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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

Part II Annual Report Identification Information The receivant part part 2011 or fisce plan year telepromise 1501/2011 and ending 1231/2011	F	ension B	enefit Guaranty Corporation	► Complete all entries in accord	dance witl	n the instructions to the Form 550	0-SF.	Inspection
A This return/report is for: This return/report is: In the first eturn/report I	Pa	art I	Annual Report Id	entification Information				
B This return/report is:	For	calend	ar plan year 2011 or fisca	al plan year beginning 01/01/201	1	and ending 1	2/31/2	011
an amended return/report a short plan year return/report (less than 12 months) DFVC program DFVC program	Α	This re	turn/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan
C Check box if filing under: an amended return/report a short plan year return/report (less than 12 months) DFVC program	В	This re	turn/report is:	the first return/report	the final re	eturn/report		_
C Check box if filing under: Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan HEALTH/ISION INTERNATIONAL, INC. 403(8) PLAN 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) HEALTH/ISION INTERNATIONAL, INC. 2200 N. 30TH ST. SUITE 201 7ACOMA, WA 88403 23 Plan administrator's name and address (if same as plan sponsor, enter "Same") HEALTH/ISION INTERNATIONAL, INC. 2200 N. 30TH ST. SUITE 201 7ACOMA, WA 88403 24 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. All plan sponsor is the plan to the plan unmber (the plan sponsor is the plan sponsor in the plan is treturn/report. 3 Sponsor's name 4 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. 4 D Total number of participants at the beginning of the plan year. 5 D Total number of participants at the end of the plan year. 5 D Total number of participants with account balances as of the end of the plan year (defined benefit plans don not complete this filem). 5 D Are you clearing a walver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CPR 250.104-407 (See instructions on walver displicit parts and conditions). 5 D Total plan assets and Liabilities. 7 D Accountant (IQPA) 7 Plan Assets and Liabilities. 7 D Accountant (IQPA) 7 Plan Assets and Liabilities. 8 (a) Beginning of Year (b) End of Year 450918 8 (c) Total income (spenses, and Transfers for this Plan Year (a) Other income (spenses, and Transfers for this Plan Year (b) Other income (seps- 3 Total plan assets. 6 D Total plan assets (1) (a) (a) (a) (a) (a) (a) (a) (a) (a) (a				an amended return/report	a short pla	an vear return/report (less than 12 m	onths)	
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(3) Others (including rollovers)		1.1						
b Other income (loss)		` '	•					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		` '	` ,					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b					38132		00407
to provide benefits)					8c			86407
f Administrative service providers (salaries, fees, commissions)	a				. 8d	33352		
### Continues that the service providers (satisfies, tees, commissions) ### ### ### ### ### ### ### ### ### #	е	Certai	in deemed and/or correct	ive distributions (see instructions)	8e	0		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Admir	nistrative service provider	s (salaries, fees, commissions)	8f	2704		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	g	Other	expenses		8g			
Treatment (loss) (subtract in continue co).	h	Total	expenses (add lines 8d, 8	Be, 8f, and 8g)				36056
j Transfers to (from) the plan (see instructions)	i	Net in	come (loss) (subtract line	8h from line 8c)	8i			50351
	_ j	Trans	fers to (from) the plan (se	ee instructions)	8j			

Form	5500-	SF	201

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Part IV	Plan	Characte	aristics
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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2A 2E 2J 2M 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amo	ount	
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					12980
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	Χ					50000
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		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					31206
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
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				
art		l		l				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and composition (1500))						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.)	0. 00	0	002 01 1				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver							
lf y	ou 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				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No	N/A
art	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			П	es X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u			ntrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to	••••				⊔•
1	Ic(1) Name of plan(s):		130	c(2) EII	N(s)		13c(3)	PN(s)
				. ,				
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e can	se is	establi	ished			
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu					cable	a Sche	-dule

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/09/2012	KENNETH L. BAKKEN				
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

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1;	2/31/2	2011
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final r	eturn/report		•
	an amended return/report	a short pla	an year return/report (less than 12 mo	nths)	
С	Check box if filing under:	automatic	extension		DFVC program
	special extension (enter description	n)			
P	art II Basic Plan Information—enter all requested inform	ation			
1a	Name of plan			1b	Three-digit
HEA	ALTHVISION INTERNATIONAL, INC. 403(B) PLAN				plan number 001
			· •	10	(PN) • 001 Effective date of plan
				10	01/01/2005
2a	Plan sponsor's name and address; include room or suite number (e LTHVISION INTERNATIONAL, INC.	mployer, if	for a single-employer plan)	2b	Employer Identification Number
HEA	ALTHVISION INTERNATIONAL, INC.				(EIN) 91-1708912
				2c	Sponsor's telephone number
220	0 N. 30TH ST., SUITE 201				253-779-5858
TAC	OMA WA 98403			2d	Business code (see instructions) 621111
-32	Plan administrator's name and address (if name as plan spanses a	ntor "Cama	.,,	3h	Administrator's EIN
SAN	. Plan administrator's name and address (if same as plan sponsor, ei //E	ikei same	,	SU	Administrator's EIN
		•		3с	Administrator's telephone number
	If the second se		Clad Carthy	41.	
4	If the name and/or EIN of the plan sponsor has changed since the I name, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4D	EIN
а	Sponsor's name			4c	PN
5a	Total number of participants at the beginning of the plan year			5a	5
b	Total number of participants at the end of the plan year			5b	4
С					
	complete this item)			5c	2
	Were all of the plan's assets during the plan year invested in eligib		·		X Yes No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes ☐ No
PT	If you answered "No" to either 6a or 6b, the plan cannot use F		•		
Pa	art III Financial Information	Incomic objects			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	400567		450918
b	Total plan liabilities	. 7b			
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	400567		450918
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	<u> </u>	(b) Total
а	Contributions received or receivable from: (1) Employers	. 8a(1)	33000		
	(2) Participants		15275		
	(3) Others (including rollovers)		0		
b			38132		
c		8c		i enac	86407
d		- 00			
	to provide benefits).	. 8d	33352		
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	0	- 11	
f	Administrative service providers (salaries, fees, commissions)	. 8f	2704	4	
g	Other expenses	. 8g			
h					36056
i	Net income (loss) (subtract line 8h from line 8c)				50351
j	Transfers to (from) the plan (see instructions)	. 8i			

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Form	5500	-SF	20	11
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F	ar	۴I۱	1	Plan	Chara	acteris	etics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2J 2M 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:				Yes	No	А	mount	
а	Was there a failure to transmit to the plan any participant contributions wit 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Co			10a	Х				12980
b	Were there any nonexempt transactions with any party-in-interest? (Do no on line 10a.)		Х						
C	Was the plan covered by a fidelity bond?			10c	Х				50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity to or dishonesty?	10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or other person insurance service or other organization that provides some or all of the be instructions.)	enefits under the	plan? (See	10e		Х			
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 yea	r end.)		10g	Χ				31206
h	If this is an individual account plan, was there a blackout period? (See ins 2520.101-3.)		ſ	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the require exceptions to providing the notice applied under 29 CFR 2520.101-3			10i		Х			
Part '	/I Pension Funding Compliance					-			
11	Is this a defined benefit plan subject to minimum funding requirements? (In							Yes	No No
12	Is this a defined contribution plan subject to the minimum funding requirer							Yes	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 amort granting the waiver.								ng
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F			·'		Day			
	Enter the minimum required contribution for this plan year				[12b			
С	Enter the amount contributed by the employer to the plan for this plan yea	ır	•		Г	12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the resinegative amount)				[12d			
е	Will the minimum funding amount reported on line 12d be met by the fund	ing deadline?					Yes	No	N/A
Part	/II 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 employe	r this year	••••	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transfe of the PBGC?							Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)								
1:	Bc(1) Name of plan(s):		770.2		13	c(2) E	IN(s)	13c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will	be assessed u	nless reasonabl	e cau	se is	estab	lished.		
SB or	penalties of perjury and other penalties set forth in the instructions, I decli- Schedule MB completed and signed by an enrolled actuary, as well as the it is true, correct, and complete.								
SIGN	Hanneth L. Bakken 1	0-2-20	KENNETH L. BA	AKKE	N				
HER		1	Enter name of in			ning a	s plan admini	strator	
SIGN						· · · · · · · · · · · · · · · · · · ·			
HERI	Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor								