Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

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Pa	art I	Annual Report	Identification Information	on				
For o	calenda	ar plan year 2013 or fis	scal plan year beginning 01/	/01/2013	and ending 1	2/31/2	2013	
A T	Γhis ret	turn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	oant plan
Вт	This ret	turn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year return	/report (less than 12 m	onths)	1	
C	Check t	box if filing under:	X Form 5558	automatic extension			DFVC progra	ım
			special extension (enter de	escription)				
Pa	rt II	Basic Plan Info	rmation—enter all requested	information				
		of plan				1b	Three-digit	
HEAL	THVISI	ION INTERNATIONAL	., INC. 403(B) PLAN				plan number (PN) ▶	001
						10	Effective date of	
						.0	01/01/	•
		ponsor's name and add	dress; include room or suite nui L, INC.	mber (employer, if for a single-	employer plan)	2b	Employer Identif	fication Number 08912
						2c	Sponsor's telep	
		TH ST., SUITE 201 VA 98403				2d		see instructions)
							62111	1
3a	Plan ad	dministrator's name an	nd address XSame as Plan Sp	onsor Name Same as Plan	Sponsor Address	3b	Administrator's I	EIN
						3с	Administrator's t	telephone number
4	If the r	name and/or EIN of the	e plan sponsor has changed sin	 nce the last return/report filed fo	r this plan, enter the	4h	EIN	
-			mber from the last return/report.		. tino pian, onto tino	76	LIIV	
а	Sponso	or's name				4c	PN	
5a	Total r	number of participants	at the beginning of the plan year	ar		5a		3
b	Total r	number of participants	at the end of the plan year			5b		3
С			account balances as of the end			5c		2
6a	Were	all of the plan's assets	s during the plan year invested i	in eligible assets? (See instruct	tions.)			X Yes No
b	,	U	the annual examination and re			,		X Yes □ No
			? (See instructions on waiver eli					M 163 140
c			it plan, is it covered under the F					Not determined
•		•	·		<u> </u>	Ц		1101 4010
_		, manalis, far iba lata .				_		
		•	or incomplete filing of this ret					-bl 0-bd-l-
Unde SB c	er pena or Sche	alties of perjury and oth	her penalties set forth in the ins nd signed by an enrolled actuar	structions, I declare that I have	examined this return/re	oort, in	cluding, if application	
Unde SB o belie	er pena or Sche ef, it is t	alties of perjury and oth edule MB completed ar true, correct, and comp	her penalties set forth in the ins nd signed by an enrolled actuar	structions, I declare that I have	examined this return/re	oort, in	cluding, if application	
Unde SB c belie	er pena or Sche ef, it is t	alties of perjury and oth edule MB completed ar true, correct, and comp	her penalties set forth in the ins nd signed by an enrolled actuar plete.	structions, I declare that I have	examined this return/re	oort, in	ncluding, if applicate to the best of my	knowledge and
Unde SB o belie SIGN HER	er pena or Sche ef, it is t N RE	alties of perjury and oth edule MB completed arture, correct, and completed with authorized/	her penalties set forth in the ins nd signed by an enrolled actuar plete.	structions, I declare that I have e ry, as well as the electronic vers	examined this return/report	oort, in	ncluding, if applicate to the best of my	knowledge and
Unde SB o belie	er pena or Sche ef, it is t N RE	alties of perjury and othedule MB completed artrue, correct, and completed with authorized/	ther penalties set forth in the instance signed by an enrolled actuar polete. I walid electronic signature. I dministrator	structions, I declare that I have ery, as well as the electronic vers	examined this return/report sion of this return/report Enter name of individ	oort, in	icluding, if applicate to the best of my	knowledge and
Unde SB c belie SIGN HER	er pena or Sche ef, it is t N RE	alties of perjury and othedule MB completed artrue, correct, and completed with authorized/Signature of plan articles.	ther penalties set forth in the instance signed by an enrolled actuar polete. I walid electronic signature. I dministrator	structions, I declare that I have erry, as well as the electronic vers Date Date	examined this return/reportsion of this return/report Enter name of individ Enter name of individ	oort, in ;, and t ual sig	icluding, if applicate to the best of my ining as plan adnuring as employe	knowledge and
Unde SB c belie SIGN HER	er pena or Sche ef, it is t N RE	alties of perjury and othedule MB completed artrue, correct, and completed with authorized/Signature of plan articles.	her penalties set forth in the insind signed by an enrolled actuar plete. valid electronic signature. dministrator yer/plan sponsor	structions, I declare that I have erry, as well as the electronic vers Date Date	examined this return/reportsion of this return/report Enter name of individ Enter name of individ	oort, in ;, and t ual sig	icluding, if applicate to the best of my ining as plan adnuring as employe	ninistrator or or plan sponsor
Unde SB c belie SIGN HER	er pena or Sche ef, it is t N RE	alties of perjury and othedule MB completed artrue, correct, and completed with authorized/Signature of plan articles.	her penalties set forth in the insind signed by an enrolled actuar plete. valid electronic signature. dministrator yer/plan sponsor	structions, I declare that I have erry, as well as the electronic vers Date Date	examined this return/reportsion of this return/report Enter name of individ Enter name of individ	oort, in ;, and t ual sig	icluding, if applicate to the best of my ining as plan adnuring as employe	ninistrator or or plan sponsor
Unde SB c belie SIGN HER	er pena or Sche ef, it is t N RE	alties of perjury and othedule MB completed artrue, correct, and completed with authorized/Signature of plan articles.	her penalties set forth in the insind signed by an enrolled actuar plete. valid electronic signature. dministrator yer/plan sponsor	structions, I declare that I have erry, as well as the electronic vers Date Date	examined this return/reportsion of this return/report Enter name of individ Enter name of individ	oort, in ;, and t ual sig	icluding, if applicate to the best of my ining as plan adnuring as employe	ninistrator or or plan sponsor

Form 5500-SF 2013 Page **2**

Pai	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Reginning of Voc	ır.	T		(b) End	of V	nar.	
	Total plan assets	7a	(a) Beginning of Yea 51950				(b) Ella		24263	<u> </u>
<u>u</u>	Total plan liabilities	7b	0.000						12 1200	
	Net plan assets (subtract line 7b from line 7a)	7c	51950	3				4	24263	<u> </u>
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) 1			
	Contributions received or receivable from:		(a) Amount				(15)	Otal		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)	4503	3						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	3723	0						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							82263	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	17750	0						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		3						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	77503	3
<u>i</u>	(3) Others (including rollovers)		-95240)						
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a		eature co	des from the List of Plan Chara	acteris	tic Co	odes in	the instruc	ctions	:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Charac	cteristi	c Coc	des in t	he instruct	ions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amo	ount	
а				10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	•	•	10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Χ					25800
d	Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty?	-	= -	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other			100						
	insurance service, or other organization that provides some or all of	of the ben	efits under the plan? (See			X				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	X					82305
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	•		10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	•					•		Yes	X No
11a	Enter the unpaid minimum required contribution for current year fro					11a				
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	Ιп	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•		. O. O.	J., OII .	30 <u>2</u> 01	_, ,,,,,,,,	1	. 33	ш
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortiz	ed in this plan year, see instru		and e	enter th	ne date of	the le Yea		ing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					- 47		. 50		
	Enter the minimum required contribution for this plan year					12b				

Page	3 -	1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2013

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	ioni gameny corporation		Complete all entries in a		ce with the instruc	tions to the Form 550	30-SF.		
Part I	Annual Report r plan year 2013 or fis		ntification Information	1/2013		and ending	12/31/	2042	unut s
	1,77	X	a single-employer plan					pres.	
	um/report is for:					an (not multiemployer)		a one-partici	pant plan
B This retu	ım/report is:	H	the first return/report		final return/report				
			an amended return/report			/report (less than 12 n	nonths		
C Check b	ox if filing under.	X	Form 5558	П	tomatic extension			☐ DFVC progra	am
D. Colles	Desir Dies lefe	L	special extension (enter desc						
Part II		rm	ation—enter all requested in	formatio	n		11h	Three-digit	T
1a Name of	or pian International, Inc. 403	3(b)	Plan			*	10	plan number	
· iouiu ivioioii	menasonan, mar vac	,(~)	1 100.7					(PN) ▶	001
				2000			10	Effective date of 01/01/2	
	onsor's name and ad International, Inc.	dres	ss; include room or suite numb	er (empl	oyer, if for a single-	employer plan)	2b	Employer Ident (EIN) 91-170	
2000 N 20th	Ot 5::30 204						2c	Sponsor's telep (253) 77	
Tacoma, WA	St., Suite 201						2d	Business code 62111	(see instructions)
	AND THE PERSON NAMED IN COLUMN 1	nd a	ddress XSame as Plan Spon	sor Nam	e Same as Plan	Sponsor Address	3b	Administrator's	EIN
							3c	Administrator's	telephone number
			an sponsor has changed since	the last	return/report filed for	or this plan, enter the	4b	EIN	
a Sponso		mbe	r from the last return/report.				40	PN	
	The statement of the st	att	he beginning of the plan year.			******************************	-	T	3
b Total n	umber of participants	att	he end of the plan year		***************************************		-		3
	THE LEW WASHINGTON AND SOLD OF BUILDING		ount balances as of the end of	The property of			-		2
		1511	ring the plan year invested in					***************************************	Yes No
under	29 CFR 2520.104-46	? (S	e annual examination and repo ee instructions on waiver eligi r line 6a or line 6b, the plan	bility and	conditions.)				Yes No
C If the p	lan is a defined bene	fit pl	an, is it covered under the PB	GC insu	rance program (see	ERISA section 4021)?	[Yes No [Not determined
		_	ncomplete filing of this return						
SB or Sche	Ities of perjury and ot dule MB completed a rue, correct, and com	nd s	penalties set forth in the instruigned by an enrolled actuary, e.	as well a	declare that I have is the electronic ven	examined this return/re sion of this return/repo	port, i rt, and	ncluding, if applic to the best of my	cable, a Schedule y knowledge and
SIGN (Kenne	12	& Bahher		10-14-14	Kenneth L. Bakken			CANAL CONTRACTOR OF THE CONTRA
HERE	Signature of plan a	dm	inistrator		Date	Enter name of indivi	dual si	gning as plan ad	ministrator
SIGN			- Pilling -						
HERE	Signature of emplo	yer	/plan sponsor		Date	Enter name of individ	dual si	gning as employe	er or plan sponsor
Preparer's i			e, if applicable) and address; i	include r	oom or suite numbe				e number (optional)
			*						

Par	till Financial Information	***************************************					
7	Plan Assets and Liabilities	阿拉斯 亚	(a) Beginning of Yea	ar			(b) End of Year
a	Total plan assets	7a	51950				424263
b	Total plan liabilities	. 7b			7		
	Net plan assets (subtract line 7b from line 7a)	. 7c	51950	3	T		424263
8	Income, Expenses, and Transfers for this Plan Year	56975	(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	. 8a(1)	1	0			
	(2) Participants		4503	3	7/2	10.20	Spanie (Spanie) varia
	(3) Others (including rollovers)			0	019		
b	Other income (loss)		3723	0	333		
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		NI S			82263
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		17750	0			
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0	1964		evoj, sadvejo aktioni
f	Administrative service providers (salaries, fees, commissions)	. 8f		3	192		
g	Other expenses	. 8g	- XIII	,,,,,,,	i i	546	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			464	銀 -		177503
-	Net income (loss) (subtract line 8h from line 8c)						-95240
_	Transfers to (from) the plan (see instructions)	-					
Par	t IV Plan Characteristics	1 9	Andrew Commencer			2.232	The second of th
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2M 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the compliance Questions						A
10	During the plan year:	-			Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.)			10a		х	
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not i	nclude transactions reported	10b		Х	912.000
C	Was the plan covered by a fidelity bond?			10c	Х		25800
-	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity box	nd, that was caused by fraud	10d		х	
е	Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)	her persons of the ben	s by an insurance carrier, efits under the plan? (See	10e		x	
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	nd.)	10g	Х		82305
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x	
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10i			
Parl	VI Pension Funding Compliance						-13,1-10-11-1
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year f	rom Sched	ule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA? Yes No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			-			
а	If a waiver of the minimum funding standard for a prior year is bei	ing amortiza	ed in this plan year, see instru		, and e	enter the Day	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedu						
b	Enter the minimum required contribution for this plan year		************************************			12b	

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C Enter the amount contributed by the employ	yer to the plan for this plan year		12c		
d Subtract the amount in line 12c from the am negative amount)			12d		
e Will the minimum funding amount reported	on line 12d be met by the fundir	ng deadline?		Yes	No N/A
Part VII Plan Terminations and Tran	sfers of Assets				
13a Has a resolution to terminate the plan been ad	opted in any plan year?		Y	es X N	0
If "Yes," enter the amount of any plan asse	ts that reverted to the employer	this year	13a		
b Were all the plan assets distributed to partio					Yes X N
C If during this plan year, any assets or liability which assets or liabilities were transferred.		lan to another plan(s), identify the plan(s) to		
13c(1) Name of plan(s):		The second secon	13c(2) El	N(s)	13c(3) PN(s
Part VIII Trust Information (optional)	The same services and same	and the second s			
14a Name of trust	VA. 1	AND THE PARTY OF T	14b Tr	ust's EIN	

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