

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 section 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.		OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection																																																																									
Part IAnnual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 A This return/report is for: ☒ single-employer plan☐ multiple-employer plan (not multiemployer)☐ one-participant plan B This return/report is for: ☐ first return/report☐ final return/report ☐ an amended return/report☐ short plan year return/report (less than 12 months) C Check box if filing under: ☒ Form 5558☐ automatic extension☐ DFVC program ☐ special extension (enter description)																																																																													
Part II Basic Plan Information—enter all requested information 1a Name of plan AMERICAN MEDICAL TECHNOLOGY, INC. CASH BALANCE PENSION PLAN 1b Three-digit plan number (PN) ▶ 002 1c Effective date of plan 01/01/2008 2a Plan sponsor's name and address (employer, if for single-employer plan) AMERICAN MEDICAL TECHNOLOGY, INC. 8000 KATHERINE BOULEVARD BRECKVILLE, OH 44141 2b Employer Identification Number (EIN) 34-1585439 2c Plan sponsor's telephone number 440-717-4227 2d Business code (see instructions) 621111 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") AMERICAN MEDICAL TECHNOLOGY, INC. 8000 KATHERINE BOULEVARD BRECKVILLE, OH 44141 3b Administrator's EIN 34-1585439 3c Administrator's telephone number 440-717-4227 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. Sponsor's name 4b EIN 4c PN 5a Total number of participants at the beginning of the plan year 62 5b Total number of participants at the end of the plan year 56 5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes☐ No 6b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes☐ No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.																																																																													
Part III Financial Information <table><tr><td>7 Plan Assets and Liabilities</td><td></td><td>(a) Beginning of Year</td><td>(b) End of Year</td></tr><tr><td>a Total plan assets</td><td>7a</td><td>412174</td><td>699814</td></tr><tr><td>b Total plan liabilities</td><td>7b</td><td>0</td><td>0</td></tr><tr><td>c Net plan assets (subtract line 7b from line 7a)</td><td>7c</td><td>412174</td><td>699814</td></tr></table> <table><tr><td>8 Income, Expenses, and Transfers for this Plan Year</td><td></td><td>(a) Amount</td><td>(b) Total</td></tr><tr><td>a Contributions received or receivable from:</td><td></td><td></td><td></td></tr><tr><td>(1) Employers</td><td>8a(1)</td><td>295253</td><td></td></tr><tr><td>(2) Participants</td><td>8a(2)</td><td>0</td><td></td></tr><tr><td>(3) Others (including rollovers)</td><td>8a(3)</td><td>0</td><td></td></tr><tr><td>b Other income (loss)</td><td>8b</td><td>-7613</td><td></td></tr><tr><td>c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</td><td>8c</td><td></td><td>287640</td></tr><tr><td>d Benefits paid (including direct rollovers and insurance premiums to provide benefits)</td><td>8d</td><td>0</td><td></td></tr><tr><td>e Certain deemed and/or corrective distributions (see instructions)</td><td>8e</td><td>0</td><td></td></tr><tr><td>f Administrative service providers (salaries, fees, commissions)</td><td>8f</td><td>0</td><td></td></tr><tr><td>g Other expenses</td><td>8g</td><td>0</td><td></td></tr><tr><td>h Total expenses (add lines 8d, 8e, 8f, and 8g)</td><td>8h</td><td></td><td>0</td></tr><tr><td>i Net income (loss) (subtract line 8h from line 8c)</td><td>8i</td><td></td><td>287640</td></tr><tr><td>j Transfers to (from) the plan (see instructions)</td><td>8j</td><td>0</td><td></td></tr></table>						7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year	a Total plan assets	7a	412174	699814	b Total plan liabilities	7b	0	0	c Net plan assets (subtract line 7b from line 7a)	7c	412174	699814	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total	a Contributions received or receivable from:				(1) Employers	8a(1)	295253		(2) Participants	8a(2)	0		(3) Others (including rollovers)	8a(3)	0		b Other income (loss)	8b	-7613		c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		287640	d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0		e Certain deemed and/or corrective distributions (see instructions)	8e	0		f Administrative service providers (salaries, fees, commissions)	8f	0		g Other expenses	8g	0		h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0	i Net income (loss) (subtract line 8h from line 8c)	8i		287640	j Transfers to (from) the plan (see instructions)	8j	0	
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.				Form 5500-SF (2010) v.092308.1																																																																									

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1C 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**Part V Compliance Questions**

	Yes	No	Amount
10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		100000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)**a** 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 letter ruling granting the waiver. Month _____ Day _____ Year _____**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

b Enter the minimum required contribution for this plan year.....	12b	
c 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	
e 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 during the plan year or any prior year? ☐ Yes ☒ NoIf "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 control of the PBGC? ☐ Yes ☒ No**c** 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	10/17/2011	GEORGE PICHA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2011	GEORGE PICHA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>AMERICAN MEDICAL TECHNOLOGY, INC. CASH BALANCE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AMERICAN MEDICAL TECHNOLOGY, INC.</u>	D Employer Identification Number (EIN) <u>34-1585439</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>404561</u>
b	Actuarial value 2b <u>404561</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>0</u> <u>0</u>
b	For terminated vested participants 3b <u>0</u> <u>0</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>14084</u>
(2)	Vested benefits 3c(2) <u>439828</u>
(3)	Total active 3c(3) <u>56</u> <u>453912</u>
d	Total 3d <u>56</u> <u>453912</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>4.38</u> %
6	Target normal cost 6 <u>235681</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>09/28/2011</u>
Signature of actuary	Date
<u>WESTON R. JONES</u>	<u>11-02241</u>
Type or print name of actuary	Most recent enrollment number
<u>BENETECH, INC.</u>	<u>916-484-6811</u>
Firm name	Telephone number (including area code)
<u>3947 LENNANE DRIVE, SUITE 250</u> <u>SACRAMENTO, CA 95834</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2010
v.092308.1

Part II	Beginning of year carryover and prefunding balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of _____%		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	89.12 %
15	Adjusted funding target attainment percentage.....	15	98.74 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	89.60 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and liquidity shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/14/2011	295253				
Totals ▶			18(b)	295253	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 276377
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 3.14 %	2nd segment: 5.90 %	3rd segment: 6.45 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	235681
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	49351	8373
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	244054
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	244054
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	276377
38 Interest-adjusted excess contributions for current year (see instructions).....	38	32323
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

**AMERICAN MEDICAL TECHNOLOGY, INC.
CASH BALANCE PENSION PLAN**

Summary of Plan Provisions
Plan Year: 1/1/2010 to 12/31/2010

Plan Effective Date	January 1, 2008
Plan Year	From January 1 to December 31
Eligibility	All employees not excluded by class are eligible to enter on the date coincident with or following the completion of the following requirements: 0 year of service Excludes nonresident alien, collective bargaining employees, and leased employees
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on the later of the following: Attainment of age 62 Completion of 5 years of participation
Normal Retirement Benefit	Based on their group classification, participants receive a cash balance contribution equal to a percentage of compensation as follows: Class I Allocation for Dr. Picha: \$204,928.00 Class II Allocation for Others: \$500.00; Button Assembler, Bookkeeper, Paid Printer, Assembler/Set Feeder, Shipping, Administrative Assistant, and Summer Help Maximum benefit is \$16,250 per month Maximum percent of salary is 100%
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	A fraction of the normal retirement benefit calculated based on the assumption that the average salary preceding termination equals the average salary at retirement such fraction being equal to the years to date divided by what the years at retirement would have been had employment continued until retirement, but not taking into account more than 10 credited years Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following: Years before the effective date

**AMERICAN MEDICAL TECHNOLOGY, INC.
CASH BALANCE PENSION PLAN**

Summary of Plan Provisions
Plan Year: 1/1/2010 to 12/31/2010

Termination Benefit

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	0
3	100

Credited years are years commencing with the date of hire and ending with the retirement year excluding the following:

Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Top-heavy minimum benefits are provided under another plan of the employer: American Medical technology, Inc. Profit Sharing Plan.

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Disability

Equal to present value of the accrued benefit

AMERICAN MEDICAL TECHNOLOGY, INC.
CASH BALANCE PENSION PLAN

EIN: 34-1585439 PN: 002

2010 Schedule SB Attachment
Optional Forms of Benefit

The plan's normal form of payment is a Life Only annuity, payable for the life of the participant.

For married participants, the actuarial equivalence of this benefit will be paid in the form of a Joint and 50% Survivor annuity unless the participant elects a different form of payment and the spouse consents in writing. This benefit is payable for the life of the participant, with 50% payable to the surviving spouse for his/her lifetime. Payments cease on the death of the participant and spouse.

The following forms of payment are also available:

Life With 5 Years Certain	Payable for the life of the participant. If the participant dies before receiving payments for 5 full years, payments will continue to his/her surviving beneficiary for the remainder of the 5-year period and then stop.
Life With 10 Years Certain	Payable for the life of the participant. If the participant dies before receiving payments for 10 full years, payments will continue to his/her surviving beneficiary for the remainder of the 10-year period and then stop.
Life With 15 Years Certain	Payable for the life of the participant. If the participant dies before receiving payments for 15 full years, payments will continue to his/her surviving beneficiary for the remainder of the 15-year period and then stop.
Life With 20 Years Certain	Payable for the life of the participant. If the participant dies before receiving payments for 20 full years, payments will continue to his/her surviving beneficiary for the remainder of the 20-year period and then stop.
Joint and 100% Survivor	Payable for the life of the participant and his/her beneficiary. Payments cease on the death of both.
Joint and 50% Survivor	Payable for the life of the participant. If the participant dies before his/her beneficiary, 50% of the benefit will continue for the life of the beneficiary.
Installments	Periodic payments for a time period selected by the participant. If the participant dies before the end of the selected time period, payments will continue to his/her surviving beneficiary. All payments cease at the end of the selected time period. This is not a lifetime payment option.
Single Lump Sum	This is a one-time payment of the lump sum equivalent of the plan's normal form of benefit.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2010**This Form is Open to Public
Inspection**For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan

AMERICAN MEDICAL TECHNOLOGY, INC. CASH BALANCE PENSION PLAN

B Three-digit
plan number (PN) ▶

002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

AMERICAN MEDICAL TECHNOLOGY, INC.

D Employer Identification Number (EIN)

34-1585439

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 12 Day 31 Year 2010**2** Assets:

	2a	2b
a Market value.....	404,561	
b Actuarial value.....		404,561

3 Funding target/participant count breakdown**(1) Number of participants****(2) Funding Target**

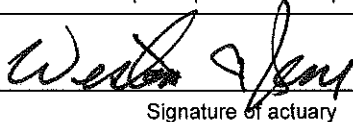
	3a	3b	3c(1)	3c(2)	3c(3)	3d
a For retired participants and beneficiaries receiving payment.....	0	0				
b For terminated vested participants.....	0	0				
c For active participants:						
(1) Non-vested benefits.....				14,084		
(2) Vested benefits.....				439,828		
(3) Total active.....	56			453,912		
d Total.....	56			453,912		

4 If the plan is at-risk, check the box and complete items (a) and (b) ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions.....		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....		

5 Effective interest rate..... **5** 4.38 %**6** Target normal cost..... **6** 235,681**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**
Signature of actuary

9-28-2011

Date

WESTON R. JONES

11-02241

Type or print name of actuary

Most recent enrollment number

BENETECH, INC.

(916) 484-6811

3947 LENNANE DRIVE, SUITE 250 Firm name

Telephone number (including area code)

SACRAMENTO

CA 95834

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus Item 8)	0	0
10 Interest on item 9 using prior year's actual return of _____ %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of _____ %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	89.12 %
15 Adjusted funding target attainment percentage	15	98.74 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.60 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/14/2011	295,253				
Totals ▶			18(b)	295,253	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	276,377

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:

1st segment: 3.14 %	2nd segment: 5.90 %	3rd segment: 6.45 %	☐ N/A, full yield curve used
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b Applicable month (enter code) **21b** 0**22** Weighted average retirement age **22** 62**23** Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment. **27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0**Part VIII Minimum required contribution for current year****31** Target normal cost, adjusted, if applicable (see instructions) **31** 235,681

Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	49,351	8,373
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33** 0**34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) **34** 244,054

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) **36** 244,054**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 276,377**38** Interest-adjusted excess contributions for current year (see instructions) **38** 32,323**39** Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0**40** Unpaid minimum required contribution for all years **40** 0

Attachment to 2010 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name AMERICAN MEDICAL TECHNOLOGY, INC. CASH BALANCE PENSION PLAN **EN:** 34-1585439
Plan Sponsor's Name AMERICAN MEDICAL TECHNOLOGY, INC. **PN:** 002

The weighted average retirement age is equal to the normal retirement age of 62.

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

The Normal Retirement Age (NRA) is defined in the Plan Provisions as the later of age 62 and 5 years of participation.

The assumed probability of retirement at the older of NRA or attained age is 100%, and 0% at all other ages.

The Average Retirement Age is the mean of the NRAs for all plan participants.

Attachment to 2010 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name AMERICAN MEDICAL TECHNOLOGY, INC. CASH BALANCE PENSION PLAN **EIN:** 34-1585439
Plan Sponsor's Name AMERICAN MEDICAL TECHNOLOGY, INC. **PN:** 002

Describe all non-prescribed actuarial assumptions used to determine the funding target and target normal cost. Also, describe the method for determining the actuarial value of assets and any other aspects of the funding method for determining the Schedule SB entries that are not prescribed by law.

Retirement age: Each participant is assumed to retire at the later of Normal Retirement Age or attained age.

Withdrawal rates: None.

Benefit form: 100% of participants are assumed to elect lump sum distributions.

Mortality tables are applied on a static basis, using combined mortality tables.

Expected increase in compensation: None.

Assumptions to convert balances to annuities: 4.19% pre-retirement interest, 4.19% post-retirement interest, 2010 Applicable Mortality Table under IRC Section 417(e)(3).

Actuarial value of assets: Fair Market Value

Plan Name	AMERICAN MEDICAL TECHNOLOGY, INC. CASH BALANCE PENSION PLAN	PN:	004-1585439
Plan Sponsor's Name	AMERICAN MEDICAL TECHNOLOGY, INC.	PN:	002

[illegible]

Schedule SB, line 32 - Schedule of Amortization Bases

Plan Sponsor's Name	AMERICAN MEDICAL TECHNOLOGY, INC.	PN:	002
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