## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Inspection Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number HEMAQUEST PHARMACEUTICALS, INC., 401(K) PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2008 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number HEMAQUEST PHARMACEUTICALS, INC. 26-0814473 (EIN) 2c Sponsor's telephone number 206-826-9907 1229 MADISON STREET, SUITE 860 SEATTLE, WA 98104 2d Business code (see instructions) 621510 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN HEMAQUEST PHARMACEUTICALS, INC. 1229 MADISON STREET, SUITE 860 26-0814473 **SEATTLE, WA 98104** 3c Administrator's telephone number 206-826-9907 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 15 5a **b** Total number of participants at the end of the plan year..... 14 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 13 complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 267202 368960 Total plan assets..... 7a 7b Total plan liabilities..... 267202 368960 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 33425 (1) Employers ..... 8a(1) 75581 (2) Participants ..... 8a(2) 16762 (3) Others (including rollovers)..... 8a(3) -11229 **b** Other income (loss)..... 8b 114539 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 12781 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)....... 8f 0 Other expenses..... 8g 12781 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 101758 Net income (loss) (subtract line 8h from line 8c)..... 8i

Transfers to (from) the plan (see instructions) ......

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Part IV	Plan	Characte	ristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K
- 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	Α	mount		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X				10000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i	X					
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	X No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	_	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver							
lf :	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			12b				
С	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 result (enter a minus sign to the left negative amount)			12d				
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			ntrol		Yes	X No	
С								
1	3c(1) Name of plan(s):		13	c(2) EII	N(s)	13c(3)	PN(s)	
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.			
Unde SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, f, it is true, correct, and complete.	urn/re <sub>l</sub>	port, ir	cludin	g, if applicab			

SIGN	Filed with authorized/valid electronic signature.	05/18/2012	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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	calendar plan year 2011 or fiscal plan year beginning	01/01/2	2011		10/01/001	1	
		4			12/31/201		
Α	This return/report is for:	a multipl	e-employer plan (not multiemployer)	L	a one-particip	ant plan	
В	This return/report is: the first return/report	the final	return/report				
	an amended return/report	a short pl	an year return/report (less than 12 mo	onths)			
С	Check box if filing under: Form 5558		c extension	Ĺ	DFVC progra	m	
-	special extension (enter description)	,		L	D O p. og. u	""	
Ð							
	art II Basic Plan Information—enter all requested Inform Name of plan	iation		46			
ια		D1			Three-digit plan number		
	HemaQuest Pharmaceuticals, Inc., 401(k)	Flan		'	(PN)	001	
					Effective date of		
					01/01/2008		
2a	Plan sponsor's name and address; include room or suite number (e	employer, i	f for a single-employer plan)	2b	Employer Identit	ication Number	
	HemaQuest Pharmaceuticals, Inc.			(EIN) 26-081			
			2c 3	Sponsor's telepi	none number		
	1229 Madison Street, Suite 860				(206) 826-	9907	
				2d (	Business code (	see instructions)	
	Seattle		WA 98104		621510		
3a	Plan administrator's name and address (if same as plan sponsor, e Same	nter "Sam	e")	3b /	Administrator's E	IN	
				20		-t	
				3G /	(206) 826-	elephone number -9907	
4	If the name and/or EIN of the plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b EIN			
_	name, EIN, and the plan number from the last return/report.		·			······	
	Sponsor's name			4c	PN		
	5a Total number of participants at the beginning of the plan year					1	
D	b Total number of participants at the end of the plan year			5b	1	1	
C	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					7	
6a				5c			
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of	e assets?	(See instructions.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		X Yes No	
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper and condit	ions.)(IQF	'A)		X Yes No	
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	0.			
	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
a	Total plan assets	. 7a	267,20	2		368,96	
þ	Total plan llabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	267,20	2		368,96	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T		
а	Contributions received or receivable from:			_			
	(1) Employers		33,42	<b>−</b> 1			
	(2) Participants	8a(2)	75,58	<b>-1</b>			
	(3) Others (including rollovers)	8a(3)	16,76	2			
<b>L</b>		1		B 10 / 20 / 10			
b	Other income (loss)	8b	(11,229)	)			
C	Other income (loss)	*****	(11,229)	) 		114,53	
b c d	Other income (loss)	8c				114,53	
d	Other income (loss)	8c 8d	12,78			114,53	
C	Other income (loss)	8c 8d 8e				114,53	
c d e f	Other income (loss)	8c 8d 8e 8f				114,53	
c d e f g	Other income (loss)	8c 8d 8e 8f 8g					
c d e f	Other income (loss)	8c 8d 8e 8f 8g 8h				12,78	
c d e f g	Other income (loss)	8c 8d 8e 8f 8g 8h					
c d e f g h i	Other income (loss)	8c 8d 8e 8f 8g 8h 8i	12,78			12,78	

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	t:IV Plan Characteristics						***************************************	·····	
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K								
b 	If the plan provides welfare banefile, enter the applicable welfare feature	ire codes from the	List of Plan Chara	clerisi	ìò Cod	les in t	he instruction	18;	
Par	V. Compliance Questions				~~~~~	***	· · · · · · · · · · · · · · · · · · ·	·	
10	During the plan year:				Yes	No	م	mount	
a	29 CFR 2510.3-1027 (See instructions and OOL's Voluntary Fiducial	ry Correction Progr	am)	10a		х		WIYDII.	
b	Were there any nenexempt transactions with any party-in-interest? (Con line 10a.)	lo not include trans	hehoder grolless	10b		Х			
C	Was the plan covered by a fidelity bond?			100	Х				10,000
¢	Old the plan have a loss; whether or not reimbursed by the plan's fide or dishonesty?	alfy bond, that was	called by frend	104		X,			
6	Were any less or commissions paid to any brokers, agents, or other plantance service or other organization that provides some or all of the instructions.)	persons by an insu	ance carrier,	10e		×			
f	Has the plan falled to provide any benefit when due under the plan?	***************************************	***************	101		X			
g	Old the plan have any participant loane? (if "Yes," enter amount as of			100		x			
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)	sinalracijona and S	9 CFR	10h		X			
1	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520, 101-3.	equired notice or o	ie of the	101	x				
Part	VI Pension Funding Compliance		5.444.81311.404041.10404	190				100	m1838
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	3? (II "Yes," see ins	tructions and com	plete :	Sched	ule SE	(Fórm	Yes	₩ No
12	is this a defined contribution plan subject to life minimum funding requ	Ulremonts of sectlo	n 412 of the Code	or se	ction 3	ing of 1	ERISA?	Yes	
a	(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 a	e.): mortized in this nia	n vaar een Indian	Ilone	and a	niae fia	m daža akštao	lollanes.	Ψ.
16 9	granting the waiver. ou completed line 12a, complete lines 3, 9, and 10 of Schedule ME	3 (Form 6500), an		.n		Day	Y	ear	<del></del>
b	Enter the minimum required contribution for this plan year	4+0+0+4+4+4+4	iPB14+11(4+Bb1111641144114	********	[	12b			
¢	Enter the amount contributed by the employer to the plan for this plan-	Vear				12c			
	Supract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a min	us sign to the left o	of a	[	12d	••		
e	Will the minimum funding amount reported on line 12d be met by the f	unding deadline?	44,7,4,000,000,000,000,000,000,000,000,0	-449   1 + 441	pde tard I i		Yes	No	N/A
Part									
138	Has a resolution to terminate the plan been adopted in any plan year?,	105344418 20454400 EPEE00A4440 E	P\$1)371+1+000#1100P47424451			Υ	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the emplo	oyer this year	********************	46	34	,			
	Were all the plan assets distributed to participants or beneficiaries, transfer PSGC?					ntrol		Yes	No No
C	it during this plan year, any assets of liabilities were transferred from the which assets or liabilities were transferred. (See Instructions.)	his plan to another	plan(s), identify the	e plan	(s) to				
3	Ic(1) Name of plan(s):				13c	(2) EII	V(8)	13c(3)	PN(s)
Cau(i	on: A penalty for the tate or incomplete filing of this return/report	will he account	inless reasonable	D OBU	eo ie o	eta216	-bod		
Under SB or	penalties of perjury and other penalties set forth in the instructions, I d Schedule MB completed and signed by an enrolled actuary, as well as It is true, correct, and complete.	eclare that I have	vemined this ratio	rindran	art frie	dudlaa	. If a null as life	i, a Sche Wedge	dule and
SIGN	Commend more	5-18-12	TAMARA SEYM	OUR					
HERE		Dale	Enter name of Inc			ing as	plan adminis	(rator	
SIGN		5-18-12	Tamara seym						
HERE		Date	Enter name of Inc		al sign	ing as	employer or	plan epo	пѕог
	7								