

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 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>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; include room or suite number (employer, if for a single-employer plan) <u>EXTRUMED</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>951-547-7400</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>326100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>33-0682735</u>	2c Sponsor's telephone number <u>951-547-7400</u>	2d Business code (see instructions) <u>326100</u>	
2b Employer Identification Number (EIN) <u>33-0682735</u>					
2c Sponsor's telephone number <u>951-547-7400</u>					
2d Business code (see instructions) <u>326100</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2014	LAURA FIGUEROA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	147
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	130
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	21
d Subtotal. Add lines 6a , 6b , and 6c		6d	151
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	151
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	132
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 Characteristics Codes in the instructions: 2E 2F 2G 2J 2T 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 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
		2013
		This Form is Open to Public Inspection.

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

A Name of plan EXTRUMED, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 EXTRUMED	D Employer Identification Number (EIN) 33-0682735	

Part I	Service Provider Information (see instructions)
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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
FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	19798	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
COL SM CAP CORE Z - COLUMBIA MGT I P.O.BOX 8081 BOSTON, MA 02266	0.40%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
DLWR SM CAP VAL INST - DELAWARE SE 35-1140070	0.25%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
GS EMRG MKT DEBT I - GOLDMAN, SACH 13-5108880	0.10%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
GS GROWTH OPPS A - GOLDMAN, SACHS	0.50%	
13-5108880		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
JANUS OVERSEAS S - JANUS SERVICES	0.50%	
43-1804048		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
MFS VALUE R3 - MFS SERVICE CENTER	0.50%	
04-2865649		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
MUTUAL GBL DISCVRY A - FRANKLIN TE 94-3167260	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
NUVEEN REAL ESTATE A - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
OAKMARK FUND I - BOSTON FINANCIAL P.O. BOX 8480 BOSTON, MA 02266	0.35%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
OPPHMR DEV MKTS A - OFI GLOBAL ASS TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.50%	
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
OPPHMR INTL GRTH Y - OFI GLOBAL AS TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.25%	
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
PIMCO TOT RETURN ADM - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.28%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PRU GOVT INC Z - PRUDENTIAL MUTUAL 22-3703799	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PRU/J SMALL CO A - PRUDENTIAL MUTU 22-3703799	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
RDGWTH MID CAP VAL I - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.40%	

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(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
THORNBURG INT VAL R4 - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TMPL FRGN SM CO A - FRANKLIN TEMPL 94-3167260	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TMPL GLOBAL BOND A - FRANKLIN TEMP 94-3167260	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>TRP RETIRE INC ADV - T. ROWE PRICE</p> <p>52-2269240</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.40%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
<p>(b) Service Codes (see instructions)</p> <p>60</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>TRP RETIRE 2010 ADV - T. ROWE PRIC</p> <p>52-2269240</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.40%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
<p>(b) Service Codes (see instructions)</p> <p>60</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>TRP RETIRE 2015 ADV - T. ROWE PRIC</p> <p>52-2269240</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.40%</p>		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2020 ADV - T. ROWE PRIC	0.40%	
52-2269240		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2025 ADV - T. ROWE PRIC	0.40%	
52-2269240		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2030 ADV - T. ROWE PRIC	0.40%	
52-2269240		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2035 ADV - T. ROWE PRIC	0.40%	
52-2269240		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2040 ADV - T. ROWE PRIC	0.40%	
52-2269240		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2045 ADV - T. ROWE PRIC	0.40%	
52-2269240		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2050 ADV - T. ROWE PRIC 52-2269240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2055 ADV - T. ROWE PRIC 52-2269240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
WFA OPPORTUNITY ADM - BOSTON FINAN 330 W. 9TH STREET KANSAS CITY, MO 66160	0.35%	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>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</u>		D Employer Identification Number (EIN) <u>33-0682735</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	223621	172469
(9) Value of interest in common/collective trusts	1c(9)	101986	45867
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1985380	2546778
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	2310987	2765114

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2310987	2765114
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	194950	
(B) Participants	2a(1)(B)	290652	
(C) Others (including rollovers)	2a(1)(C)	83484	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		569086
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	10711	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10711
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	89621	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		89621
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		954
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		373275
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		1043647

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	564236	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		564236
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		5443
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	19841	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		19841
j Total expenses. Add all expense amounts in column (b) and enter total	2j		589520

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		454127
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>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</u>	D Employer Identification Number (EIN) <u>33-0682735</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

**REPORT ON AUDIT OF
FINANCIAL STATEMENTS**

DECEMBER 31, 2013 and 2012

CRAIGWORKINGER CPA

761 Garden View Drive, Suite 202, Encinitas, CA 92024
Phone: 760-230-5040, Facsimile: 949-625-8787

INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ExtruMed, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of

comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2013 and 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2013 and 2012 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

A handwritten signature in blue ink that reads "Craig Workinger CPA". The signature is fluid and cursive, with the letters "C", "W", and "C" being particularly prominent.

CRAIG WORKINGER CPA

Encinitas, CA
October 10, 2014

EXTRUMED, INC. 401(k) PROFIT SHARING PLAN

REPORT ON AUDIT OF FINANCIAL STATEMENTS
December 31, 2013 and 2012

Independent Auditors' Report

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Extrumed, Inc. 401(k) Profit Sharing Plan

**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2013 and 2012**

	2013	2012
ASSETS		
Fidelity Worldwide Fund	\$ 107,691	\$ -
Oppenheimer International Growth Fund	16,757	-
PIMCO Total Return Fund Administrative Class	42,695	19,942
Templeton Foreign Smaller Companies Fund Class A	12,953	3,336
Fidelity Mutual Global Discovery	-	63,194
Oakmark Fund Class I	93,347	44,037
Templeton Global Bond Fund Class A	26,579	8,976
Nuveen Real Estate Securities Fund Class A	52,388	33,317
Prudential Jennison Small Company Fund Class A	15,414	3,672
RidgeWorth Mid-Cap Value Equity Fund Class I	58,004	23,687
T. Rowe Price Retirement 2015 Fund Advisor Class	340,559	333,127
T. Rowe Price Retirement 2025 Fund Advisor Class	178,166	145,026
T. Rowe Price Retirement 2035 Fund Advisor Class	189,303	243,607
T. Rowe Price Retirement 2045 Fund Advisor Class	194,150	212,621
T. Rowe Price Retirement 2050 Fund Advisor Class	343,180	256,826
T. Rowe Price Retirement 2055 Fund Advisor Class	-	4,413
Thornburg International Value Fund Class R4	33,906	11,101
Prudential Government Income Fund Class Z	21,436	11,182
Columbia Small Cap Core Fund Class Z	23,847	1,922
Wells Fargo Stable Return Fund Class M	45,867	101,986
Oppenheimer Developing Markets Fund Class A	36,203	20,752
Goldman Sachs Growth Opportunities Fund Class A	47,322	31,564
Delaware Small Cap Value Fund Institutional Class	23,902	10,837
Wells Fargo Advantage Opportunity Fund Administrator Class	-	5,916
T. Rowe Price Retirement 2010 Fund Advisor Class	118,578	112,911
T. Rowe Price Retirement 2020 Fund Advisor Class	122,523	63,826
T. Rowe Price Retirement 2030 Fund Advisor Class	48,675	29,376
T. Rowe Price Retirement 2040 Fund Advisor Class	15,377	24,495
MFS Value Fund Class R3	92,651	100,145
Janus Overseas Fund Class S	-	4,985
Goldman Sachs Emerging Markets Debt Fund Institutional Shares	14,862	6,957
Fidelity Contrafund	44,898	15,455
Select Technology Portfolio	49,624	42,657
Fidelity High Income Fund	22,093	9,260
Select Materials Portfolio	64,934	22,585
Spartan 500 Index Fund- Fidelity Advantage Class	94,762	63,674
Participant Loans	172,469	223,621

Total Investments (at fair value)	<u>2,765,115</u>	<u>2,310,987</u>
Receivables:		
Employer Contributions	-	-
Employee Contributions	<u>-</u>	<u>22</u>
Employee Contributions	<u>-</u>	<u>-</u>
Total Receivables	<u>-</u>	<u>-</u>
TOTAL ASSETS	2,765,115	2,310,987
LIABILITIES		
Benefits Payable	<u>-</u>	<u>-</u>
TOTAL LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 2,765,115</u></u>	<u><u>\$ 2,310,987</u></u>

Extrumed, Inc. 401(k) Profit Sharing Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
ADDITIONS		
Additions to Net Assets Attributed to:		
Investment Income:		
Net change in Fair Value of Investments	\$ 374,228	\$ 230,506
Interest	<u>100,332</u>	<u>55,302</u>
	474,560	285,808
Contributions		
Employer	194,950	185,942
Participants	290,652	316,726
Rollovers	83,484	462,571
TOTAL ADDITIONS	<u>1,043,646</u>	<u>1,251,047</u>
 REDUCTIONS		
Benefits Paid to Participants (includes Loans Deemed as Distributions)	564,236	496,161
Plan Administration Fee	19,841	11,129
	584,077	507,290
TOTAL REDUCTIONS	<u>584,077</u>	<u>507,290</u>
 Net Increase	<u>459,569</u>	<u>743,757</u>
 NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>2,310,987</u>	<u>1,567,230</u>
End of Year	<u><u>\$ 2,770,556</u></u>	<u><u>\$ 2,310,987</u></u>

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2013

NOTE 1- DESCRIPTION OF PLAN

The following description of the EXTRUMED, INC. 401(k) Profit Sharing Plan (“Plan”) provides only general information. Participants 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. Employees 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 first 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 matching 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 the first year – 40% vested in the 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, 2013

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 their vested benefit 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, 2013

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. Plan 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>	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2013			
Mutual Funds	\$ 2,592,656	\$ 2,592,656	\$ —
Participant Loans	<u>172,469</u>	<u>—</u>	<u>172,469</u>
Total	<u>\$ 2,765,115</u>	<u>\$ 2,592,656</u>	<u>\$ 172,469</u>
December 31, 2012			
Mutual Funds	\$ 2,087,366	\$ 2,087,366	\$ —
Participant Loan	<u>223,621</u>	<u>—</u>	<u>223,621</u>
Total	<u>\$ 2,310,987</u>	<u>\$ 2,087,366</u>	<u>\$ 223,621</u>

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2013

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, 2013		
Beginning balance	\$ 223,621	\$ 223,621
Ending balance	<u>\$ 172,469</u>	<u>\$ 172,469</u>
December 31, 2012		
Beginning balance	\$ 109,358	\$ 109,358
Ending balance	<u>\$ 223,621</u>	<u>\$ 223,621</u>

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS **For the Year Ended December 31, 2013**

NOTE 4 – INVESTMENTS

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

	December 31	
	2013	2012
ASSETS		
T. Rowe Price Retirement 2015 Fund Advisor	340,559	333,127
T. Rowe Price Retirement 2025 Fund Advisor	178,166	145,026
T. Rowe Price Retirement 2035 Fund Advisor	189,303	243,607
T. Rowe Price Retirement 2045 Fund Advisor	194,150	212,621
T. Rowe Price Retirement 2050 Fund Advisor	343,180	256,826
	<u>\$ 1,245,358</u>	<u>\$ 1,191,207</u>

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 immediately become 100 percent vested in their accounts.

NOTE 6 - SUBSEQUENT EVENT

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

Extrumed, Inc. 401(k) Profit Sharing Plan
EIN 33-0682735 / PIN 001

Schedule H, line 4i — Schedule of Assets (Held At End of Year)
December 31, 2013

(a)	(b) Identity	(c) Description	(d) Cost	(e) Current Value
	PIMCO TOT RETURN ADM	Mutual Fund	(1) \$	42,695
	TMPL FRGN SM CO A	Mutual Fund	(1)	12,953
	MUTUAL GBL DISCVRY A	Mutual Fund	(1)	-
	OAKMARK FUND I	Mutual Fund	(1)	93,347
	TMPL GLOBAL BOND A	Mutual Fund	(1)	26,579
	NUVEEN REAL ESTATE A	Mutual Fund	(1)	52,388
	PRU/J SMALL CO A	Mutual Fund	(1)	15,414
	RDGWITH MID CAP VAL I	Mutual Fund	(1)	58,004
	TRP RETIRE 2015 ADV	Mutual Fund	(1)	340,559
	TRP RETIRE 2025 ADV	Mutual Fund	(1)	178,166
	TRP RETIRE 2035 ADV	Mutual Fund	(1)	189,303
	TRP RETIRE 2045 ADV	Mutual Fund	(1)	194,150
	TRP RETIRE 2050 ADV	Mutual Fund	(1)	343,180
	TRP RETIRE 2055 ADV	Mutual Fund	(1)	0
	THORNBURG INT VAL R4	Mutual Fund	(1)	33,906
	PRU GOVT INC Z	Mutual Fund	(1)	21,436
	COL SM CAP CORE Z	Mutual Fund	(1)	23,847
	WF STABLE VALUE	Mutual Fund	(1)	45,867
	OPPHMR DEV MKTS A	Mutual Fund	(1)	36,203
	OPPHMR INTL GR	Mutual Fund	(1)	16,757
	GS GROWTH OPPTS A	Mutual Fund	(1)	47,322
	DLWR SM CAP VAL INST	Mutual Fund	(1)	23,902
	WFA OPPORTUNITY ADM	Mutual Fund	(1)	0
	TRP RETIRE 2010 ADV	Mutual Fund	(1)	118,578
	TRP RETIRE 2020 ADV	Mutual Fund	(1)	122,523
	TRP RETIRE 2030 ADV	Mutual Fund	(1)	48,675
	TRP RETIRE 2040 ADV	Mutual Fund	(1)	15,377
	MFS VALUE R3	Mutual Fund	(1)	92,651
	JANUS OVERSEAS S	Mutual Fund	(1)	0
	GS EMRG MKT DEBT I	Mutual Fund	(1)	14,862
	FID CONTRAFUND	Mutual Fund	(1)	44,898
	FID SEL TECHNOLOGY	Mutual Fund	(1)	49,624
	FID HIGH INCOME	Mutual Fund	(1)	22,093
	FID SEL MATERIALS	Mutual Fund	(1)	64,934
	FID WORLDWIDE	Mutual Fund	(1)	107,691
	SPTN 500 INDEX ADV	Mutual Fund	(1)	94,762
*	Notes Receivable from Participants	Participant Loans	(1)	172,469
NET ASSETS 12/31/2013				\$ 2,765,115

* Indicates a party-in-interest

(1) In accordance with instructions to the Form 5500, the Plan is not required to disclose the cost component of participant-directed investments.
See Independent Auditor's Report

Extrumed, Inc. 401(k) Profit Sharing Plan
EIN 33-0682735 / PIN 001

Schedule H, line 4i — Schedule of Assets (Held At End of Year)
December 31, 2012

(a)	(b) Identity	(c) Description	(d) Cost	(e) Current Value
	PIMCO TOT RETURN ADM	Mutual Fund	(1) \$	19,942
	TMPL FRGN SM CO A	Mutual Fund	(1)	3,336
	MUTUAL GBL DISCVRY A	Mutual Fund	(1)	63,194
	OAKMARK FUND I	Mutual Fund	(1)	44,037
	TMPL GLOBAL BOND A	Mutual Fund	(1)	8,976
	NUVEEN REAL ESTATE A	Mutual Fund	(1)	33,317
	PRU/J SMALL CO A	Mutual Fund	(1)	3,672
	RDGWITH MID CAP VAL I	Mutual Fund	(1)	23,687
	TRP RETIRE 2015 ADV	Mutual Fund	(1)	333,127
	TRP RETIRE 2025 ADV	Mutual Fund	(1)	145,026
	TRP RETIRE 2035 ADV	Mutual Fund	(1)	243,607
	TRP RETIRE 2045 ADV	Mutual Fund	(1)	212,621
	TRP RETIRE 2050 ADV	Mutual Fund	(1)	256,826
	TRP RETIRE 2055 ADV	Mutual Fund	(1)	4,413
	THORNBURG INT VAL R4	Mutual Fund	(1)	11,101
	PRU GOVT INC Z	Mutual Fund	(1)	11,182
	COL SM CAP CORE Z	Mutual Fund	(1)	1,922
	WF STABLE VALUE	Mutual Fund	(1)	101,986
	OPPHMR DEV MKTS A	Mutual Fund	(1)	20,752
	GS GROWTH OPPS A	Mutual Fund	(1)	31,564
	DLWR SM CAP VAL INST	Mutual Fund	(1)	10,837
	WFA OPPORTUNITY ADM	Mutual Fund	(1)	5,916
	TRP RETIRE 2010 ADV	Mutual Fund	(1)	112,911
	TRP RETIRE 2020 ADV	Mutual Fund	(1)	63,826
	TRP RETIRE 2030 ADV	Mutual Fund	(1)	29,376
	TRP RETIRE 2040 ADV	Mutual Fund	(1)	24,495
	MFS VALUE R3	Mutual Fund	(1)	100,145
	JANUS OVERSEAS S	Mutual Fund	(1)	4,985
	GS EMRG MKT DEBT I	Mutual Fund	(1)	6,957
	FID CONTRAFUND	Mutual Fund	(1)	15,455
	FID SEL TECHNOLOGY	Mutual Fund	(1)	42,657
	FID HIGH INCOME	Mutual Fund	(1)	9,260
	FID SEL MATERIALS	Mutual Fund	(1)	22,585
	FID RETIRE MMKT	Mutual Fund	(1)	0.00
	SPTN 500 INDEX ADV	Mutual Fund	(1)	63,674
*	Notes Receivable from Participants	Participant Loans	(1)	223,620
NET ASSETS 12/31/2012				\$ 2,310,987

* Indicates a party-in-interest

(1) In accordance with instructions to the Form 5500, the Plan is not required to disclose the cost component of participant-directed investments.

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

**REPORT ON AUDIT OF
FINANCIAL STATEMENTS**

DECEMBER 31, 2013 and 2012

CRAIGWORKINGER CPA

761 Garden View Drive, Suite 202, Encinitas, CA 92024
Phone: 760-230-5040, Facsimile: 949-625-8787

INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ExtruMed, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of

comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2013 and 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2013 and 2012 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

A handwritten signature in blue ink that reads "Craig Workinger CPA". The signature is fluid and cursive, with the letters "C", "W", and "C" being particularly prominent.

CRAIG WORKINGER CPA

Encinitas, CA
October 10, 2014

EXTRUMED, INC. 401(k) PROFIT SHARING PLAN

REPORT ON AUDIT OF FINANCIAL STATEMENTS
December 31, 2013 and 2012

Independent Auditors' Report

Financial Statements

Statements of Net Assets Available for Benefits as of December 31, 2013 and 2012	1-2
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Extrumed, Inc. 401(k) Profit Sharing Plan

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2013 and 2012

	2013	2012
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Templeton Foreign Smaller Companies Fund Class A	12,953	3,336
Fidelity Mutual Global Discovery	-	63,194
Oakmark Fund Class I	93,347	44,037
Templeton Global Bond Fund Class A	26,579	8,976
Nuveen Real Estate Securities Fund Class A	52,388	33,317
Prudential Jennison Small Company Fund Class A	15,414	3,672
RidgeWorth Mid-Cap Value Equity Fund Class I	58,004	23,687
T. Rowe Price Retirement 2015 Fund Advisor Class	340,559	333,127
T. Rowe Price Retirement 2025 Fund Advisor Class	178,166	145,026
T. Rowe Price Retirement 2035 Fund Advisor Class	189,303	243,607
T. Rowe Price Retirement 2045 Fund Advisor Class	194,150	212,621
T. Rowe Price Retirement 2050 Fund Advisor Class	343,180	256,826
T. Rowe Price Retirement 2055 Fund Advisor Class	-	4,413
Thornburg International Value Fund Class R4	33,906	11,101
Prudential Government Income Fund Class Z	21,436	11,182
Columbia Small Cap Core Fund Class Z	23,847	1,922
Wells Fargo Stable Return Fund Class M	45,867	101,986
Oppenheimer Developing Markets Fund Class A	36,203	20,752
Goldman Sachs Growth Opportunities Fund Class A	47,322	31,564
Delaware Small Cap Value Fund Institutional Class	23,902	10,837
Wells Fargo Advantage Opportunity Fund Administrator Class	-	5,916
T. Rowe Price Retirement 2010 Fund Advisor Class	118,578	112,911
T. Rowe Price Retirement 2020 Fund Advisor Class	122,523	63,826
T. Rowe Price Retirement 2030 Fund Advisor Class	48,675	29,376
T. Rowe Price Retirement 2040 Fund Advisor Class	15,377	24,495
MFS Value Fund Class R3	92,651	100,145
Janus Overseas Fund Class S	-	4,985
Goldman Sachs Emerging Markets Debt Fund Institutional Shares	14,862	6,957
Fidelity Contrafund	44,898	15,455
Select Technology Portfolio	49,624	42,657
Fidelity High Income Fund	22,093	9,260
Select Materials Portfolio	64,934	22,585
Spartan 500 Index Fund- Fidelity Advantage Class	94,762	63,674
Participant Loans	172,469	223,621

Total Investments (at fair value)	<u>2,765,115</u>	<u>2,310,987</u>
Receivables:		
Employer Contributions	-	-
Employee Contributions	<u>-</u>	<u>22</u>
Employee Contributions	<u>-</u>	<u>-</u>
Total Receivables	<u>-</u>	<u>-</u>
TOTAL ASSETS	2,765,115	2,310,987
LIABILITIES		
Benefits Payable	<u>-</u>	<u>-</u>
TOTAL LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 2,765,115</u></u>	<u><u>\$ 2,310,987</u></u>

Extrumed, Inc. 401(k) Profit Sharing Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
ADDITIONS		
Additions to Net Assets Attributed to:		
Investment Income:		
Net change in Fair Value of Investments	\$ 374,228	\$ 230,506
Interest	<u>100,332</u>	<u>55,302</u>
	474,560	285,808
Contributions		
Employer	194,950	185,942
Participants	290,652	316,726
Rollovers	83,484	462,571
TOTAL ADDITIONS	<u>1,043,646</u>	<u>1,251,047</u>
 REDUCTIONS		
Benefits Paid to Participants (includes Loans Deemed as Distributions)	564,236	496,161
Plan Administration Fee	19,841	11,129
	584,077	507,290
TOTAL REDUCTIONS	<u>584,077</u>	<u>507,290</u>
 Net Increase	<u>459,569</u>	<u>743,757</u>
 NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>2,310,987</u>	<u>1,567,230</u>
End of Year	<u><u>\$ 2,770,556</u></u>	<u><u>\$ 2,310,987</u></u>

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2013

NOTE 1- DESCRIPTION OF PLAN

The following description of the EXTRUMED, INC. 401(k) Profit Sharing Plan (“Plan”) provides only general information. Participants 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. Employees 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 first 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 matching 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 the first year – 40% vested in the 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, 2013

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 their vested benefit 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, 2013

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. Plan 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>	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2013			
Mutual Funds	\$ 2,592,656	\$ 2,592,656	\$ —
Participant Loans	<u>172,469</u>	<u>—</u>	<u>172,469</u>
Total	<u>\$ 2,765,115</u>	<u>\$ 2,592,656</u>	<u>\$ 172,469</u>
December 31, 2012			
Mutual Funds	\$ 2,087,366	\$ 2,087,366	\$ —
Participant Loan	<u>223,621</u>	<u>—</u>	<u>223,621</u>
Total	<u>\$ 2,310,987</u>	<u>\$ 2,087,366</u>	<u>\$ 223,621</u>

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2013

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, 2013		
Beginning balance	\$ 223,621	\$ 223,621
Ending balance	<u>\$ 172,469</u>	<u>\$ 172,469</u>
December 31, 2012		
Beginning balance	\$ 109,358	\$ 109,358
Ending balance	<u>\$ 223,621</u>	<u>\$ 223,621</u>

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS **For the Year Ended December 31, 2013**

NOTE 4 – INVESTMENTS

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

	December 31	
	2013	2012
ASSETS		
T. Rowe Price Retirement 2015 Fund Advisor	340,559	333,127
T. Rowe Price Retirement 2025 Fund Advisor	178,166	145,026
T. Rowe Price Retirement 2035 Fund Advisor	189,303	243,607
T. Rowe Price Retirement 2045 Fund Advisor	194,150	212,621
T. Rowe Price Retirement 2050 Fund Advisor	343,180	256,826
	<u>\$ 1,245,358</u>	<u>\$ 1,191,207</u>

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 immediately become 100 percent vested in their accounts.

NOTE 6 - SUBSEQUENT EVENT

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

Extrumed, Inc. 401(k) Profit Sharing Plan
EIN 33-0682735 / PIN 001

Schedule H, line 4i — Schedule of Assets (Held At End of Year)
December 31, 2013

(a)	(b) Identity	(c) Description	(d) Cost	(e) Current Value
	PIMCO TOT RETURN ADM	Mutual Fund	(1) \$	42,695
	TMPL FRGN SM CO A	Mutual Fund	(1)	12,953
	MUTUAL GBL DISCVRY A	Mutual Fund	(1)	-
	OAKMARK FUND I	Mutual Fund	(1)	93,347
	TMPL GLOBAL BOND A	Mutual Fund	(1)	26,579
	NUVEEN REAL ESTATE A	Mutual Fund	(1)	52,388
	PRU/J SMALL CO A	Mutual Fund	(1)	15,414
	RDGWITH MID CAP VAL I	Mutual Fund	(1)	58,004
	TRP RETIRE 2015 ADV	Mutual Fund	(1)	340,559
	TRP RETIRE 2025 ADV	Mutual Fund	(1)	178,166
	TRP RETIRE 2035 ADV	Mutual Fund	(1)	189,303
	TRP RETIRE 2045 ADV	Mutual Fund	(1)	194,150
	TRP RETIRE 2050 ADV	Mutual Fund	(1)	343,180
	TRP RETIRE 2055 ADV	Mutual Fund	(1)	0
	THORNBURG INT VAL R4	Mutual Fund	(1)	33,906
	PRU GOVT INC Z	Mutual Fund	(1)	21,436
	COL SM CAP CORE Z	Mutual Fund	(1)	23,847
	WF STABLE VALUE	Mutual Fund	(1)	45,867
	OPPHMR DEV MKTS A	Mutual Fund	(1)	36,203
	OPPHMR INTL GR	Mutual Fund	(1)	16,757
	GS GROWTH OPPS A	Mutual Fund	(1)	47,322
	DLWR SM CAP VAL INST	Mutual Fund	(1)	23,902
	WFA OPPORTUNITY ADM	Mutual Fund	(1)	0
	TRP RETIRE 2010 ADV	Mutual Fund	(1)	118,578
	TRP RETIRE 2020 ADV	Mutual Fund	(1)	122,523
	TRP RETIRE 2030 ADV	Mutual Fund	(1)	48,675
	TRP RETIRE 2040 ADV	Mutual Fund	(1)	15,377
	MFS VALUE R3	Mutual Fund	(1)	92,651
	JANUS OVERSEAS S	Mutual Fund	(1)	0
	GS EMRG MKT DEBT I	Mutual Fund	(1)	14,862
	FID CONTRAFUND	Mutual Fund	(1)	44,898
	FID SEL TECHNOLOGY	Mutual Fund	(1)	49,624
	FID HIGH INCOME	Mutual Fund	(1)	22,093
	FID SEL MATERIALS	Mutual Fund	(1)	64,934
	FID WORLDWIDE	Mutual Fund	(1)	107,691
	SPTN 500 INDEX ADV	Mutual Fund	(1)	94,762
*	Notes Receivable from Participants	Participant Loans	(1)	172,469
NET ASSETS 12/31/2013				\$ 2,765,115

* Indicates a party-in-interest

(1) In accordance with instructions to the Form 5500, the Plan is not required to disclose the cost component of participant-directed investments.
See Independent Auditor's Report

Extrumed, Inc. 401(k) Profit Sharing Plan
EIN 33-0682735 / PIN 001

Schedule H, line 4i — Schedule of Assets (Held At End of Year)
December 31, 2012

(a)	(b) Identity	(c) Description	(d) Cost	(e) Current Value
	PIMCO TOT RETURN ADM	Mutual Fund	(1) \$	19,942
	TMPL FRGN SM CO A	Mutual Fund	(1)	3,336
	MUTUAL GBL DISCVRY A	Mutual Fund	(1)	63,194
	OAKMARK FUND I	Mutual Fund	(1)	44,037
	TMPL GLOBAL BOND A	Mutual Fund	(1)	8,976
	NUVEEN REAL ESTATE A	Mutual Fund	(1)	33,317
	PRU/J SMALL CO A	Mutual Fund	(1)	3,672
	RDGWITH MID CAP VAL I	Mutual Fund	(1)	23,687
	TRP RETIRE 2015 ADV	Mutual Fund	(1)	333,127
	TRP RETIRE 2025 ADV	Mutual Fund	(1)	145,026
	TRP RETIRE 2035 ADV	Mutual Fund	(1)	243,607
	TRP RETIRE 2045 ADV	Mutual Fund	(1)	212,621
	TRP RETIRE 2050 ADV	Mutual Fund	(1)	256,826
	TRP RETIRE 2055 ADV	Mutual Fund	(1)	4,413
	THORNBURG INT VAL R4	Mutual Fund	(1)	11,101
	PRU GOVT INC Z	Mutual Fund	(1)	11,182
	COL SM CAP CORE Z	Mutual Fund	(1)	1,922
	WF STABLE VALUE	Mutual Fund	(1)	101,986
	OPPHMR DEV MKTS A	Mutual Fund	(1)	20,752
	GS GROWTH OPPS A	Mutual Fund	(1)	31,564
	DLWR SM CAP VAL INST	Mutual Fund	(1)	10,837
	WFA OPPORTUNITY ADM	Mutual Fund	(1)	5,916
	TRP RETIRE 2010 ADV	Mutual Fund	(1)	112,911
	TRP RETIRE 2020 ADV	Mutual Fund	(1)	63,826
	TRP RETIRE 2030 ADV	Mutual Fund	(1)	29,376
	TRP RETIRE 2040 ADV	Mutual Fund	(1)	24,495
	MFS VALUE R3	Mutual Fund	(1)	100,145
	JANUS OVERSEAS S	Mutual Fund	(1)	4,985
	GS EMRG MKT DEBT I	Mutual Fund	(1)	6,957
	FID CONTRAFUND	Mutual Fund	(1)	15,455
	FID SEL TECHNOLOGY	Mutual Fund	(1)	42,657
	FID HIGH INCOME	Mutual Fund	(1)	9,260
	FID SEL MATERIALS	Mutual Fund	(1)	22,585
	FID RETIRE MMKT	Mutual Fund	(1)	0.00
	SPTN 500 INDEX ADV	Mutual Fund	(1)	63,674
*	Notes Receivable from Participants	Participant Loans	(1)	223,620
NET ASSETS 12/31/2012				\$ 2,310,987

* Indicates a party-in-interest

(1) In accordance with instructions to the Form 5500, the Plan is not required to disclose the cost component of participant-directed investments.