For	m 5500-SF	Short Form Annual Re		of Small Employ	yee		OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service		This form is required to be filed u	enefit Plan	nd 4065 of the Employe	e	2	2012			
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19		ctions 6057(b) and 6058		Of This Form is Open to Public Inspection				
Complete all entries in accordance with the instructions to the Form 5500-SF.										
Part I		lentification Information		and anding 4	0/04/	204.0				
	ar plan year 2012 or fisca				2/31/2					
	urn/report is for:		1 1 9 1	an (not multiemployer)		a one-particip	oant plan			
B This ret	urn/report is:		e final return/report							
-	Ļ	f H	short plan year returr utomatic extension	n/report (less than 12 m	onths					
C Check b	box if filing under:			DFVC progra	m					
		special extension (enter description)								
Part II		nation—enter all requested information	on		16	Thursday a line in				
1a Name	of plan N PERFUSION, INC. 40°				d1	Three-digit plan number				
EVENONEE						(PN) 🕨	001			
					1c	Effective date or 01/01/	•			
	oonsor's name and addre	ess; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identii (EIN) 91-16		ər		
P.O. BOX 69	964				2c	Sponsor's telep 253-332				
TACOMA, W	/A 98407				2d	Business code (see instructions) 621399				
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN			
					30	Administrator's t	elephone num	lber		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the						EIN				
name, a Sponso		er from the last return/report.			4c PN					
		the beginning of the plan year								
		the end of the plan year			5a 5b					
		count balances as of the end of the pla			50			11		
			, , ,		5c			11		
6a Were	all of the plan's assets d	uring the plan year invested in eligible	assets? (See instruct	tions.)			🗙 Yes	No		
		ne annual examination and report of an See instructions on waiver eligibility an					X Yes	No		
		er line 6a or line 6b, the plan cannot						1.10		
		incomplete filing of this return/report								
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have	examined this return/rep	oort, ir	ncluding, if applic				
SIGN Filed with authorized/valid electronic signature. 04/16/2013 DEBORA BLEY										
HERE Signature of plan administrator Date Enter name of individ					ual sig	gning as plan adn	ninistrator			
SIGN										
HERE Signature of employer/plan sponsor Date Enter name of individual signing						gning as employe	r or plan spon	sor		
Preparer's	name (including firm nan	ne, if applicable) and address; include i	room or suite number	r (optional)	Prep	parer's telephone	number (optio	nal)		

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

7 Plan Assets and Liabilities						
		(a) Beginning of Yea	r		(b) End of Year
a Total plan assets	7a	107321				1263081
b Total plan liabilities	7b		0			0
C Net plan assets (subtract line 7b from line 7a)	7c	107321	3			1263081
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	a (1)	0054	•			
(1) Employers		<u> </u>				
(2) Participants				_		
(3) Others (including rollovers)			0	_		
b Other income (loss)		5918	0	_		400000
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c					189868
to provide benefits)	8d		0			
e Certain deemed and/or corrective distributions (see instructions).	8e		0			
f Administrative service providers (salaries, fees, commissions)	8f		0			
g Other expenses	8g		0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
i Net income (loss) (subtract line 8h from line 8c)	8i					189868
j Transfers to (from) the plan (see instructions)	···· 8j		0			
Part IV Plan Characteristics						
b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	feature codes	from the List of Plan Chara	cterist	ic Cod	les in the ir	istructions:
10 During the plan year:				Yes	No	Amount
 a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig. 			10a		x	Anount
b Were there any nonexempt transactions with any party-in-intere on line 10a.)	st? (Do not incl	ude transactions reported	10b		x	
C Was the plan covered by a fidelity bond?			10c	Х		126308
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?	's fidelity bond,	that was caused by fraud	100		x	120300
e Were any fees or commissions paid to any brokers, agents, or o insurance service or other organization that provides some or al instructions.)	Il of the benefits	under the plan? (See	10e		x	
f Has the plan failed to provide any benefit when due under the pl	lan?		10f		Х	
	as of year end					
Q Did the plan have any participant loans? (If "Yes," enter amount)	10a	Х		48815
 g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 2520.101-3.) 	? (See instruction	ons and 29 CFR	10g 10h	X	x	48815
h If this is an individual account plan, was there a blackout period?	? (See instruction	ons and 29 CFR otice or one of the		X	X	48815
 h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 	? (See instruction	ons and 29 CFR otice or one of the	10h	X	X	48815
 If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding require 	? (See instruction I the required not 01-3 ements? (If "Yes	ons and 29 CFR otice or one of the ," see instructions and com	10h 10i	Scheo	lule SB (Fc	ım L
 If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 	? (See instruction I the required no 01-3 ements? (If "Yes	ons and 29 CFR otice or one of the ," see instructions and com	10h 10i plete	Schec	lule SB (Fc	ım L
 If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	? (See instruction I the required not 01-3 ements? (If "Yes	ons and 29 CFR otice or one of the ," see instructions and com	10h 10i	Schec	lule SB (Fc	
 If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below). Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding 	? (See instruction of the required no 01-3 ements? (If "Yes ong requirements	ons and 29 CFR otice or one of the ," see instructions and com of section 412 of the Code	10h 10i	Schec	lule SB (Fc	
 If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below). Enter the amount from Schedule SB line 39. 	? (See instruction of the required no of -3 ements? (If "Yes ng requirements w, as applicable eing amortized	ons and 29 CFR otice or one of the ," see instructions and com of section 412 of the Code e.) n this plan year, see instruction	10h 10i plete or se	Scheo 	tule SB (Fc	ormYes No SA?Yes 🔀 No
 h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is been and the standard for a prior year is been	? (See instruction of the required no of -3 ements? (If "Yes ong requirements w, as applicable eing amortized	ons and 29 CFR otice or one of the ," see instructions and com of section 412 of the Code e.) n this plan year, see instruc- 	10h 10i plete or se	Scheo 	dule SB (Fo	A? Yes No

С	Enter	the amount contributed by the employer to the plan for this plan year	12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d					
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A			
Part	Part VII Plan Terminations and Transfers of Assets							
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No				
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
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.)								
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)			
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN

Form 5500-SF									
Department of the Treasury Internal Revenue Service									
Department of Labor Employee Benefits Security Administration	ctions 6057(b) and 6058 Code).		This Form is Open to Public						
Pension Benefil Guaranly Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
	dentification Information	101/2012	and and be	1	2/21/2011				
For calendar plan year 2012 or fisc	xi a single-employer plan 1	/01/2012	and ending	±	7				
			lan (not multiemployer)	L	a one-particip	bant plan			
B This return/report is:	the first return/report	the final return/report							
an amended return/report a short plan year return/report (less than 12 months)									
C Check box if filing under:	Form 5558	automatic extension		L] DEVC progra	m			
	special extension (enter descriptio								
	mation-enter all requested information	ation		1h 7	Chree_digit				
1a Name of plan EVERGREEN PERFUSION,	p	lan number	001						
				1c E					
2a Plan sponsor's name and addr EVERGREEN PERFUSION,	ress; include room or suite number (er INC .	mployer, if for a single	employer plan)		Inspection 2/31/2012 a one-participant plan DFVC program Tree-digit an number N) 001 fective date of plan ./01/2000 nployer Identification Number IN) 91-1622369 ponsor's telephone number 53-332-1856 usiness code (see instructions) 21399 dministrator's EIN Iministrator's telephone number IN N 11 11 11 11 11 11 11 11 11 11 11 1				
				· · ·					
P.O. BOX 6964					, ,				
						see instructions)			
TACOMA	WA 98407		0						
3a Plan administrator's name and	address Same as Plan Sponsor N	ame XSame as Plai	n Sponsor Address	SD A	aministrator s	EIN			
				3c A	dministrator's	elephone number			
4 If the name and/or EIN of the r	plan sponsor has changed since the l	ast return/report filed for	or this plan, enter the	4b E	EIN				
name, EIN, and the plan num	ber from the last return/report.	·							
a Sponsor's name					4c PN				
	t the beginning of the plan year			5a					
	t the end of the plan year			5b	· ⊥				
	ccount balances as of the end of the p			5c		1			
6a Were all of the plan's assets of	during the plan year invested in eligib	le assets? (See instruc	tions.)			X Yes 🗌 N			
	he annual examination and report of								
	(See instructions on waiver eligibility a ner line 6a or line 6b, the plan cann								
	r incomplete filing of this return/rep								
						able, a Schedule			
SB or Schedule MB completed and belief, it is true, correct, and completed	l signed by an enrolled actuary, as we	ell as the electronic ver	sion of this return/report	, and to	the best of my	knowledge and			
beller, it is true, correct, and comple			T						
SIGN Idehala S	Ber	4/11/13	DEBORA BLEY						
HERE Signature of plan ad	ual sign	ing as plan adr	ninistrator						
SIGN Debern S									
HERE Signature of employe	er/plan sponsor	Date	Enter name of individ	ual sign	ing as employe	r or plan sponsor			
Preparer's name (including firm na	me, if applicable) and address; includ	e room or suite numbe	er (optional)	Prepa	rer's telephone	number (optional)			
				118					
						Read and the second			
For Paperwork Reduction Act Notice									
	and OMB Control Numbers, see the ins	tructions for Form 5500	-SF.			Form 5500-SF (2012 v. 12012			

Pai	t III Financial Information									
7	Plan Assets and Liabilities	(a) Beginning of Year				_	(b) End of Year			
а	Total plan assets	7a	107	7321	3				12	63081
b	Total plan liabilities	7b			0					0
с	Net plan assets (subtract line 7b from line 7a)	7c	107	7321	3		1263081			63081
8	Income, Expenses, and Transfers for this Plan Year	4	(a) Amount				(b) Total			
а	Contributions received or receivable from:			3254	9					
	(1) Employers	8a(1)		9813	-	1	AL 197 5		-	
	(2) Participants	8a(2)		010	0	-	1111			1000
	(3) Others (including rollovers)	8a(3)		5918	6	1.18	TI THE T			
	Other income (loss)	8b		5510	-		and the second	<u>.</u>	1	89868
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80					den al			00000
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0		1.1	ā Z	s in	S 77 4
е	Certain deemed and/or corrective distributions (see instructions)	8e			0			1.00	1.51	1.20
f	Administrative service providers (salaries, fees, commissions)	8f			0		sil un			C.
g	Other expenses	8g			0	area.	here and y			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	이 가지 못한 것 같아. 나서.	- 8.10						0
i	Net income (loss) (subtract line 8h from line 8c)	8i							1	89868
j	Transfers to (from) the plan (see instructions)	8j			0	12				
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K 2A 2R	feature cod	es from the List of Plan Chara	acteris	tic Co	des in	the instruct	ions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Chara	cteristi	ic Cod	es in t	he instruction	ons:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Amo	unt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corre	ction Program)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	Х				1	26308
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all	ner persons	by an insurance carrier,							
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	ıd.)	10g	Х					48815
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	ctions and 29 CFR	10h		х	1		Hilling	E Siles
i	If 10h was answered "Yes," check the box if you either provided t	he required	notice or one of the	Ton		_		17.2	31	S.Y.
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Par				_					_	
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)								Yes	No
_11a	Enter the amount from Schedule SB line 39					11a				
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	nts of section 412 of the Code	e or se	ection	302 of	ERISA?	Ш	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applica	ble.)	_						
	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.		Mor	nth	, and e	enter t Day		he let Year		ing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedu	e MB (Forn	n 5500), and skip to line 13.				r			
h	Enter the minimum required contribution for this plan year				222	12b				

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			1	
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 of a negative amount).	12d		
е	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?		Yes X	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
	I3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
-				
Part	VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN