-					ning a	s plan ac	imini:	atrator	
SIG	6-18		AMARA				7, ;	<del></del>			
HEF			Enter nas	me of inc	dividu	iai sic	ning a	s employ	er or	plan s	ролвог

# Form **5558** (Rev. January 2008)

(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

Signature 🕨

## Application for Extension of Time To File Certain Employee Plan Returns

For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1546-0212

File With IRS Only

Pa	Identification										
A	Name of filer, plan administrator, or plan aponsor (see instructions)  HemaQuest Pharmaceuticals, Inc.  Number, street, and room or suite no. (if a P.O. box, see instructions)			B Filer's identifying number (see instructions),  Employer identification number (EIN).							
	1229 Madison Street, Suite 880 City or town, state, and ZIP code			14473 I security	y number (SSN)	<del>**************</del>	······				
	Seattle WA 98104		Plar	***************************************	Pat						
C	Plan name		rıar dmun		Plan year ending—  MM DD YYYY						
					31(1)		YYYY				
1	HemaQuest Pharmaceuticals, Inc., 401(k) Plan	0	0	1	12	31	2010				
			1	1							
2						<u></u>					
3	Extension of Time to File Form 5500 or Form 5500-EZ	<u> </u>	<u> </u>		************	<u> </u>					
TAST.	THE EXTENSION OF TIME TO FIRE POINT 3500 OF FORM 3500-EZ	(see in:	STFUC	uons)	·	^^^^					
1	I request an extension of time until 10 / 15 / 2011 to file Fo	orm 5500	or F	orm 65	00-EZ.						
	The application is automatically approved to the date shown on line normal due date of Form 5500 or 5500-EZ for which this extension is remonths after the normal due date.	1 (above equested	e) if: ( i, and	a) the (b) the	Form 5558 I	s filed on o e 1 is no m	or before the ore than 2½				
	Vote must obtacle a many of this Canal ECCO to analy Form ECCO and ECCO F	ere ari casta	6 II.								
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-E				date for the p	lans listed	in C above.				
Note	. A signature is not required if you are requesting an extension to file Form 550	0 or Forr	n 5500	)-EZ.	***************************************						
Pai	tall Extension of Time to File Form 5330 (see instructions)	***************************************									
2	I request an extension of time until			due da	ite of Form 63	330.					
а	Enter the Code section(s) imposing the tax ,	<b>&gt;</b>	L.a.	.l							
b	Enter the payment amount attached				•	ь	<del>~~~</del> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
о 3	For excise taxes under section 4980 or 4980F of the Code, enter the reversion State in detail why you need the extension	on∕amend	ment	date .	. , , <b>&gt;</b>	<u> </u>					
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	77777777744444444444444444444444444444			*****	+	,,,,,,,,	• • • • • • • • • • • • • • • • • • • •				
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		********				*********					
	***************************************				nreenene4448	****					
Unde	r panaliss of perjury, I declare that to the best of my knowledge and belief, the stateme	nts made	on this	form s	re fale, correct	and complete	and that I ar				
autho	rized to prepare this application,		411 MH	. will Ca	- 200, 6001661,	aria entificação	្សាស មា <u>ម</u> ស្រ				

Date 🕨