

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 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</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> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>75-3094703</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>763-488-3463</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>339110</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2003</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>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/2003</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>											
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>											

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.	10/10/2014	BAILLIT TRUELOVE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
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	5 973
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 699
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 394
d Subtotal. Add lines 6a , 6b , and 6c	6d 1093
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0
f Total. Add lines 6d and 6e	6f 1093
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 949
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 400
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>2</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
		2013
		This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
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	0064116	0	01/01/2013	12/31/2013

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

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

(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
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(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	
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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	0
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	0
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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)	
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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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)	
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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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 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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
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
TRANSAMERICA 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
39-0989781	86231	512140-000	949	01/01/2013	12/31/2013

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

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

(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	

(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	
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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	0
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 ▶ **STABLE VALUE**

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	474509
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	3965
(4) Transferred from separate account	7c(4)	0
(5) Other (specify below)	7c(5)	331823
▶ INTEREST, LOAN REPMT, EBA CREDIT, TRANSFER INTO STABLE VALUE FUND		
(6) Total additions	7c(6)	810297
d Total of balance and additions (add lines 7b and 7c(6))	7d	810297
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	151651
(2) Administration charge made by carrier	7e(2)	728
(3) Transferred to separate account	7e(3)	0
(4) Other (specify below)	7e(4)	48422
▶ EXCESS CONTRIB. REFUND, LOAN REQUEST, TRANSFER OUT OF STABLE VALUE FUND, PROFESSIONAL FEES		
(5) Total deductions	7e(5)	200801
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	609496

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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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 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
TRANSAMERICA RETIREMENT SERVICES CO

13-8689044

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

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

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)

SAGEVIEW ADVISORY GROUP

33-0818667

(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?
27	INVESTMENT ADVISORY - PLA	25475	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRANSAMERICA RETIREMENT SOLUTIONS C

31-1281022

(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?
15 37 52 62 64 67	RECORDKEEPER	13219	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 ☐

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
(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
(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
(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
(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
(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 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
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)
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>0</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>0</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>0</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>0</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>0</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>0</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>0</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) 0
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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) 0
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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) 0
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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) 0
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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) 0
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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) 0
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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)
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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)
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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
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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

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 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
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 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)		745
(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)	251233	242160
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	7943418	0
(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)	0	8844377
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	608752
(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	8194651	9696034

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8194651	9696034
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	214719	
(B) Participants	2a(1)(B)	1432218	
(C) Others (including rollovers)	2a(1)(C)	31246	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1678183

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1	
(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)	10796	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10797

(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)	77865	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		77865

(3) Rents	2b(3)		
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(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)		

(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)		

		(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)		280824
(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)		1234272
c Other income.....	2c		11646
d Total income. Add all income amounts in column (b) and enter total.....	2d		3293587

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1712192	
(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)		1712192
f Corrective distributions (see instructions).....	2f		38652
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	13604	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	27756	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		41360
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1792204

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1501383
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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

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 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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
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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> <u>42-6362604</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
-----------------	-------------------

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
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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, 2013

SterilMed401(k) Salary Saving Plan
December 31, 2013

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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, 2013 and 2012 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 to by Transamerica Life Insurance Company, custodian of the Plan's investment assets for 2013, and Minnesota Life Insurance Company, custodian of the Plan's investment assets for 2012, 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 custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from Transamerica Life Insurance Company and Minnesota Life Insurance Company as of and for the years ended December 31, 2013 and 2012, respectively, that the information provided to the Plan administrator for each respective year 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) and reconciliation of net assets available for benefits and changes in net assets available for benefits from audited financial statements to form 5500, 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 to by Transamerica Life Insurance Company (for 2013) and Minnesota Life Insurance Company (for 2012), 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.
September 30, 2014

SterilMed401(k) Salary Saving Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of December 31, 2013 and 2012

	December 31, 2013	December 31, 2012
ASSETS		
Investments at fair value (Notes B, K & L)	\$ 9,453,129	\$ 7,943,418
Cash	745	
Receivables:		
Participant notes receivable (Note A and B)	242,160	251,233
Total Assets	<u>9,696,034</u>	<u>8,194,651</u>
Net assets available for plan benefits	<u>\$ 9,696,034</u>	<u>\$ 8,194,651</u>

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, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Additions:		
Net appreciation in fair value of investments in registered investment companies	\$ 1,234,272	
Net investment gain from pooled separate accounts	280,824	\$ 1,046,802
Interest and dividends	77,866	
Other income	11,646	
Asset based fees and investment expenses	<u>(31,202)</u>	<u>(23,894)</u>
Net investment income	1,573,406	1,022,908
 Interest income from participant notes	 10,796	 14,566
 Contributions:		
Participant contributions	1,432,218	1,426,254
Employer matching contributions	214,719	267,801
Rollovers	<u>31,246</u>	<u>133,406</u>
Total contributions	<u>1,678,183</u>	<u>1,827,461</u>
 Total Additions	 3,262,385	 2,864,935
 Deductions:		
Employee withdrawals	(1,712,193)	(2,310,576)
Corrective distributions	(38,653)	(47,110)
Contract Administration Fees	<u>(10,156)</u>	<u>(15,233)</u>
Total Deductions	<u>(1,761,002)</u>	<u>(2,372,919)</u>
 Increase in net assets for the year	 1,501,383	 492,016
 Net Assets Available for Plan Benefits, Beginning of Year	 <u>8,194,651</u>	 <u>7,702,635</u>
Net Assets Available for Plan Benefits, End of Year	<u><u>\$ 9,696,034</u></u>	<u><u>\$ 8,194,651</u></u>

See accompanying notes to the financial statements.

SterilMed401(k) Salary Saving Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2013

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).

Group Annuity Contract

The Plan terminated the Group Annuity Contract with Minnesota Life Insurance Company and changed funding vehicle and contract administration to Transamerica Life Insurance Company. There was no market value adjustment or termination fee incurred on termination of the contract with Minnesota Life Insurance Company.

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 60 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 less forfeiture allocations for the Plan year 2013 and 2012 were \$214,719 and \$267,801, respectively. There were no discretionary Company contributions or Company qualified non-elective contributions in the Plan years ended December 31, 2013 or 2012.

SterilMed401(k) Salary Saving Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2013

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 under the Group Annuity Contract described more fully in Note C. The Plan currently offers various investment accounts and a Stable Value Fund as investment options for participants. If no investment option is selected, the default investment fund is the American Century Target Maturity Fund.

Payment of benefits

On termination of service due to death, disability, or retirement, distributions from the Plan are made in a lump-sum amount or partial withdrawal in cash or insurance or annuity cash accounts 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. Permitted distributions are made in the form of a lump sum or partial distributions, and in the form of cash only (except for insurance contracts, annuity contracts or participant loans).

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.

SterilMed 401(k) Salary Saving Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2013

NOTE A – DESCRIPTION OF THE PLAN – cont'd

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 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 ratable 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, 2013 and 2012, the Plan had loans receivable from participants with principal balances totaling \$242,160 and \$251,233, 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 2013 and 2012 were \$23,158 and \$53,030, 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-Group Annuity Contract

The Plan is funded with a Group Annuity Contract with Transamerica Life Insurance Company. The Group Annuity Contract ("the Contract") offers investments in mutual funds valued at a net asset value. Contributions are made to the Contract on behalf of Plan participants. The accumulated contributions are then invested in the investment options selected by participants.

SterilMed 401(k) Salary Saving Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2013

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

Investment Valuation and Income Recognition Group Annuity Contract Cont'd

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.

Transamerica Life Insurance Company, custodian of the Plan's investment assets for 2013, has provided the Plan administrator with a certification as to the completeness and accuracy of Plan's investment assets as of December 31, 2013 and investment income for the Plan year then ended. The comparative year 2012 Plan's investment assets and investment income for the Plan year then ended were certified to by Securian Life Insurance Company, custodian of the Plan's investment assets for 2012. The investment assets and income amounts in the accompanying statements, and the related financial data included in the supplementary schedules are based on such certifications from Transamerica Life Insurance Company and Minnesota Life Insurance Company. The contract value of the Group Annuity Contract was \$9,453,129 as of December 31, 2013, which was the Plan Administrators best estimate of fair value as of December 31, 2013.

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.

Plan Expenses

The Plan pays Transamerica Life Insurance Company an asset based fee based upon a percentage of net assets, payable from Plan assets. In addition, the Transamerican Life Insurance Company charges participants various administration fees for certain participant transactions including transfers, withdrawals and loan fees. Certain of the Plan's administrative fees are paid by the Plan sponsor. Asset based fees and investment expenses were \$31,202 for 2013 (Transamerica Life Insurance Company) and \$23,894 for 2012 (Minnesota Life Insurance Company). Contract administration fees were \$10,156 for 2013 (Transamerica Life Insurance Company) and \$15,233 for 2012 (Minnesota Life Insurance Company). For 2013, the Plan utilized an Expense Benefit Account in lieu of a reduction in plan service fees to be used for payment of certain expenses. The activity in the Expense Benefit Account for the year 2013 was as follows:

Beginning balance	\$	-
Deposits	\$	7,689
Withdrawals	\$	(6,945)
Investment return	\$	1
Ending balance	\$	745

Any balance in the Expense Benefit Account is considered a Plan holding.

SterilMed 401(k) Salary Saving Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2013

NOTE C -GROUP ANNUITY CONTRACT WITH TRANSAMERICA LIFE INSURANCE COMPANY

The Plan Trustees entered into a new Group Annuity Contract with Transamerica Life Insurance Company with an effective date of January 1, 2013. All of the assets previously held with Minnesota Life Insurance Company under a group annuity contract were transferred to the new Transamerica Group Annuity Contract in January, 2013. The total funds transferred was \$8,223,392. Plan loan balances administered by Minnesota Life Insurance Company were transferred to Transamerica Life Insurance Company in the amount of \$251,233. The Transamerica Group Annuity Contract contains the following provisions:

Contract holder: Trustee(s) for SterilMed 401(K) Salary Savings Plan

Contract Number: 512140

First anniversary: January 1, 2013

Jurisdiction: Minnesota

General Account Stable Value Fund Activated: Stable Value Core Fund

Net Asset Value Option containing mutual fund investments

CONTRACT ACCOUNTS:

- 1) Investment accounts – The Net Asset Value Option containing mutual fund investments offered under the Group Annuity Contract investment provisions was selected by the Contractholder. Participants may elect to transfer all or any part of their funds from any investment account maintained under the Group Annuity Contract to any other investment account maintained under the Group Annuity Contract.
- 2) Stable Value Fund – The Stable Value Option investment choices in Transamerica’s Group Annuity Contract comply with the Financial Accounting Standards Board’s fully benefit-responsive requirements, and thus are reportable at contract value in the financial statements, as follows:
 - a. The Stable value Option Investment Choice is a non-tradable obligation of Transamerica. The investment’s contract or proceeds cannot nor will not be assigned or sold to another party without the consent of Transamerica.
 - b. The repayment of principal and interest credited to participants holding the investment is a financial obligation of Transamerica. However, if an event should occur such that realization of full contract value for a particular investment contract is no longer probable – for example, a significant decline in creditworthiness of Transamerica, the Stable Value Option Investment Choice may no longer be considered fully benefit-responsive.
 - c. The terms of Transamerica’s Group Annuity Contract require all permitted participant-initiated transactions involving the investment to occur at contract value with no conditions, limits, or restrictions. Permitted participant-initiated transactions are those allowed by the underlying defined contribution plan such as withdrawals for benefits, loans or transfers to other investment choices within the plan.

SterilMed 401(k) Salary Saving Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2013

NOTE C -GROUP ANNUITY CONTRACT WITH TRANSAMERICA LIFE INSURANCE COMPANY (CONT'D)

2) Stable Value Fund-(Cont'd)

- d. Since the Stable Value Option Investment Choice is a obligation of Transamerica, the occurrence of an event that limits the ability of the investment to transact at contract value between Transamerica and a participant holding the investment is not probable.
- e. The Stable Value Option Investment Choice allows a participant reasonable access to their assets.

Priority to January 1st and July 1st, the effective annual rate of interest is established for the corresponding six month period. Interest is credited, based upon the daily balance, at a rate that is the daily equivalent of the effective annual rate of the effective annual rate of interest applicable for the six month period. There is no stated minimum or maximum interest rate for the Sable Value Option investment choices. For the Stable Value Core Fund, the interest credit rate was .80% for the six month period beginning January 1st, 2013 and July 1st, 2013.

The Transamerica Stable Value Option investment choices are backed by the general account of Transamerica Life Insurance Company. While Transamerica Life Insurance Company declares rates periodically and back the principal and interest of these investment choices, any guarantees are subject to the claims paying ability of the insurance company. This investment choice is not guaranteed by the FDIC or any other government agency.

Although plan participants generally may withdraw assets from the Stable Value Option investment choice without restrictions, Transamerica Life Insurance Company may impose a hold period at the contract level in the event of a full contract discontinuance or partial contract discontinuance.

The Stable Value Fund investment choices seek to protect against any loss of principal while providing returns in excess of money market funds and one-year U.S. Treasury bills. The investment choices have a portfolio investment rate design in which all deposits in the particular investment choice are credited with the same interest rate on a daily basis, and with no set maturity. The effective guaranteed credited interest rate is set on a semi-annual basis, and with no set maturity. The effective guaranteed credited interest rate is set on a semi-annual basis and announced at least 45 days in advance of the date the new rate becomes effective. The guaranteed rate of interest shall not change during the six month period for which it is effective.

The credit ratings for the insurance companies issuing contracts containing the Stable Value Option investment choices are:

Insurance Company	A.M. Best	Moody's	Fitch	S&P
Transamerica Life Insurance Company	A+	A1	AA-	AA-
Transamerica Financial Life Insurance Company	A+	A1	AA-	AA-

SterilMed 401(k) Salary Saving Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2013

NOTE C -GROUP ANNUITY CONTRACT WITH TRANSAMERICA LIFE INSURANCE
COMPANY CONT'D

2) Stable Value Fund-(Cont'd)

The Stable Value Option investment choices are not considered a Guaranteed Interest Contract (GIC) and there is no stated minimum or maximum interest rate. Contract charges may reduce this return.

In accordance with FAS 107 (#12) and SOP 94-4-1, this type of investment is considered fairly valued at contract value. The contract value is also the fair value. Since contract value is fair value the average yield earned by the plan is equal to the average yield earned by the plan adjusted to reflect the actual interest rate credited to plan participants.

The following average yields are required for disclosure for fully benefit-responsive investment contracts:

- The average yield earned by the plan, and
- The average yield earned by the plan, with an adjustment to reflect the actual interest rate credited to the plan participants

For the Plan year 2013, the Stable Value core average, closing and lowest rates were as follows;

Average:	.80%
Closing:	.80%
Lowest:	.80%

The Stable Value Investment option is an investment in the general account of Transamerica and the value is guaranteed by Transamerica as a going concern. Regardless of the activity of the general fund, Transamerica pays the stated interest rate and backs the capital deposit where the "risk" is measured by our insurance credit rating. The Stable Value Investment option is a depository liability with no formal underlying maturities, and is considered fairly valued at contract value by Transamerica Life Insurance Company because of this specific distinction.

CONTRACT WITHDRAWALS

Withdrawals are paid as directed by the Contractholder or the participant, as applicable, in a single sum or other option mutually agreed upon option within 30 days of receipt of Advance Notice as described in the Group Annuity Contract. Except as otherwise provided in the Group Annuity Contract, withdrawals are not subject to charges or penalties, except for withdrawals to fund employer influenced group terminations.

SterilMed 401(k) Salary Saving Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2013

NOTE C -GROUP ANNUITY CONTRACT WITH TRANSAMERICA LIFE INSURANCE
COMPANY (CONT'D)

CONTRACT WITHDRAWALS-(CONT'D)

Unless otherwise provided, withdrawals from the Stable Value Fund are limited to the Stable Value Fund's pro-rata share of the total amount of the withdrawal from fixed funds being made under the Plan. The pro-rata share is equal to the ratio of the Contract's stable Value Fund assets to the Plan's total fixed dollar assets determined as of the first day of the Contract year in which the withdrawal is requested. The Contractholder may authorize other withdrawals for the payment of any Plan expenses, commissions, or other compensation.

The Group Annuity Contract terms include a right to delay any or all withdrawals or transfers from any investment account if, during the thirty days prior to and including the date of any withdrawal or transfer, the net total amount of withdrawals and transfers from the Separate Account in which such investment account is invested is either a) \$20,000,000 or more, or 2) exceeds 20% of the market value of the Separate Account on the date which is 30 days prior to the date of any withdrawal or transfer. Such delay will not be more than 30 business days following the date on which the withdrawal or transfer would have otherwise been made.

PAYMENT OF BENEFITS

For participants with a vested Plan account balance which is equal to or less than the amount provided in I.R.C. Code Section 411(a)(11)(A), the amount paid is a lump sum.

For participants with a vested Plan account balance greater than the amount provided in I.R.C. Code Section 411(a)(11)(A), subject to spousal consent and minimum distribution rules in the Plan, the following distribution options are available:

1. Deferred Payment Option – Unless the Contract is discontinued, a participant whose employment terminates and whose vested Plan account balance is greater than the amount provided in I.R.C. Code Section 411(a)(11)(A) may keep his or her vested Plan account balance in the Contract under the Plan until the time the Plan requires the participant to begin taking distributions.
2. IRA Option – A participant may roll over his or her vested Plan account balance under the Contract to an Individual Retirement Annuity.
3. Lump Sum Payment Option – A participant may be paid his or her vested Plan account balance in a lump sum. The lump sum payment may be made to the participant or may be made as a direct rollover to another employer plan or IRA.
4. Annuity Purchase Option – a participant's vested Plan account balance may be used to purchase an immediate monthly annuity as more fully described in the Group Annuity Contract.

SterilMed 401(k) Salary Saving Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2013

NOTE C -GROUP ANNUITY CONTRACT WITH TRANSAMERICA LIFE INSURANCE COMPANY (CONT'D)

DISCONTINUANCE AND TERMINATION OF THE GROUP ANNUITY CONTRACT

By providing written notice, the Contractholder may affect either a total discontinuance or a partial discontinuance of the Contract. Transamerica Life Insurance company has the right to effect total discontinuance of the Contract by giving the Contractholder advance written notice of at least 30 days, if any of the following conditions apply;

1. The Plan is changed so as to significantly affect Transamerica Life Insurance Company's obligations under the Contract.
2. The Contract can no longer be treated as a pension plan contract, as that term is defined in the Internal Revenue Code, and Transamerica Life Insurance company determines it is not practical to continue the provisions of the benefits under the Contract.
3. The Plan is terminated.
4. The Contractholder fails to comply with the requirements under the contract.
5. The Contractholder fails to provide information needed under the Contract (except unintentional).
6. The Contractholder fails to furnish copies of any amendments to the Plan or annual report records (except unintentional).
7. The sum of the Contract Account Values at any time equals \$20,000 or less.

Effect of total discontinuance –

After the receipt of notices of total discontinuance of the Contract, no transfers to or withdrawals from any Contract Account are allowed by the Contractholder or Participant. Any contract Asset Charges, fees, taxes or Surrender Charges or other applicable expenses that have not been paid before discontinuance of the contract are deducted before payment is made under this Section. Upon total discontinuance the Contractholder may elect either Option A or Option B Below. If the Contractholder does not make an election within 30 days from the date notice of discontinuance is received the Discontinuance Value of the Contract will be paid to the Contractholder in accordance with Option B.

Option A- At the direction of the Contractholder, the Discontinuance Value of the Contract will be paid as shown in the Schedule of Contract Discontinuance Value, which will be used to provide:

- a) Benefit payments under any form of payment available; or if requested,
- b) Annuities purchased in accordance with Section 6.

Option B- The Discontinuance Value of the Contract will be paid as shown in the Schedule of Contract Discontinuance and will be paid to the Contractholder or a custodian appointed by the Contractholder as follows:

The payment of the Discontinuance Value of the Investment Accounts established under the Contract is made within 10 Business Days after the date notices of discontinuance is received.

SterilMed 401(k) Salary Saving Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2013

NOTE C -GROUP ANNUITY CONTRACT WITH TRANSAMERICA LIFE INSURANCE COMPANY (CONT'D)

DISCONTINUANCE AND TERMINATION OF THE GROUP ANNUITY CONTRACT-CONT'D

Under this option, the Contractholder must provide notification that any payment made will be to a retirement plan qualified under the Code. If payment is to be made to a custodian, the Contractholder must provide direction accordingly and furnish the name and address of the custodian of the retirement funds of such retirement plan.

Effect of Partial Discontinuance-

After receipt of notice of partial discontinuance of the Contract, no transfers to or withdrawals from any Contract Account is allowed for any group or groups of Participants that are affected by such partial discontinuance.

Upon partial discontinuance, payment of the Discontinuance Value of the Contract for the portion of the Contract being discontinued (determined by applying the formula shown in the Schedule of Contract Discontinuance Value to the portion of the Contract being discontinued) is paid in accordance with Option B, above. Any applicable Contract Asset Charges, Fees or Surrender Charges, which result from a partial discontinuance are calculated in the same manner as for a total discontinuance, but are limited to the portion of the Contract affected by the partial discontinuance.

Termination of Contract- The Contract terminates when all the funds held under the contract have been exhausted.

NOTE D – 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 E – PLAN SPONSOR AND ADMINISTRATOR

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

SterilMed 401(k) Salary Saving Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2013

NOTE F – TAX STATUS

The Plan Sponsor has adopted the Transamerica Life Insurance Company Prototype non-standardized 401(k) Profit Sharing Plan and Trust through execution of an adoption agreement effective as of January 1, 2013. A favorable determination letter was issued by the Internal Revenue Service to Transamerica Life Insurance Company relative to this plan on May 30, 2008. 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 of December 31, 2013, 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, 2010.

NOTE G – PLAN AMENDMENTS

Plan amendments during Plan years 2013 and 2012 were as follows:

There were no plan amendments in Plan year 2013

Amendment effective August 1, 2012

Adoption agreement section 36 shall be amended as follows;

Form of distribution: Lump sum or Partial withdrawal (no minimum) qualified joint annuity does not apply Distributions: Cash only, except for insurance cash accounts, annuity accounts and retirement loans.

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 H – 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. Transamerica Life Insurance Company (2013) and Minnesota Life Insurance Company (2012) are parties-in-interest as defined by The Act as a result of investing Plan assets and providing services. Asset based fees and investment expenses paid to Transamerica in 2013 and Minnesota Life Insurance Company in 2012 were \$31,202 and \$23,894, respectively. Contract administration fees paid to Transamerica Life Insurance Company in 2013 and Minnesota Life Insurance Company in 2012 were \$10,156 and \$15,233, respectively.

NOTE I – 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, 2013

NOTE J – PLAN TERMINATION

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 K – 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 Transamerica Life Insurance Company (2013) and Minnesota Life Insurance Company (2012). The fair value of investments that represented 5% or more of net assets available for benefits as of December 31, 2013 and 2012 were as follows:

	2013	2012
Transamerica Stable Value Core Option	\$ 608,756	
PIMCO Total Return Fund	\$ 1,019,289	
BlackRock Equity Dividend Fund	\$ 1,242,528	
Fidelity Advisor New Insights Fund	\$ 1,676,335	
Transamerica Partners Stock Index Fund	\$ 1,451,514	
Goldman Sachs Growth Opportunities Fund	\$ 591,639	
Transamerica Small/Mid Cap Value Fund	\$ 847,063	
Thornburg International Value Fund	\$ 1,202,551	
Large equity index I (DFE Plan 011)		\$ 1,145,710
Large growth equity III (DFE Plan 013)		\$ 1,390,104
Short term bond (DFE Plan 017)		\$ 950,227
International value III (DFE Plan 110)		\$ 766,822
Small value equity XIV (DFE Plan)		\$ 451,308
Large value equity III (DFE Plan 106)		\$ 912,986
Mid cap growth equity (DFE Plan 099)		\$ 528,174

During 2013 and 2012, the Plan's investments (including gains and losses on investments bought and sold during the year) appreciated as follows;

	2013	2012
Net appreciation	\$ 1,515,096	\$ 1,046,802

The investment gain during the blackout period during the transition from Minnesota Life Insurance Company to Transamerica Life Insurance Company was \$280,824, and is included in net investment gain for pooled separate accounts in the statements of changes in net assets available for benefits for 2013.

Other income on the statements of changes in net assets available for benefits consist of the following:

Stable Value Fund Earnings	\$ 3,957
Reports into Expense Budget Income	\$ 7,689
	<u>\$ 11,646</u>

SterilMed 401(k) Salary Saving Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2013

NOTE L – 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:

- 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 1: Stable Value Fund:
 Contract value which approximate fair value
- Level 2: 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, 2013

NOTE L – 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, 2013;

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Am. Century One Choice	100,393			100,393
Am. Century One Choice 2015	1,062			1,062
Am. Century One Choice 2025	1,948			1,948
Am. Century One Choice 2030	1,665			1,665
Am. Century One Choice 2035	11,274			11,274
Am. Century One Choice 2040	2,407			2,407
Am. Century One Choice 2050	1,338			1,338
Am. Century One Choice 2055	665			665
BlackRock Equity Dividend Fund	1,242,528			1,242,528
ClearBridge Small Cap Growth	57,063			57,063
Fidelity Adv New Insights Fund	1,676,335			1,676,335
Goldman Sachs Growth Oppty	591,639			591,639
JPMorgan U.S. Equity	294,918			294,918
Oppenheimer Developing Markets	27,280			27,280
PIMCO Total Return Fund	1,019,288			1,019,288
RidgeWorth MidCap Value Equity	18,618			18,618
Thornburg International Value	1,202,550			1,202,550
Transamerica Partners Stock In	1,451,513			1,451,513
Transamerica Small/Mid Cap Val	847,062			847,062
Transamerica Stable Value Core		608,756		608,756
Vanguard REIT Index Fund	294,827			294,827
	<u>\$ 8,844,373</u>	<u>\$ 608,756</u>	<u>\$ -</u>	<u>\$ 9,453,129</u>

SterilMed 401(k) Salary Saving Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2013

NOTE L – FAIR VALUE MEASUREMENTS (CONT'D)

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>

NOTE M – SUBSEQUENT EVENTS

Subsequent Events

The Plan has evaluated subsequent events through September 30, 2014, the date the financial statements were first available to be issued. By amendment effective January 1st, 2014, the Plan is frozen as of January 1st, 2014. The Plan was frozen to facilitate a merger of Plan assets. The Plan merger was in process as of the report date.

SUPPLEMENTARY INFORMATION

SterilMed401(k) Salary Saving Plan
SCHEDULE OF ASSETS (Held at End of Year)
December 31, 2013
Form 5500; Schedule H, Line 4i
Plan E.I.N. 75-3094703
Plan #001

a.	b.	c.	d.	e.
	Indentity of Issue	Description of Investment		Current Value 2013
*	Participant Plan Loans	Participant Plan Loans; Term .5-8 Years; Interest Rate 4.25%-6.0%	\$0	\$242,160
*	Transamerica Life Ins. Co.	Transamerica Stable Value Core Option	†	\$ 608,752
*	Transamerica Life Ins. Co.	PIMCO Total Return Fund	†	\$ 1,019,289
*	Transamerica Life Ins. Co.	BlackRock Equity Dividend Fund	†	\$ 1,242,528
*	Transamerica Life Ins. Co.	Fidelity Advisor New Insights Fund	†	\$ 1,676,335
*	Transamerica Life Ins. Co.	JPMorgan U.S. Equity Fund	†	\$ 294,918
*	Transamerica Life Ins. Co.	Transamerica Partners Stock Index Fund	†	\$ 1,451,514
*	Transamerica Life Ins. Co.	ClearBridge Small Cap Growth Fund	†	\$ 57,063
*	Transamerica Life Ins. Co.	Goldman Sachs Growth Opportunities Fund	†	\$ 591,639
*	Transamerica Life Ins. Co.	RidgeWorth Mid-Cap Value Equity Fund	†	\$ 18,619
*	Transamerica Life Ins. Co.	Transamerica Small/Mid Cap Value Fund	†	\$ 847,063
*	Transamerica Life Ins. Co.	Vanguard REIT Index Fund	†	\$ 294,828
*	Transamerica Life Ins. Co.	Oppenheimer Developing Markets Fund	†	\$ 27,280
*	Transamerica Life Ins. Co.	Thornburg International Value Fund	†	\$ 1,202,551
*	Transamerica Life Ins. Co.	American Century One Choice 2015 Portfolio	†	\$ 1,062
*	Transamerica Life Ins. Co.	American Century One Choice 2025 Portfolio	†	\$ 1,948
*	Transamerica Life Ins. Co.	American Century One Choice 2030 Portfolio	†	\$ 1,665
*	Transamerica Life Ins. Co.	American Century One Choice 2035 Portfolio	†	\$ 11,274
*	Transamerica Life Ins. Co.	American Century One Choice 2040 Portfolio	†	\$ 2,407
*	Transamerica Life Ins. Co.	American Century One Choice 2050 Portfolio	†	\$ 1,338
*	Transamerica Life Ins. Co.	American Century One Choice 2055 Portfolio	†	\$ 665
*	Transamerica Life Ins. Co.	American Century One Choice Income Portfolio	†	\$ 100,391

* Denotes party-in-interest.

† Cost is not shown because investments are participant directed.

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 31, 2013

Net assets available for benefits-

Net assets available for benefits per accompanying financial statements	<u>\$ 9,696,034</u>
--	---------------------

Net assets available for benefits per form 5500	<u>\$ 9,696,034</u>
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Changes in net assets available for benefits-

Changes in net assets available for benefits per accompanying financial statements	\$ 1,501,383
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Add;	
Prior year receivable for elective deferrals in transit	\$ -

Prior year receivable for match contributions in transit	\$ -
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Net income per I.R.C. form 5500, Schedule H, Part II, Line 2.k.	<u>\$ 1,501,383</u>
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See accompanying notes to the financial statements and accountants' report.

Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Information about Form 5558 and its instructions is at www.irs.gov/form5558

File With IRS Only

Part I Identification

A	Name of filer, plan administrator, or plan sponsor (see instructions) STERILMED INC			B Filer's identifying number (see instructions)					
	Number, street, and room or suite no. (If a P.O. box, see instructions) 11400 73RD AVE, STE 100			Employer identification number (EIN) (9 digits XX-XXXXXXX) 75-3094703					
	City or town, state, and ZIP code MAPLE GROVE, MN 55369			Social security number (SSN) (9 digits XXX-XX-XXXX)					
C	Plan name			Plan number		Plan year ending –			
						MM	DD	YYYY	
	STERILMED 401(K) SALARY SAVINGS PLAN			0	0	1	12	31	2013

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.
- 2 I request an extension of time until 10 / 15 / 2014 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 10 / 15 / 2014 to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4** I request an extension of time until / / to file Form 5330.
 You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a	Enter the Code section(s) imposing the tax ▶	a	
b	Enter the payment amount attached ▶	b	
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶	c	

5 State in detail why you need the extension:

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

Plan Name: Sterilmed 401(k) Salary Savings Plan
Sponsor: STERILMED
EIN: 75-3094703
Plan #: 001

Plan Year: 01/01/2013 - 12/31/2013

(A)	(B)	(C)	(D)	(E)
	Identity of issue, borrower, lessor, or similar a party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	PARTICIPANT PLAN LOANS	PARTICIPANT PLAN LOANS, TERM 0.5 - 8 YEARS, INTEREST RATE 4.25 - 6.00%		\$242,160
*	TRANSAMERICA LIFE INSURANCE COMPANY	STABLE VALUE		\$1,251,578
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA STABLE VALUE CORE OPTION		\$608,756
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA PARTNERS STOCK INDEX FUND		\$1,451,514
*	TRANSAMERICA LIFE INSURANCE COMPANY	GOLDMAN SACHS GROWTH OPPORTUNITIES FUND		\$591,639
*	TRANSAMERICA LIFE INSURANCE COMPANY	PIMCO TOTAL RETURN FUND		\$1,019,289
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA SMALL/MID CAP VALUE FUND		\$847,063
*	TRANSAMERICA LIFE INSURANCE COMPANY	VANGUARD REIT INDEX FUND		\$294,828
*	TRANSAMERICA LIFE INSURANCE COMPANY	BLACKROCK EQUITY DIVIDEND FUND		\$1,242,528
*	TRANSAMERICA LIFE INSURANCE COMPANY	FIDELITY ADVISOR NEW INSIGHTS FUND		\$1,676,335
*	TRANSAMERICA LIFE INSURANCE COMPANY	AMERICAN CENTURY ONE CHOICE 2015 PORTFOLIO		\$1,062
*	TRANSAMERICA LIFE INSURANCE COMPANY	AMERICAN CENTURY ONE CHOICE 2025 PORTFOLIO		\$1,948
*	TRANSAMERICA LIFE INSURANCE COMPANY	AMERICAN CENTURY ONE CHOICE 2030 PORTFOLIO		\$1,665
*	TRANSAMERICA LIFE INSURANCE COMPANY	AMERICAN CENTURY ONE CHOICE 2035 PORTFOLIO		\$11,274
*	TRANSAMERICA LIFE INSURANCE COMPANY	AMERICAN CENTURY ONE CHOICE 2040 PORTFOLIO		\$2,407
*	TRANSAMERICA LIFE INSURANCE COMPANY	AMERICAN CENTURY ONE CHOICE 2050 PORTFOLIO		\$1,338
*	TRANSAMERICA LIFE INSURANCE COMPANY	AMERICAN CENTURY ONE CHOICE INCOME PORTFOLIO		\$100,392
*	TRANSAMERICA LIFE INSURANCE COMPANY	JPMORGAN U.S. EQUITY FUND		\$294,918
*	TRANSAMERICA LIFE INSURANCE COMPANY	CLEARBRIDGE SMALL CAP GROWTH FUND		\$57,063
*	TRANSAMERICA LIFE INSURANCE COMPANY	OPPENHEIMER DEVELOPING MARKETS FUND		\$27,280
*	TRANSAMERICA LIFE INSURANCE COMPANY	RIDGEWORTH MID-CAP VALUE EQUITY FUND		\$18,619
*	TRANSAMERICA LIFE INSURANCE COMPANY	THORNBURG INTERNATIONAL VALUE FUND		\$1,202,551
*	TRANSAMERICA LIFE INSURANCE COMPANY	AMERICAN CENTURY ONE CHOICE 2055 A		\$665