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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension B	senefit Guaranty Corporation	▶ Complete all entries in acco	ordance with the instruc	tions to the Form 550	0-SF.				
Part I	Annual Report	t Identification Information							
For calend	lar plan year 2012 or f	fiscal plan year beginning 01/01/20)12	and ending 1	2/31/2012				
	eturn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)	a one-partici	pant plan			
B This re	turn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year returr	n/report (less than 12 m	onths)				
C Check	box if filing under:	DFVC progra	am						
	•	special extension (enter descrip	 tion)		_				
Part II	Racic Plan Infe	ormation—enter all requested infor							
		ormation—enter all requested infor	mation		1h Thron digit				
1a Name	or pian SION INTERNATIONA	I INC 403(B) PLAN			1b Three-digit plan number				
HEALITIVIS	DION INTERNATIONA	KL, INC. 403(B) FLAN			(PN)	001			
					1c Effective date of	ıf nlan			
		01/01/2005							
2a Plan s	sponsor's name and a	ddress; include room or suite number	(employer, if for a single-	emplover plan)	2b Employer Ident	ification Number			
	SION INTERNATIONA		(08912			
					2c Sponsor's telep	shone number			
2200 N 30T	TH ST., SUITE 201					9-5858			
TACOMA, V					2d Business code	(see instructions)			
					6211	` ,			
3a Plan a	administrator's name a	and address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b Administrator's	FIN			
ou mana				oponioor / taar ooo	, tarrimiotrator o				
					3c Administrator's	telephone number			
4 If the	name and/or EIN of th	ne plan sponsor has changed since the	e last return/report filed fo	r this plan, enter the	4b EIN				
		umber from the last return/report.							
a Spons	sor's name				4c PN				
5a Total	number of participants	s at the beginning of the plan year			5a	4			
b Total	number of participants	s at the end of the plan year			5b	2			
		account balances as of the end of the				_			
				•	5c	2			
6a Were	all of the plan's asse	ts during the plan year invested in elig	ible assets? (See instruc	tions)		X Yes No			
_		of the annual examination and report of							
•	•	6? (See instructions on waiver eligibilit			,	X Yes No			
		either line 6a or line 6b, the plan car							
		or incomplete filing of this return/r							
		other penalties set forth in the instruction	•			rahle a Schedule			
	, , ,	and signed by an enrolled actuary, as	•		, 0, 11	,			
	true, correct, and com			·	•	Ŭ			
	E1 1 10 0 0 1		00/05/0040						
SIGN	Filed with authorized	d/valid electronic signature.	09/25/2013	KENNETH L. BAKKEN	N .				
HERE	Signature of plan	administrator	Date	Enter name of individe	me of individual signing as plan administrator				
SIGN									
HERE	Cianatura of armi								
Droporor's		oyer/plan sponsor name, if applicable) and address; incli	Date		ridual signing as employer or plan sponsor Preparer's telephone number (optional)				
riepaiers	name (including ilfm	name, ii applicable) and address; incli	uue 100m or Suite numbei	(υριιυπαι)	riepaiei s leiepiione	number (optional)			

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Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
a	Total plan assets	7a	45091				519503		
	Total plan liabilities	7b		100010			0.0000		
	Net plan assets (subtract line 7b from line 7a)	7c	45091	18			519503		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)	4500	00					
	3) Others (including rollovers)								
b	Other income (loss)	8b	2395	54					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					68954		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	36	9					
q	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					369		
	Net income (loss) (subtract line 8h from line 8c)	8i					68585		
	Transfers to (from) the plan (see instructions)	8j					00000		
Par	t IV Plan Characteristics	oj .	<u> </u>						
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	2A 2E 2J 2M 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:		
Par	t V Compliance Questions				1		Т		
10	During the plan year:				Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X			
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	X		25800		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		Х			
е		ner person	s by an insurance carrier,						
	instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year o	and)		Χ		00700		
h	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	10g		X	26796		
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	10h		X			
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i		^			
Part	9 1								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
_11a	Enter the amount from Schedule SB line 39					11a	<u> </u>		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ction	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)						
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day			
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year					12b			

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	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		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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

2012

This Form is Open to Public Inspection

F	Part I	Annual Report	Identification Information								
		ar plan year 2012 or fis	cal plan year beginning 01/01/2012		and ending	12/31/	2012				
Α	This ret	urn/report is for:	X a single-employer plan	multiple-employer p	lan (not multiemployer)	r) a one-participant plan					
В	This ret	urn/report is:	the first return/report the	ne final return/report							
			an amended return/report a	short plan year retur	n/report (less than 12 n	nonths)				
C	Check b	oox if filing under:	X Form 5558	utomatic extension		DFVC program					
			special extension (enter description))							
P	art II	Basic Plan Info	rmation—enter all requested informati	ion							
1a	Name	of plan				1b	Three-digit				
Hea	althvision	International, Inc. 403	(b) Plan				plan number (PN)	001			
						1c	Effective date o	f plan			
							01/01/2				
		oonsor's name and add	dress; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi				
						20	(EIN) 91-1708912 2c Sponsor's telephone number				
		0: 0 :: 004				20	(253) 77				
220	10 N. 30tr	n St., Suite 201				2d		(see instructions)			
	oma, WA		d address XSame as Plan Sponsor Na	me Same as Plar	n Sponsor Address	3b	621111 Administrator's	**			
			ы .	Ш							
						3c	Administrator's	telephone number			
4			plan sponsor has changed since the las nber from the last return/report.	st return/report filed for	or this plan, enter the	4b	EIN				
а		or's name	iber from the last return report.			4c	PN				
	_		at the beginning of the plan year			. 5a		4			
b	Total r	number of participants	at the end of the plan year					2			
c		and the second s	account balances as of the end of the pla		and the second s	_		2			
_							1				
ba			during the plan year invested in eligible the annual examination and report of an	There is a second of the secon				X Yes No			
			(See instructions on waiver eligibility an					X Yes No			
	If you	answered "No" to ei	ther line 6a or line 6b, the plan cannot	t use Form 5500-SF	and must instead use	Form	5500.				
			or incomplete filing of this return/repo	The state of the s	and the state of t		1110 TO 1707				
			ner penalties set forth in the instructions, and signed by an enrolled actuary, as well								
		rue, correct, and comp		as the electronic ver	sion of this return/repor	it, and	to the best of my	Knowledge and			
SI	GN C	X	PBolh-	9-24-13	Kenneth L. Bakken						
10000000	RE	Signature of plan ac	dministrator	Date	Enter name of individ	ndividual signing as plan administrator					
SI	GN	orginature or plan at	Annin St deoi	Date	Enter name of mary	adai Siç	griing as plan aur	mistator			
	RE	Signature of employ	ver/plan sponsor	Date	Enter name of individ	dual sid	aning as employe	er or plan sponsor			
Pre	eparer's		ame, if applicable) and address; include			_		number (optional)			
								100000000000000000000000000000000000000			

Part	III Financial Information								
7 F	Plan Assets and Liabilities		(a) Beginning of Yea	ar	Т		(b) End o	f Year	
a 1	Fotal plan assets	7a	45091					51950	03
b 1	otal plan liabilities	7b							
C I	Net plan assets (subtract line 7b from line 7a)	7c	45091	8				51950	03
8 1	ncome, Expenses, and Transfers for this Plan Year	1	(a) Amount			(b) To	tal		
	Contributions received or receivable from:	CW. 1.11		200			THE ST		
	1) Employers	8a(1)		0	_				
-	2) Participants	8a(2)	4500		-				
	3) Others (including rollovers)	8a(3)	Veri Soute	0	_				
	Other income (loss)	8b	2395	4			alternative to the same		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						6895	54
	o provide benefits)	8d		0					
е (Certain deemed and/or corrective distributions (see instructions)	8e	1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0					
f A	Administrative service providers (salaries, fees, commissions)	8f	36	9					
g	Other expenses	8g						TH	Victoria de la constante de la
h T	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		7-1-				36	69
iN	Net income (loss) (subtract line 8h from line 8c)	8i						6858	85
jт	ransfers to (from) the plan (see instructions)	8j				MES		RATE.	
Part	IV Plan Characteristics				•				
	If the plan provides pension benefits, enter the applicable pension	feature code	s from the List of Plan Char	acteris	stic Co	des in t	the instructi	ons:	
	2A 2E 2J 2M 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charae	cterist	ic Cod	les in th	ne instructio	ns:	
	v 0								
Part				_					
	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		보다 하는 그렇다 되었다고 계속되면 그 보다 되었다. 그렇게 되는 그리가 되고 있다. 그림을 받다.	10a		×			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inc	clude transactions reported	10b		х			
С	Was the plan covered by a fidelity bond?			10c	Х				25800
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		The second secon	10d		x			25000
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)	of the benefit:	s under the plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	1.)	10g	Х				26796
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instructi	ions and 29 CFR	10h		х			20190
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required n	otice or one of the	10i		x			
Part \	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Ye:	s," see instructions and com	plete	Sched	lule SB	(Form	Yes	s No
	Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding	requirements	s of section 412 of the Code	e or se	ction 3	302 of E	RISA?	Yes	s X No
_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								LLM
	If a waiver of the minimum funding standard for a prior year is bein			ctions	and e	enter the	e date of the	e letter r	uling
	granting the waiver.					Day_		ear	
			Mon						

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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 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 th	nis year	. 13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?			Yes	X No		
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the plan(s)	to				
1	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) F	PN(s)	
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			