

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
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 If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>STERILMED 401(K) SALARY SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2003</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2003</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2003</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>STERILMED INC</u> <u>11400 73RD AVE, STE 100</u> <u>MAPLE GROVE, MN 55369</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>75-3094703</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>763-488-3463</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>339110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>75-3094703</u>	2c Sponsor's telephone number <u>763-488-3463</u>	2d Business code (see instructions) <u>339110</u>	
2b Employer Identification Number (EIN) <u>75-3094703</u>					
2c Sponsor's telephone number <u>763-488-3463</u>					
2d Business code (see instructions) <u>339110</u>					

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	<u>10/10/2013</u> Date	<u>ELIZABETH GOODWIN</u> 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
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
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: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 1028
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a 857	
b Retired or separated participants receiving benefits.....	6b 0	
c Other retired or separated participants entitled to future benefits.....	6c 189	
d Subtotal. Add lines 6a , 6b , and 6c	6d 1046	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0	
f Total. Add lines 6d and 6e	6f 1046	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 846	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 128	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan STERILMED 401(K) SALARY SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 STERILMED INC		
D Employer Identification Number (EIN) 75-3094703		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
MINNESOTA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-0417830	66168	64116	1046	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	34968

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JEFFREY M GRATTON 1600 UTICA AVENUE MINNEAPOLIS, MN 55416

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	34968	CONSULTING INVESTMENT ADVISORY	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	7943327

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	
Specify nature of costs ▶		

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan STERILMED 401(K) SALARY SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 STERILMED INC	D Employer Identification Number (EIN) 75-3094703

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MINNESOTA LIEF INSURANCE COMPANY

41-0417830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 34 50 64 65 37	NONE	39127	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>STERILMED 401(K) SALARY SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>STERILMED INC</u>	D Employer Identification Number (EIN) <u>75-3094703</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MONEY MARKET</u>				
b Name of sponsor of entity listed in (a): <u>MINNESOTA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>41-0417830-009</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>406500</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE EQUITY INDEX I</u>				
b Name of sponsor of entity listed in (a): <u>MINNESOTA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>41-0417830-011</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1145710</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE GROWTH EQUITY III</u>				
b Name of sponsor of entity listed in (a): <u>MINNESOTA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>41-0417830-013</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1390104</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SHORT TERM BOND</u>				
b Name of sponsor of entity listed in (a): <u>MINNESOTA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>41-0417830-017</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>950227</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL GROWTH I</u>				
b Name of sponsor of entity listed in (a): <u>MINNESOTA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>41-0417830-025</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>399601</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL VALUE III</u>				
b Name of sponsor of entity listed in (a): <u>MINNESOTA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>41-0417830-110</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>766822</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTICAP VALUE EQUITY I</u>				
b Name of sponsor of entity listed in (a): <u>MINNESOTA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>41-0417830-058</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>268994</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL EQUITY I****b** Name of sponsor of entity listed in (a): **MINNESOTA LIFE INSURANCE COMPANY**

c EIN-PN 41-0417830-035	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 276640
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a Name of MTIA, CCT, PSA, or 103-12 IE: **REAL ESTATE****b** Name of sponsor of entity listed in (a): **MINNESOTA LIFE INSURANCE COMPANY**

c EIN-PN 41-0417830-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 334222
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LARGE VALUE EQUITY XIII****b** Name of sponsor of entity listed in (a): **MINNESOTA LIFE INSURANCE COMPANY**

c EIN-PN 41-0417830-106	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 912986
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL VALUE EQUITY XIV****b** Name of sponsor of entity listed in (a): **MINNESOTA LIFE INSURANCE COMPANY**

c EIN-PN 41-0417830-152	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 451308
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MID-CAP GROWTH EQUITY III****b** Name of sponsor of entity listed in (a): **MINNESOTA LIFE INSURANCE COMPANY**

c EIN-PN 41-0417830-099	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 528174
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MULTISECTOR BOND I****b** Name of sponsor of entity listed in (a): **MINNESOTA LIFE INSURANCE COMPANY**

c EIN-PN 41-0417830-123	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112129
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan STERILMED 401(K) SALARY SAVINGS PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 STERILMED INC		D Employer Identification Number (EIN) 75-3094703

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	283071	251233
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	7419564	7943418
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7702635	8194651

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7702635	8194651
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	267801	
(B) Participants	2a(1)(B)	1426254	
(C) Others (including rollovers)	2a(1)(C)	133406	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1827461
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	14566	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14566
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1022908
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		23894
d Total income. Add all income amounts in column (b) and enter total.....	2d		2888829

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2310576	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2310576
f Corrective distributions (see instructions)	2f		47110
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	39127	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		39127
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2396813

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		492016
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BETTS & HAYES, LTD**

(2) EIN: **41-1619880**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		900000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

5b 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.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>STERILMED 401(K) SALARY SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STERILMED INC</u>	D Employer Identification Number (EIN) <u>75-3094703</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>41-0417830</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

STERILMED 401(k) SALARY SAVINGS PLAN
FINANCIAL STATEMENTS
December 31, 2012

SterilMed401(k) Salary Saving Plan
December 31, 2012

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Betts & Hayes, Ltd.

Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

The Plan Administrator
SterilMed 401(k) Salary Saving Plan
11400 73rd Avenue
Maple Grove, MN 55369

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of SterilMed 401(k) Salary Saving Plan, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011 the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note K, which was certified by Minnesota Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2012 and 2011 that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements

INDEPENDENT AUDITOR'S REPORT (Con'd)

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedules of assets (held at end of year), reconciliation of net assets available for benefits and changes in net assets available for benefits from audited financial statements to form 5500, and schedule of changes in net assets available for plan benefits by account, which are the responsibility of Plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Betts & Hayes, Ltd.
July 15, 2013

SterilMed401(k) Salary Saving Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of December 31, 2012 and 2011

	December 31, 2012	December 31, 2011
ASSETS		
Fair value of interest in Pooled Separate Accounts (Notes B, J & K)	\$ 7,943,418	\$ 7,419,564
Receivables:		
Participant notes receivable (Note A and B)	251,233	283,071
	251,233	283,071
Total Assets	8,194,651	7,702,635
Net assets available for plan benefits	\$ 8,194,651	\$ 7,702,635

See accompanying notes to the financial statements.

SterilMed401(k) Salary Saving Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Plan Years Ended December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Additions:		
Net appreciation in Pooled Separate Accounts		
net of investment expense (Note B)	\$ 1,046,802	\$ (433,635)
Management fees and operating expenses	<u>(23,894)</u>	<u>(20,730)</u>
Net investment income	1,022,908	(454,365)
 Interest income from participant notes	 14,566	 16,753
 Contributions:		
Participant contributions	1,426,254	1,389,846
Employer matching contributions	267,801	290,400
Rollovers	<u>133,406</u>	<u>89,315</u>
Total contributions	<u>1,827,461</u>	<u>1,769,561</u>
 Total Additions	 2,864,935	 1,331,949
 Deductions:		
Employee withdrawals	(2,310,576)	(1,016,673)
Corrective distributions	(47,110)	(50,033)
Deemed distributions of participant loans		(4,211)
Contract Administration Fees	<u>(15,233)</u>	<u>(8,209)</u>
Total Deductions	<u>(2,372,919)</u>	<u>(1,079,126)</u>
 Increase in net assets for the year	 492,016	 252,823
 Net Assets Available for Plan Benefits, Beginning of Year	 <u>7,702,635</u>	 <u>7,449,812</u>
 Net Assets Available for Plan Benefits, End of Year	 <u><u>\$ 8,194,651</u></u>	 <u><u>\$ 7,702,635</u></u>

See accompanying notes to the financial statements.

SterilMed401(k) Salary Saving Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2012

NOTE A –DESCRIPTION OF THE PLAN

The following description of the SterilMed, Inc. (“the Company”) 401(k) Plan (“the Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan sponsored by SterilMed, Inc. (“the Company”). The purpose of the Plan is to provide eligible employees of the Company with retirement benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility and Participation

Employees who are not excluded employees may begin participation in the Plan once they have satisfied the eligibility condition and reached their entry date. Excluded employees are 1) union employees whose employment is governed by a collective bargaining agreement under which retirement benefits were the subject of good faith bargaining, and 2) certain nonresident aliens who have no earned income from sources within the United States. The eligibility condition for participation for purposes of salary deferrals is met upon attainment of age 21. The age requirement is waived for eligible employees employed on January 1, 2003. The entry date for purposes of salary deferrals is the first day of the month coinciding with or next following the date on which the eligibility requirement is met; however, Participants that do not complete an enrollment election shall be automatically enrolled 30 days following their entry date.

Contributions and Vesting

A participant may elect to defer a percentage of his or her compensation on a pretax basis. All employee contributions are subject to Internal Revenue Code limitations on contributions and certain discrimination testing. Participants are 100% vested in their elective employee contributions. Participants with automatic enrollment are set up with a 4% deferral rate. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing rollover distributions from other qualified plans.

The Company makes matching contributions equal to \$.25 for each dollar of participant contribution for reprocessing employees up to four percent deferrals, and \$.50 match for each dollar of contribution by repair employees up to six percent deferrals. The Company may also make discretionary profit sharing contributions to the Plan, and qualified non-elective contributions in an amount to be determined by the Company. Matching contributions for the Plan year 2012 and 2011 were \$267,801 and \$290,400, respectively. There were no discretionary Company contributions or Company qualified non-elective contributions in the Plan years ended December 31, 2012 or 2011.

SterilMed 401(k) Salary Saving Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2012

NOTE A – DESCRIPTION OF THE PLAN – cont'd

Investment Options

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various pooled separate accounts and a general account as investment options for participants. If no investment option is selected, the appropriate target age option is selected by the Plan administrator.

Payment of benefits

On termination of service due to death, disability, or retirement, distributions from the Plan are made in a lump-sum amount in cash equal to the value of the participant's vested interest in his or her account. A participant may elect to defer receipt of benefits, subject to the required minimum distribution rules. The vesting schedule for matching and discretionary Company contributions is as follows:

<u>Years of Service</u>	<u>Percent Vested</u>
Less than 1	0%
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Distributions

Distributions of the entire benefits credited to a participants account is made when a participant retires, dies, or becomes totally and permanently disabled. Upon termination other than by retirement, disability, or death, a participant becomes eligible to receive the current value of the participants vested account in a lump sum. Effective July 1, 2008, in-service distributions are allowed upon attainment of age 59 ½. Participants are permitted withdrawals from their Plan accounts for financial hardships. Hardship withdrawals must be approved by the Plan administrator.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings and losses, and charges with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participant Loans

Participants may borrow from their account balances with interest charged at the rate of six percent prior to May 1, 2010, and five percent effective May 1, 2010, which remains in effect for the duration of the loan. The minimum loan is \$1,000 and the maximum loan is the lesser of \$50,000 less the highest outstanding loan balance during the one year

SterilMed 401(k) Salary Saving Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2012

NOTE A – DESCRIPTION OF THE PLAN – cont'd

Participant Loans (Con'd)

period prior to the loan application date, or 50% of the participant's account balances less any current outstanding loan balance. The loans are secured by the balance in the participant's account. Loan terms range from one to five years or up to twenty-five years for purchase of a primary residence. Principal and interest are paid ratably through payroll deductions. Each Participant may have two outstanding loans at one time, one general and one residential. Loan repayments are through payroll deductions. As of December 31, 2012 and 2011, the Plan had loans receivable from participants with principal balances totaling \$251,233 and \$283,071, respectively, which are included in the statement of net assets available for benefits.

Forfeitures

Forfeitures occur as of the earlier of (1) the last day of the Plan Year in which the Former Participant incurs five (5) consecutive 1-Year Breaks in Service, or (2) the distribution of the entire vested portion of the Participant's Account. Forfeitures first reduce administrative expenses, then reduce any employer contributions. Forfeitures for the Plan years 2012 and 2011 were \$23,158 and \$31,398, respectively.

Rollovers

Participants are allowed to transfer or rollover funds into the Plan from other qualified plans.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The SterilMed 401(k) Salary Saving Plan ("the Plan") prepares its financial statements on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimated.

Investment Valuation and Income Recognition

The Plan is funded with a Group Annuity Contract with Minnesota Life Insurance Company. The Group Annuity Contract ("the Contract") offers a wide spectrum of investment choices. Contributions are made to the Contract on behalf of Plan participants. The accumulated contributions are then invested in the investment options selected by participants. The Contract offers various Pooled Separate Accounts from a variety of investment managers. Flexible provisions allow participants to transfer

SterilMed 401(k) Salary Saving Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2012

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – cont'd

Investment Valuation and Income Recognition (Con'd)

invested assets between accounts and redirect the investment of current and future contributions as specified by the governing Plan document and Contract provisions. All financial information related to the Contract is reported to the plan participants at Contract value. The Contract value represents contributions made, plus earnings, plus investment gains and losses, less participant withdrawals and administrative expenses. The Contract value is the value at which all participant-initiated transactions, including withdrawals, are performed. All Pooled Separate Account Assets under the Group Annuity Contract held by the Plan are marked to market on a daily basis. Consequently, the Plan Administrator believes that Contract value for the Group Annuity Contract, as certified to and represented by Minnesota Life Insurance Company and as reported to the Plan, is the best estimate of fair value for the Contract. Liquidation of the entire Contract may cause a one-time adjustment to the contract value, resulting in a fair value different from the Contract value. Total liquidation is a contingent event which cannot be initiated by the Plan participants, and can only be initiated by the Plan Trustees(s) upon termination of the retirement Plan, or complete change of funding vehicle. The Contract value of the Group annuity Contract, which is the Plan Administrators best estimate of fair value as of December 31, 2012, was \$7,943,418.

Minnesota Life Insurance Company has provided the Plan administrator with a certification as to the completeness and accuracy of Plan investments as of December 31, 2012 and 2011 and investment income for the Plan years then ended. The investment assets and income amounts in the accompanying statements, and the related financial data included in the supplementary schedules are based on such certification from Minnesota Life Insurance Company.

Management fees and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of net appreciation in fair value of investments. Management fees and operating expenses were \$23,894 and \$20,730 for plan years ended December 31, 2012 and 2011, respectively.

The change in net unrealized appreciation or depreciation of investments held from the beginning of the Plan year to the end of the Plan year is included with realized gains and losses as net investment income or loss reported in the accompanying statements of changes in net assets available for benefits.

SterilMed 401(k) Salary Saving Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2012

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – cont'd

Participant Loans Receivable

Participant loans receivable are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Expenses

There is a wrap/contract fee that is paid out of the assets which includes a base fee plus participant fees. Certain of the Plan's administrative expenses are paid by the Company.

Subsequent Events

The Plan has evaluated subsequent events through July 15th, 2013, the date the financial statements were first available to be issued. In January, 2013, the Plan terminated the Group Annuity Contract with Minnesota Life Insurance Company and changed funding vehicle and contract administration to TransAmerica. There was no market value adjustment or termination fee incurred on termination of the contract.

NOTE C – TRUSTEE INFORMATION

All money that is contributed to the Plan is held in a trust fund. The trustee is responsible for the safekeeping of the trust fund. The trust fund established by the Plan's trustee is the funding medium for the accumulation of assets from which benefits will be distributed. Assets of the Plan are allocated to participants accounts based on specific contributions made by each participant and respective matches made by the Company. Investment income (loss) is credited to each participants account based on appreciation (depreciation) of specific assets held in each participant account and any earnings thereon.

NOTE D – PLAN SPONSOR AND ADMINISTRATOR

The Plan sponsor and administrator is SterilMed, Inc. The Plan administrator is responsible for administration and operation of the Plan.

NOTE E – TAX STATUS

The Plan Sponsor has adopted the Minnesota Life Insurance Company Prototype non-standardized 401(k) Profit Sharing Plan and Trust through execution of an adoption agreement effective as of January 1, 2003. A favorable determination letter was issued by the Internal Revenue Service to Minnesota Life Insurance Company relative to this plan on November 29, 2001. Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as

SterilMed 401(k) Salary Saving Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2012

NOTE E – TAX STATUS (Con'd)

of December 31, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to tax examinations for Plan years ending prior to December 31, 2009.

NOTE F – PLAN AMENDMENTS

Plan amendments during Plan years 2012 and 2011 were as follows:

Effective January 1, 2011;

Effective date of participation (entry date) amended to: First day of month coinciding with or next following date requirements met; however, Participants that do not complete an enrollment election shall be automatically enrolled 30 days following their entry date.

Definition of Compensation to exclude reimbursements or other expense allowances, fringe benefits (cash or non-cash), moving expenses, deferred compensation (other than deferrals specified in h. above) and welfare benefits with application to elective deferrals and matching contributions with application to all contributions.

Initial Automatic Deferral Amount; Each Participant who is subject to the automatic deferral provisions will have compensation deferred by the following amount unless otherwise elected by the Participant: 4% of Compensation for each payroll period.

The Plan sponsor believes that the Plan, as amended, continues to qualify and to operate in accordance with provisions of the Internal Revenue Code.

NOTE G – PARTY-IN-INTEREST TRANSACTIONS

Transactions resulting in Plan assets being transferred to or used by a related party are prohibited under the Pension Reform Act (The Act) unless a specific exemption applies. Minnesota Life Insurance Company is a party-in-interest as defined by The Act as a result of investing Plan assets. Contract administration fees paid to Minnesota Life Insurance Company for the Plan years ended December 31, 2012 and 2011 were \$15,233 and \$8,209, respectively.

NOTE H – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the statement of net assets available for benefits

SterilMed 401(k) Salary Saving Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2012

NOTE I – PLAN TERMINATION

Although it has not expressed an intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

NOTE J – INVESTMENTS

The Plan's investments were held in trust and administered by the trustee. All investment information presented in the accompanying financial statements and supplementary schedules, including investments held and net appreciation and depreciation in fair value of investments and interest and dividends, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the trustee. The fair value of investments that represented 5% or more of net assets available for benefits as of December 31, 2012 and 2011 were as follows:

	2012	2011
Large equity index I (DFE Plan 011)	\$ 1,145,710	\$ 911,139
Large growth equity III (DFE Plan 013)	\$ 1,390,104	\$ 1,331,228
Short term bond (DFE Plan 017)	\$ 950,227	\$ 900,588
International growth (DFE Plan 025)		\$ 545,662
International value III (DFE Plan 110)	\$ 766,822	\$ 653,280
Small value equity XIV (DFE Plan)	\$ 451,308	\$ 434,148
Large value equity III (DFE Plan 106)	\$ 912,986	\$ 930,578
Mid cap growth equity (DFE Plan 099)	\$ 528,174	\$ 491,222

During 2012 and 2011, the Plan's investments (including gains and losses on investments bought and sold during the year) appreciated (depreciated) as follows:

	2012	2011
Pooled separate accounts	\$ 1,046,802	\$ (433,635)

NOTE K – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

SterilMed 401(k) Salary Saving Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2012

NOTE K – FAIR VALUE MEASUREMENTS – cont'd

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date. Includes most publicly traded securities, mutual funds, and U.S. Treasury Bonds. Prices are obtained from readily available sources for market transactions.
- Level 2: Inputs to the valuation methodology are other than quoted prices included within level 1 that are observable, either directly or indirectly, and include:
- Quoted prices for similar assets or liabilities in active markets;
 - Most separate accounts that invest in over the counter open end mutual funds;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or assisted by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 Inputs to the valuation methodology are unobservable and used to the extent observable input is unavailable. Use of best information available under the circumstances.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets of the Plan measured at fair value utilizing a market approach to value;

Level 2:

General Account/Guaranteed Return Account:

Cost which approximates fair value

Separate Accounts:

Mutual funds: 100% over the counter open end

Money market: 100% short term commercial paper and bonds
priced at amortized cost.

SterilMed 401(k) Salary Saving Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2012

NOTE K – FAIR VALUE MEASUREMENTS – cont’d

The methods described above may produce a fair calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2012;

	Assets at Fair Value as of December 31, 2012			
	Level 1	Level 2	Level 3	Total
Separate Account Money Market DFE Plan Number 009		\$ 406,500		\$ 406,500
Separate Account Value in Large Equity Index I DFE Plan Number 011		1,145,710		1,145,710
Separate Account Value in Large Growth EQ III DFE Plan Number 013		1,390,104		1,390,104
Separate Account Value in Short-Term Bond DFE Plan Number 017		950,227		950,227
Separate Account Value in Intl Value III DFE Plan Number 110		766,822		766,822
Separate Account Value in Large Value EQ XIII DFE Plan Number 106		912,986		912,986
Separate Account Value in Mid-Cap Grow EQ III DFE Plan Number 099		528,174		528,174
Large Equity Index in Multi-Sector Bond I DFE Plan Number 123		112,129		112,129
Separate Account Value in Intl Growth I DFE Plan Number 025		399,602		399,602
Separate Account Value in Small Equity I DFE Plan Number 035		276,640		276,640
Separate Account Value in Real Estate DFE Plan Number 036		334,222		334,222
Separate Account Value in Multicap Value EQ I DFE Plan Number 058		268,994		268,994
Separate Account Value in Small Val EQ XIV DFE Plan Number 152		451,308		451,308
	<u>\$ -</u>	<u>\$ 7,943,418</u>	<u>\$ -</u>	<u>\$ 7,943,418</u>

SterilMed 401(k) Salary Saving Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2012

NOTE K – FAIR VALUE MEASUREMENTS (Con'd)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011;

	Assets at Fair Value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Separate Account Money Market DFE Plan Number 009		\$ 330,073		\$ 330,073
Separate Account Value in Large Equity Index I DFE Plan Number 011		911,139		911,139
Separate Account Value in Large Growth EQ III DFE Plan Number 013		1,331,228		1,331,228
Separate Account Value in Short-Term Bond DFE Plan Number 017		900,588		900,588
Separate Account Value in Intl Value III DFE Plan Number 110		653,280		653,280
Separate Account Value in Large Value EQ XIII DFE Plan Number 106		930,578		930,578
Separate Account Value in Mid-Cap Grow EQ III DFE Plan Number 099		491,222		491,222
Large Equity Index in Multi-Sector Bond I DFE Plan Number 123		63,714		63,714
Separate Account Value in Intl Growth I DFE Plan Number 025		545,662		545,662
Separate Account Value in Small Equity I DFE Plan Number 035		256,474		256,474
Separate Account Value in Real Estate DFE Plan Number 036		290,506		290,506
Separate Account Value in Multicap Value EQ I DFE Plan Number 058		280,951		280,951
Separate Account Value in Small Val EQ XIV DFE Plan Number 152		434,149		434,149
	<u>\$ -</u>	<u>\$ 7,419,564</u>	<u>\$ -</u>	<u>\$ 7,419,564</u>

SUPPLEMENTARY INFORMATION

SterilMed401(k) Salary Saving Plan
SCHEDULE OF ASSETS (Held at End of Year)
December 31, 2012 and 2011
Form 5500; Schedule H, Line 4i
Plan E.I.N. 41-1872812

Identity of Issue	Description	Current Value	Current Value
		2012	2011
Minnesota Life Ins. Co.	Money Market Separate Account	\$ 406,500	\$ 330,073
Minnesota Life Ins. Co.	Large Equity Index I Separate Account	\$ 1,145,710	\$ 911,139
Minnesota Life Ins. Co.	Large Growth Equity III Separate Account	\$ 1,390,104	\$ 1,331,228
Minnesota Life Ins. Co.	Short-Term Bond Separate Account	\$ 950,227	\$ 900,588
Minnesota Life Ins. Co.	International Growth I Separate Account	\$ 399,602	\$ 545,662
Minnesota Life Ins. Co.	International Value Separate Account	\$ 766,822	\$ 653,280
Minnesota Life Ins. Co.	Multicap Value Equity I Separate Account	\$ 268,994	\$ 280,951
Minnesota Life Ins. Co.	Small Equity I Separate Account	\$ 276,640	\$ 256,474
Minnesota Life Ins. Co.	Small Value Equity XIV Separate Account	\$ 451,308	\$ 434,149
Minnesota Life Ins. Co.	Real Estate Pooled Separate Account	\$ 334,222	\$ 290,506
Minnesota Life Ins. Co.	Large Value Equity III Separate Account	\$ 912,986	\$ 930,578
Minnesota Life Ins. Co.	Mid Cap Growth Equity III	\$ 528,174	\$ 491,222
Minnesota Life Ins. Co.	Multisector Bond I	\$ 112,129	\$ 63,714
Grand Total		\$ 7,943,418	\$ 7,419,564

See accompanying notes to the financial statements and accountants' report.

SterilMed401(k) Salary Saving Plan
Reconciliation of Net Assets Available For Benefits and Changes in Net Assets Available
for Benefits From Audited Financial Statements to Form 5500
Plan Year Ended December 31st, 2012

Net assets available for benefits-

Net assets available for benefits per accompanying financial statements	<u>\$8,194,651</u>
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Net assets available for benefits per form 5500	<u>\$8,194,651</u>
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Changes in net assets available for benefits-

Changes in net assets available for benefits per accompanying financial statements	\$492,016
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Add;

Prior year receivable for elective deferrals in transit	\$0
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Prior year receivable for match contributions in transit	\$0
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Net income per I.R.C. form 5500, Schedule H, Part II, Line 2.k.	<u>\$492,016</u>
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See accompanying notes to the financial statements and accountants' report.

SterilMed 401(k) Salary Saving Plan
SUPPLEMENTARY SCHEDULE OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS BY ACCOUNT
Plan Year Ending December 31, 2012

	Money Market	Large Equity Index I	Large Growth Equity III	Short-Term Bond	International Growth I	International Value III	Multicap Value Equity I
Beginning Balance	\$ 330,073.54	\$ 911,138.61	\$ 1,331,227.99	\$ 900,588.13	\$ 545,661.98	\$ 653,279.97	\$ 280,950.97
Contributions							
Pre-Tax	42,461.50	158,544.49	272,888.40	196,766.46	60,591.86	161,789.00	35,887.31
QNEC							
Match	6,128.45	20,280.52	54,843.50	36,496.12	9,788.01	33,334.39	6,946.07
Rollover		13,649.13	12,398.59	13,004.70	6,824.60	14,912.14	0.06
Forfeiture Allocations							
Total Contributions	48,589.95	192,474.14	340,130.49	246,267.28	77,204.47	210,035.53	42,833.44
Distributions							
Benefit Payments	(22,991.23)	(91,748.42)	(460,635.65)	(251,997.87)	(261,915.12)	(259,747.05)	(76,113.02)
Excess Distributions	(1,322.51)	(9,826.11)	(8,380.16)	(3,801.39)	(4,566.72)	(3,852.63)	(2,283.52)
Forfeiture Generated	23,157.77	(1.86)	(6,275.19)	(3,280.45)	(235.65)	(3,624.06)	(224.54)
Loan Defaults							
Total	(1,155.97)	(101,576.39)	(475,291.00)	(259,079.71)	(266,717.49)	(267,223.74)	(78,621.08)
Loans							
Issue	(15,670.85)	(24,780.86)	(29,732.93)	(20,918.39)	(1,209.54)	(15,474.76)	(2,894.23)
Payment	5,901.36	14,473.59	23,299.77	14,992.50	1,926.87	11,480.85	3,255.90
Investment Gain/Loss	(3,940.12)	136,431.77	286,770.68	46,766.48	58,878.13	113,128.78	27,718.57
Expenses	(807.53)	(886.68)	(3,464.22)	(1,766.56)	(451.66)	(1,897.20)	(288.98)
Misc Receipts/Debits		-	-	-	-	-	-
Transfers							
Inter-Fund	43,509.55	18,435.78	(82,836.51)	23,377.37	(15,690.61)	63,492.34	(3,960.70)
Ending Balance	<u>\$ 406,499.93</u>	<u>\$ 1,145,709.96</u>	<u>\$ 1,390,104.27</u>	<u>\$ 950,227.10</u>	<u>\$ 399,602.15</u>	<u>\$ 766,821.77</u>	<u>\$ 268,993.89</u>

See accompanying notes to the financial statements and accountants' report.

SterilMed 401(k) Salary Saving Plan
SUPPLEMENTARY SCHEDULE OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS BY ACCOUNT
Plan Year Ending December 31, 2012

	Small Value Equity XIV	Small Equity I	Real Estate	Large Value Equity XIII	Mid Cap Growth Equity III	Multisector Bond I	Loan	TOTAL
Beginning Balance	\$ 434,147.55	\$ 256,473.70	\$ 290,505.99	\$ 930,578.22	\$ 491,222.08	\$ 63,714.39	\$ 283,071.53	\$ 7,702,634.65
Contributions								
Pre-Tax	90,900.14	34,619.91	31,864.14	221,576.93	96,931.10	21,432.34		1,426,253.58
QNEC								
Match	17,770.94	6,470.84	5,160.39	47,111.90	19,109.75	4,360.23		267,801.11
Rollover	40,449.01	15,992.68		12,398.58	3,776.69			133,406.18
Forfeiture Allocations								-
Total Contributions	149,120.09	57,083.43	37,024.53	281,087.41	119,817.54	25,792.57	-	1,827,460.87
Distributions								
Benefit Payments	(141,191.98)	(63,620.34)	(44,456.40)	(357,789.24)	(147,633.01)	(17,725.05)	(113,011.89)	(2,310,576.27)
Excess Distributions	(2,476.80)	(1,367.82)	(1,432.41)	(5,713.14)	(1,832.07)	(254.52)	-	(47,109.80)
Forfeiture Generated	(1,762.88)	(133.80)	(1.33)	(5,736.82)	(1,880.56)	(0.63)	-	-
Loan Defaults							-	
Total	(145,431.66)	(65,121.96)	(45,890.14)	(369,239.20)	(151,345.64)	(17,980.20)	(113,011.89)	(2,357,686.07)
Loans								
Issue	(27,770.87)	(9,514.80)	(8,496.30)	(25,830.37)	(8,702.60)	(880.51)	191,877.01	-
Payment	12,756.74	8,067.97	5,472.68	14,984.17	7,609.44	1,048.55	(125,270.39)	-
Investment Gain/Loss	38,057.47	42,802.69	49,140.20	125,637.65	91,276.01	10,239.74	14,566.35	1,037,474.40
Expenses	(987.53)	(298.14)	(313.91)	(2,906.64)	(1,079.35)	(84.64)	-	(15,233.04)
Misc Receipts/Debits	-	-	-	-	-	-	-	-
Transfers								
Inter-Fund	(8,583.73)	(12,853.37)	6,778.84	(41,325.34)	(20,623.17)	30,279.55	-	0.00
Ending Balance	<u>\$ 451,308.06</u>	<u>\$ 276,639.52</u>	<u>\$ 334,221.89</u>	<u>\$ 912,985.90</u>	<u>\$ 528,174.31</u>	<u>\$ 112,129.45</u>	<u>\$ 251,232.61</u>	<u>\$ 8,194,650.81</u>

See accompanying notes to the financial statements and accountants' report.

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name STERILMED 401(K) SALARY SAVINGS PLAN

EIN: 75-3094703

Plan Sponsor's Name STERILMED INC

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	MN Life Insurance Co.	Money Market Pooled Separate Account		406,500
*	MN Life Insurance Co.	Large Equity Index I Pooled Separate Account		1,145,710
*	MN Life Insurance Co.	Large Growth Equity III Pooled Separate Account		1,390,104
*	MN Life Insurance Co.	Short-Term Bond Pooled Separate Account		950,227
*	MN Life Insurance Co.	International Growth I Pooled Separate Account		399,602
*	MN Life Insurance Co.	International Value III Pooled Separate Account		766,822
*	MN Life Insurance Co.	MultiCap Value Equity I Pooled Separate Account		268,994

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name STERILMED 401(K) SALARY SAVINGS PLAN

EIN: 75-3094703

Plan Sponsor's Name STERILMED INC

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	MN Life Insurance Co.	Small Value Equity XIV Pooled Separate Account		451,308
*	MN Life Insurance Co.	Small Equity I Pooled Separate Account		276,640
*	MN Life Insurance Co.	Real Estate Pooled Separate Account		334,222
*	MN Life Insurance Co.	Large Value Equity XIII Pooled Separate Account		912,986
*	MN Life Insurance Co.	Mid-Cap Growth Equity III Pooled Separate Account		528,174
*	MN Life Insurance Co.	Multisector Bond I Pooled Separate Account		112,129
*	Participant Loans	5.00%		251,233