

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</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>EXTRUMED, INC. 401(K) PROFIT SHARING 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>01/01/2002</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2002</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2002</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>EXTRUMED, INC.</u> <u>547 TRM CIRCLE</u> <u>CORONA, CA 92879</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>33-0682735</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>714-993-4100</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>33-0682735</u>	2c Sponsor's telephone number <u>714-993-4100</u>	2d Business code (see instructions) <u>541990</u>	
2b Employer Identification Number (EIN) <u>33-0682735</u>					
2c Sponsor's telephone number <u>714-993-4100</u>					
2d Business code (see instructions) <u>541990</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.	08/24/2012	APUR LATHIYA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/24/2012	APUR LATHIYA
	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

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") EXTRUMED, INC. 547 TRM CIRCLE CORONA, CA 92879	3b Administrator's EIN 33-0682735 3c Administrator's telephone number 714-993-4100
---	---

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	142
---	----------	-----

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	146
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	19
d Subtotal. Add lines 6a , 6b , and 6c	6d	165
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	165
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	149
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

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 Characteristic Codes in the instructions:

2E 2J 2G 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>EXTRUMED, INC. 401(K) PROFIT SHARING 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>EXTRUMED, INC.</u>	D Employer Identification Number (EIN) <u>33-0682735</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	
<u>CALPENSION INC.</u>	<u>P.O. BOX 3580</u> <u>LAGUNA HILLS, CA 92654</u>
<u>33-0856944</u>	

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
<u>CRAIG WORKINGER CPA S INC.</u>	<u>629 CAMINO DEL LOS MARES, STE. 307</u> <u>SAN CLEMENTE, CA 92673</u>
<u>36-4547237</u>	

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

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

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

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

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

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

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

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

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

(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)

(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 ☐

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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>EXTRUMED, INC. 401(K) PROFIT SHARING 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>EXTRUMED, INC.</u>	D Employer Identification Number (EIN) <u>33-0682735</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	0	
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	8199	0
	(2) Participant contributions	1b(2)		22
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)	68403	109358
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(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)	1327041	1461796
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1403643	1571176

Liabilities

g Benefit claims payable	1g	3758	145
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		3801
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3758	3946

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1399885	1567230
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	149318	
(B) Participants	2a(1)(B)	209920	
(C) Others (including rollovers)	2a(1)(C)	35351	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		394589
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	5797	
(F) Other	2b(1)(F)	96	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5893
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		-37065
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		363417

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	171840	
(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)		171840
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		6397
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	17835	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		17835
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		196072

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		167345
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: CRAIG WORKINGER CPA S INC. (2) EIN: 36-4547237

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
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.).....		X	
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.).....		X	
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		50000
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.).....			
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.			
4n			

- 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)

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

**REPORT ON AUDIT OF
FINANCIAL STATEMENTS**

DECEMBER 31, 2011

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

REPORT ON AUDIT OF FINANCIAL STATEMENTS
December 31, 2011 and 2010

Independent Auditors' Report

Financial Statements

Statements of Net Assets Available for Benefits, December 31, 2011 and 2010	1-2
--	------------

Statement of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2011 and 2010	3
---	----------

Notes to Financial Statements	4-8
--------------------------------------	------------

Supplemental Schedule

Schedule H, Line 4i – Schedule of Assets (Held at End of Year), December 31, 2011 and 2010	9-11
---	-------------

CRAIGWORKINGER CPA

629 Camino de Los Mares, # 307, San Clemente, CA 92673

Phone: 949-218-3224, Facsimile: 949-218-3225

INDEPENDENT AUDITOR'S REPORT

To the Trustees of:
Extrumed, Inc. 401(k) Profit Sharing Plan

We have audited the accompanying statement of net assets available for benefits of the Extrumed, Inc. 401(k) Profit Sharing Plan as of December 31, 2011, and the related statement of changes in net assets available for benefits with fund information for the year then ended. These financial statements are the responsibility of the Plan's Trustees. Our responsibility is to express an opinion on these financial statements based on our audit.

Except as discussed in the following paragraph, we conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provide a reasonable basis for our 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 information summarized in Note 4, which was certified by John Hancock Life Insurance Company (U.S.A.), the trustee of the plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

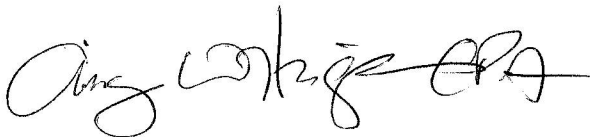
To the Trustees of:
Extrumed, Inc. 401(k) Profit Sharing Plan

In our opinion, except for the effects of such adjustments, if any, as might have determined to be necessary had we performed procedures with respect to the information summarized in Note 4, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Extrumed, Inc. 401(k) Profit Sharing Plan as of December 31, 2011, and the changes in its net assets available for benefits for the year then ended, in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2011, is presented for the purpose of additional analysis and are not a required part of the basic financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The schedule is the responsibility of the Plan's Trustees. Such schedule has been subjected to the auditing procedures applied in our audit of the basic financial statements and, in our opinion, except for the effects of such adjustments, if any, as might have determined to be necessary had we performed procedures with respect to the information summarized in Note 4 as described in the second preceding paragraph, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

We have compiled the accompanying statement of net assets available for benefits of the Extrumed, Inc. 401(k) Profit Sharing Plan as of December 31, 2010, and the related statement of changes in net assets available for benefits with the fund information for the year then ended, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of the Plan's Trustees. We have not audited or reviewed the accompanying statement of net assets available for benefits as of December 31, 2010, and the related statement of changes in net assets available for benefits with the fund information for the year then ended, and accordingly, do not express an opinion or any other form of assurance on them.

A handwritten signature in black ink, appearing to read "Craig Workinger CPA". The signature is fluid and cursive, with the letters "CRAIG WORKINGER CPA" clearly legible.

CRAIG WORKINGER CPA
August 22, 2012

EXTRUMED, INC. 401(k) PROFIT SHARING PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2011 and 2010

	2011	2010
		COMPILED
ASSETS		
Retirement Choices at 2010	\$ 6,529	\$ -
Retirement Choices at 2015	\$ 3,544	\$ -
Retirement Choices at 2020	\$ 20,800	\$ -
Retirement Choices at 2030	\$ 16,953	\$ -
Retirement Choices at 2035	\$ 37,859	\$ -
Retirement Choices at 2040	\$ 18,545	\$ -
Retirement Choices at 2045	\$ 2,298	\$ -
Retirement Choices at 2050	\$ 248,263	\$ -
Retirement Living at 2010	\$ 7,923	\$ -
Retirement Living at 2015	\$ 7,026	\$ 5,212
Retirement Living at 2020	\$ 17,945	\$ 18,755
Retirement Living at 2025	\$ 9,997	\$ 5,278
Retirement Living at 2030	\$ 690	\$ 21,608
Retirement Living at 2035	\$ 982	\$ -
Retirement Living at 2040	\$ 379	\$ 146,332
Retirement Living at 2045	\$ 22,713	\$ 11,857
Retirement Living at 2050	\$ 684	\$ -
Lifestyle Conservative	\$ 75,429	\$ 67,667
Lifestyle Moderate	\$ 34,803	\$ 22,920
Lifestyle Balanced	\$ 331,072	\$ 289,914
Lifestyle Growth	\$ 102,039	\$ 119,670
Lifestyle Aggressive	\$ 106,863	\$ 93,895
10 YR Comp	\$ 4,036	\$ 1,735
5 YR Comp	\$ 2,406	\$ 1,037
3 YR Comp	\$ 7,039	\$ 13,257
Money	\$ 49,842	\$ 187,902
Short-term Federal	\$ 3,250	\$ 1,618
PIMCO Total Return	\$ 1,767	\$ 870
T Rowe Price Spectrum Inc	\$ 14	\$ 21,490
High Yield	\$ -	\$ 22,282
Mutual Global Discovery	\$ 449	\$ 211
American Balanced Fund	\$ 1,561	\$ 1,205
Mutual Beacon	\$ 37,265	\$ 37,086
500 Index Fund	\$ 13,916	\$ 1,654
T Rowe Price Equity Inc	\$ 2,719	\$ 2,199
Davis New York Venture	\$ 1,379	\$ 1,023
Fundamental Large Cap Value	\$ 1,425	\$ 1,025
Total Stock Market Index Fund	\$ 10,573	\$ -
MFS Utilities	\$ 15,485	\$ 18,948
JPM MidCap Value Fund	\$ 2,691	\$ 4,627
VS ALLCPVL	\$ -	\$ 886
Domini Social Equity	\$ 14	\$ -
Templeton World	\$ 15,316	\$ 14,639
Capital Appreciation Fund	\$ 388	\$ 2,183

EXTRUMED, INC. 401(k) PROFIT SHARING PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS (continued)

December 31, 2011 and 2010

	2011	2010
		COMPILED
ASSETS		
Fundamental All Cap Core Fund	\$ 19,609	\$ 17,781
Oppenheimer Global	\$ 28,171	\$ 38,240
T Rowe Price Sml Cap Val	\$ 7,250	\$ 7,284
Mid Cap Index Fund	\$ 10,608	\$ 5,734
Franklin Balance Sheet	\$ 19,102	\$ 20,195
Blue Chip Growth Fund	\$ 1,266	\$ 664
T Rowe Price Health Science	\$ 24,862	\$ 13,485
Franklin Small-Mid Growth	\$ 222	\$ 201
EuroPacific Growth Fund	\$ 368	\$ 360
Inv Small Cap Growth	\$ 2,871	\$ 2,229
American Century Heritage	\$ 16,372	\$ -
Small Cap Index Fund	\$ 219	\$ 197
Financial Services Fund	\$ 188	\$ 174
Vista	\$ -	\$ 13,209
Intl Equity Index Fund	\$ 903	\$ 7,841
Small Cap Growth Index	\$ 9,963	\$ 204
T Rowe Price Science & Tech	\$ 11,621	\$ 2,597
Columbia Value & Restructuring	\$ 5,034	\$ 5,736
Mid Cap Stock Fund	\$ 7,794	\$ -
Intl Value Fund	\$ 5,483	\$ 4,090
Oppenheimer Developing Market	\$ 30,263	\$ 45,256
Intl Small Cap Fund	\$ 191	\$ 200
Real Estate Securities Fund	\$ 14,565	\$ 2,379
Loan SA 1	\$ 96,079	\$ 56,020
Loan SA 2	\$ 5,709	\$ 6,373
Loan SA 3	\$ 7,570	\$ 6,010
 Total Investments (at Fair Value)	 \$ 1,571,154	 \$ 1,395,444
 Receivables:		
Employer's Contributions	-	8,199
Participants' Contributions	22	-
 Total Receivables	 22	 8,199
 Total Assets	 1,571,176	 1,403,643
 LIABILITIES		
 Benefits Payable	3,946	3,758
 Total Liabilities	 3,946	 3,758
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>1,567,230</u>	 <u>1,399,885</u>

EXTRUMED, INC. 401(k) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u> COMPILED
ADDITIONS		
Additions to Net Assets attributed to:		
Investment Income:		
Net Change in Fair Value of Investments	(37,065)	137,569
Interest	5,893	3,428
	<u>(31,172)</u>	<u>140,997</u>
Contributions:		
Participants'	209,920	192,279
Employer's	149,318	174,041
Rollovers	35,351	31,156
	<u>394,589</u>	<u>397,476</u>
Total Additions	363,417	538,473
 DEDUCTIONS		
Deductions from Net Assets attributed to:		
Benefits Paid to Participants	178,237	147,213
Administration Expenses	17,835	15,141
	<u>196,072</u>	<u>162,354</u>
Total Deductions	196,072	162,354
 Net Increase	167,345	376,119
 NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>1,399,885</u>	<u>1,023,766</u>
End of Year	<u><u>1,567,230</u></u>	<u><u>1,399,885</u></u>

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS For the Year Ended December 31, 2011

NOTE 1- DESCRIPTION OF PLAN

The following description of the EXTRUMED, INC. 401(k) Profit Sharing Plan (“Plan”) provides only general information. Participant should refer to the Plan Document for a more comprehensive description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all full-time employees (with the exception of a collective bargaining unit or non-resident aliens) of EXTRUMED, INC. (“Company”) who have one year of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute the maximum amount allowed by the Internal Revenue Code. Participants may also contribute amounts representing rollover distributions from other qualified pension plans. The Company may contribute to participant accounts in addition to elective deferrals. Participants become eligible to participate in the Plan after one year of service. In the year a Participant becomes eligible, the Company contributes its required safe harbor match for that Participant calculated retroactively back to the beginning of the year in which eligibility was met.

Participant Accounts

Each participant’s account is credited with the participant’s contribution and allocations of their respective gain and loss. All salary deferrals are invested in participant segregated accounts.

Vesting

Participants are immediately vested in their salary deferral contributions and Company funded required safe harbor contributions plus actual earnings thereon. The vesting schedule for Employer discretionary matching contributions and Employer discretionary Profit Sharing is at the rate of 20% each year after 1 year of service (20% vested in second year – 40% vested in second year, 60% vested in the third year, 80% vested in the fourth year, and 100% vested in the fifth year).

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2011

Participant Loans

Participants may borrow multiple loans from the Plan for an amount not exceeding the lesser of \$50,000 or 50% of the vested interest in their account. The loans are secured by the vested balance in the participant's account and bear interest at variable annual rates.

Payments of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or roll-over to another eligible account. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Participants are also eligible to receive a hardship distribution of any or all of their respective vested funds.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair market value. Shares of registered mutual fund companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS For the Year Ended December 31, 2011

Payments of Benefits

Benefits are recorded when paid.

Plan Administrative Expenses

The Company is paying the costs of plan administration to a third party plan administrator, to an independent accountant for the cost of auditing this plan to meet compliance requirements, and to legal counsel to keep the plan documents and all filings in compliance. The Plan's participants pay for investment transaction fees and investment management fees.

NOTE 3 – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

Fair Value Measurements Using:			
	<u>Fair Value</u>	<u>Quoted Prices In Active Markets for Identical Assets (Level 1)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
December 31, 2011			
Mutual Funds	\$ 1,461,796	\$ 1,461,796	\$ —
Participant Loans	<u>109,358</u>	<u>—</u>	<u>109,358</u>
Total	<u>\$ 1,571,154</u>	<u>\$ 1,461,796</u>	<u>\$ 109,358</u>
December 31, 2010			
Mutual Funds	\$ 1,327,041	\$ 1,327,041	\$ —
Participant Loan	<u>68,403</u>	<u>—</u>	<u>68,403</u>
Total	<u>\$ 1,395,444</u>	<u>\$ 1,327,041</u>	<u>\$ 68,403</u>

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2011

SFAS No. 157, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad level: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on the quoted net asset values of the shares held by the Plan at the year-end. The fair value of common stock, corporate bonds, and U.S. Government securities are based on quoted market prices.

Level 3 Fair Value Measurements

The participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of the participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	<u>Participant Loans</u>	<u>Total</u>
December 31, 2011		
Beginning balance	\$ 68,403	\$ 68,403
Ending balance	<u>\$ 109,358</u>	<u>\$ 109,358</u>
December 31, 2010		
Beginning balance	\$ 39,221	\$ 39,221
Ending balance	<u>\$ 68,403</u>	<u>\$ 68,403</u>

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
For the Year Ended December 31, 2011

NOTE 4 – INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets.

	<u>December 31</u>	
	<u>2011</u>	<u>2010</u>
ASSETS		
Retirement Living at 2040		\$ 146,332
LifeStyle Balance	\$ 331,072	\$ 289,914
LifeStyle Growth	\$ 102,039	\$ 119,670
LifeStyle Aggressive	\$ 106,863	\$ 93,895
Retirement Choices at 2050	\$ 248,263	
Money Market Fund		\$ 187,902

NOTE 5 - PLAN TERMINATION

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in all their accounts.

NOTE 6 - SUBSEQUENT EVENT

There were no material reportable events subsequent to the plan's year-end.

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2011 and ending 12/31/2011

Name of plan

ExtruMed, Inc. 401(k) Profit Sharing Plan.

Employer Identification Number

33-0682735

Three-digit
plan number

001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Retirement Choices at 2010	Mutual Fund	6,523	6,529
	Retirement Choices at 2015	Mutual Fund	3,542	3,544
	Retirement Choices at 2020	Mutual Fund	20,711	20,800
	Retirement Choices at 2030	Mutual Fund	16,812	16,953
	Retirement Choices at 2035	Mutual Fund	37,555	37,859
	Retirement Choices at 2040	Mutual Fund	18,621	18,545
	Retirement Choices at 2045	Mutual Fund	2,300	2,298
	Retirement Choices at 2050	Mutual Fund	245,633	248,263
	Retirement Living at 2010	Mutual Fund	7,800	7,923
	Retirement Living at 2015	Mutual Fund	7,000	7,026
	Retirement Living at 2020	Mutual Fund	18,000	17,945
	Retirement Living at 2025	Mutual Fund	10,000	9,997
	Retirement Living at 2030	Mutual Fund	700	690
	Retireemnt Living at 2035	Mutual Fund	1,000	982
	Retirement Living at 2040	Mutual Fund	400	379
	Retirement Living at 2045	Mutual Fund	23,000	22,713
	Retirement Living at 2050	Mutual Fund	700	684
	Lifestyle Conservative	Mutual Fund	71,222	75,429
	Lifestyle Moderate	Mutual Fund	36,251	34,803
	Lifestyle Balanced	Mutual Fund	352,488	331,072
	Lifestyle Growth	Mutual Fund	104,444	102,039
	Lifestyle Aggresive	Mutual Fund	110,233	106,863
	10 YR Comp	Mutual Fund	4,099	4,036
	5 YR Comp	Mutual Fund	2,561	2,406
	3 YR Comp	Mutual Fund	7,548	7,039
	Money	Mutual Fund	49,842	49,842
	Short Term Federal	Mutual Fund	3,013	3,250
	PIMCO Total Return	Mutual Fund	1,865	1,767
	T Rowe Price Spectrum Inc	Mutual Fund	13	14
	Mutual Global Discovery	Mutual Fund	461	449
	American Balanced Fund	Mutual Fund	1,609	1,561
	Mutual Beacon	Mutual Fund	38,555	37,265
	500 Index Fund	Mutual Fund	14,547	13,916
	T Rowe Price Equity Inc	Mutual Fund	2,998	2,719
	Davis New York Venture	Mutual Fund	1,465	1,379
	Fundamental Large Cap Value	Mutual Fund	1,502	1,425
	Total Stock Market Index Fund	Mutual Fund	11,363	10,573
	MFS Utilities	Mutual Fund	16,949	15,485
	JPM MidCap Value Fund	Mutual Fund	3,622	2,691

See Independent Auditors' Report

Schedule H

Line 4i and 4j Totals

For the plan year beginning 01/01/2011 and ending 12/31/2011

Name of plan

ExtruMed, Inc. 401(k) Profit Sharing Plan.

Employer Identification Number

33-0682735

Three-digit
plan number

► 001

	(c) Costs of acquisitions	(d) Proceeds of dispositions
Totals for Schedule of Assets (Acquired and Disposed of Within Year)		

	(d) Cost	(e) Current value
Totals for Schedule of Assets (Held At End of Year)	1,629,200	1,571,154

Totals for Schedule of Reportable Transactions

(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2011 and ending 12/31/2011

Name of plan

ExtruMed, Inc. 401(k) Profit Sharing Plan.

Employer Identification Number

33-0682735

Three-digit
plan number

001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Retirement Choices at 2010	Mutual Fund	6,523	6,529
	Retirement Choices at 2015	Mutual Fund	3,542	3,544
	Retirement Choices at 2020	Mutual Fund	20,711	20,800
	Retirement Choices at 2030	Mutual Fund	16,812	16,953
	Retirement Choices at 2035	Mutual Fund	37,555	37,859
	Retirement Choices at 2040	Mutual Fund	18,621	18,545
	Retirement Choices at 2045	Mutual Fund	2,300	2,298
	Retirement Choices at 2050	Mutual Fund	245,633	248,263
	Retirement Living at 2010	Mutual Fund	7,800	7,923
	Retirement Living at 2015	Mutual Fund	7,000	7,026
	Retirement Living at 2020	Mutual Fund	18,000	17,945
	Retirement Living at 2025	Mutual Fund	10,000	9,997
	Retirement Living at 2030	Mutual Fund	700	690
	Retireemnt Living at 2035	Mutual Fund	1,000	982
	Retirement Living at 2040	Mutual Fund	400	379
	Retirement Living at 2045	Mutual Fund	23,000	22,713
	Retirement Living at 2050	Mutual Fund	700	684
	Lifestyle Conservative	Mutual Fund	71,222	75,429
	Lifestyle Moderate	Mutual Fund	36,251	34,803
	Lifestyle Balanced	Mutual Fund	352,488	331,072
	Lifestyle Growth	Mutual Fund	104,444	102,039
	Lifestyle Aggresive	Mutual Fund	110,233	106,863
	10 YR Comp	Mutual Fund	4,099	4,036
	5 YR Comp	Mutual Fund	2,561	2,406
	3 YR Comp	Mutual Fund	7,548	7,039
	Money	Mutual Fund	49,842	49,842
	Short Term Federal	Mutual Fund	3,013	3,250
	PIMCO Total Return	Mutual Fund	1,865	1,767
	T Rowe Price Spectrum Inc	Mutual Fund	13	14
	Mutual Global Discovery	Mutual Fund	461	449
	American Balanced Fund	Mutual Fund	1,609	1,561
	Mutual Beacon	Mutual Fund	38,555	37,265
	500 Index Fund	Mutual Fund	14,547	13,916
	T Rowe Price Equity Inc	Mutual Fund	2,998	2,719
	Davis New York Venture	Mutual Fund	1,465	1,379
	Fundamental Large Cap Value	Mutual Fund	1,502	1,425
	Total Stock Market Index Fund	Mutual Fund	11,363	10,573
	MFS Utilities	Mutual Fund	16,949	15,485
	JPM MidCap Value Fund	Mutual Fund	3,622	2,691

[illegible]

[illegible]