

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 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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 Plan Sponsor's telephone number <u>951-547-7400</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>326100</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>33-0682735</u>	2c Plan 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 Plan 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.	<u>10/14/2015</u>	<u>LAURA FIGUEROA</u>
	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	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 151
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 130
a(2) Total number of active participants at the end of the plan year	6a(2) 125
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 19
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 144
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 144
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 133
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)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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	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
<u>FIDELITY INVESTMENTS INSTITUTIONAL</u>

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	15870	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		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALZGI NFJ INTL VAL A - BOSTON FINA	330 W. 9TH STREET KANSAS CITY, MO 66160	0.50%
(a) Enter service provider name as it appears on line 2		(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.
ARIEL APPRECIATION - U.S. BANCORP	P.O. BOX 701 MILWAUKEE, WI 53201	0.40%
(a) Enter service provider name as it appears on line 2		(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.
COL SM CAP CORE Z - COLUMBIA MGT I	P.O. BOX 8081 BOSTON, MA 02266	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
(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.	
DLWR SM CAP VAL INST - DELAWARE SE 35-1140070	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.	
GS EMRG MKT DEBT I - GOLDMAN, SACH 13-5108880	0.10%	
(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.	
GS GROWTH OPPS A - GOLDMAN, SACHS 13-5108880	0.50%	

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.	
JANUS FLEXIBLE BD I - JANUS SERVIC 43-1804048	0.10%	
(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.	
MFS VALUE R3 - MFS SERVICE CENTER 04-2865649	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.	
NUVEEN REAL ESTATE A - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.50%	

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.
OAKMARK FUND I - BOSTON FINANCIAL P.O. BOX 8480 BOSTON, MA 02266	0.35%	
(a) Enter service provider name as it appears on line 2		(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%	
(a) Enter service provider name as it appears on line 2		(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%	

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.
PIMCO TOT RETURN ADM - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.28%	
(a) Enter service provider name as it appears on line 2		(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		(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	0.50%	

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.
RDGWITH MID CAP VAL I - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.40%	
(a) Enter service provider name as it appears on line 2		(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		(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%	

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.	
TMPL GLOBAL BOND A - FRANKLIN TEMP 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.	
TRP RETIRE 2010 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 2015 ADV - T. ROWE PRIC 52-2269240	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
(d) Enter name and EIN (address) of source of 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		
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		
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		
TRP RETIRE 2035 ADV - T. ROWE PRIC	0.40%	
52-2269240		
(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		
TRP RETIRE 2040 ADV - T. ROWE PRIC	0.40%	
52-2269240		
(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		
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

(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.

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</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)	172469	118176
(9) Value of interest in common/collective trusts	1c(9)	45867	49577
(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)	2546778	2943040
(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	2765114	3110793

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	2765114	3110793
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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)	163565	
(B) Participants	2a(1)(B)	268215	
(C) Others (including rollovers)	2a(1)(C)	22050	
(2) Noncash contributions	2a(2)	0	453830
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
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)	6064	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6064
(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)	143463	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		143463
(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)		658
(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)		12391
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		616406

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	247126	
(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)		247126
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		7680
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)	15921	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		15921
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		270727

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		345679
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.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		1000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n			

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

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

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

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

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): 04-6568107	
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, 2014 and 2013

EXTRUMED, INC. 401(k) PROFIT SHARING PLAN

REPORT ON AUDIT OF FINANCIAL STATEMENTS
December 31, 2014 and 2013

Independent Auditors' Report

Financial Statements

Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013	1
Statement of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2014 and 2013	2
Notes to Financial Statements Supplemental Schedules	3-10
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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, 2014 and 2013, 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

1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the custodian of the Plan, except for 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, 2014 and 2013, 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, 2014 and 2013 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 13, 2015

Extrumed, Inc. 401(k) Profit Sharing Plan

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ASSETS		
Participant -directed investments	\$ 2,992,617	\$ 2,592,645
Participant Loans	118,176	172,469
Total Investments (at fair value)	\$ <u>3,110,793</u>	\$ <u>2,765,114</u>
Receivables:		
Employer Contributions	-	-
Employee Contributions	<u>-</u>	<u>-</u>
Total Receivables	<u>-</u>	<u>-</u>
TOTAL ASSETS	\$ 3,110,793	\$ 2,765,114
LIABILITIES		
Benefits Payable	<u>-</u>	<u>-</u>
TOTAL LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u><u>3,110,793</u></u>	\$ <u><u>2,765,114</u></u>

Extrumed, Inc. 401(k) Profit Sharing Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ADDITIONS		
Additions to Net Assets Attributed to:		
Investment Income:		
Net change in Fair Value of Investments	\$ 13,049	\$ 374,228
Interest	<u>149,527</u>	<u>100,332</u>
	162,576	474,560
Contributions		
Employer	163,565	194,950
Participants	268,215	290,652
Rollovers	22,050	83,484
TOTAL ADDITIONS	<u>\$ 616,406</u>	<u>\$ 1,043,646</u>
 REDUCTIONS		
Benefits Paid to Participants (includes Loans Deemed as Distributions)	\$ 254,806	\$ 564,236
Plan Administration Fee	15,921	19,841
TOTAL REDUCTIONS	<u>270,727</u>	<u>584,077</u>
 Net Increase	<u>\$ 345,679</u>	<u>\$ 459,569</u>
 NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	\$ <u>2,770,556</u>	\$ <u>2,310,987</u>
End of Year	<u>\$ 3,116,235</u>	<u>\$ 2,770,556</u>

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2014

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 summary plan description for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all employees (with the exception of a collective bargaining unit or non-resident aliens) of EXTRUMED, INC. (“Company”). An eligible employee must have attained the age of 21 and completed one year of service to be a participant. Participants are eligible to receive safe harbor employer matching contributions (“Safe Harbor Contributions”) once they have attained the age of 21 and after one year of service. Additionally, the Company may take a Company discretionary contribution to all eligible employees who meet the same minimum service requirement, and the Company may also make an applicable qualified non-elective contribution (QNEC) to each non-highly compensated employee, actively employed on the last day of the Plan year, who has completed a year of service (1000 hours of service). 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. In addition to the Company matching contributions, the Company may make other discretionary contributions, as well as Company QNEC contributions equal to a uniform percentage of each participant's eligible compensation, which is determined each year by the Company. No Company discretionary or other QNEC contributions were made in 2014.

Participant Accounts

Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution, Safe Harbor Contributions, Company contribution account, and/or allocations of Company QNEC contributions and Plan

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2014

investment earnings, and charged with withdrawals and an allocation of Plan investment losses.

Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

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).

Participant Loans

Participants may borrow only one loan at a time 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. The interest rates and number of loans available to participants are determined by the Trustees.

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.

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS **For the Year Ended December 31, 2014**

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.

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.

New Accounting Standards

The financial statements reflect the prospective adoption of the Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) No. 2011-04, Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S.GAAP and IFRSs, which amends ASC 820, as of the beginning of the year ended December 31, 2012.

ASU 2011-04 is effective for financial statements issued for fiscal years beginning after December 15, 2011 and expands certain disclosures about fair value measurement. The

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2014

ASU requires the categorization by level for items that are only required to be disclosed at fair value and information about transfers between Level 1 and Level 2. In addition, the ASU provides guidance on measuring the fair value of financial instruments managed within a portfolio and the application of premiums and discounts on fair value measurements. The ASU requires additional disclosure for Level 3 measurements regarding the sensitivity of fair value to changes in unobservable inputs and any interrelationships between those inputs. The effect of the adoption of ASU 2011-04 had no impact on the Plan's statement of net assets available for benefits and statement of changes in net assets available for benefits.

NOTE 3 – FAIR VALUE MEASUREMENTS

ASC 820, Fair Value Measurements and Disclosures, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Asset Valuation Techniques - Valuation technologies maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2014 and 2013.

Fixed income separate accounts are categorized as Level 2. They are valued using third party pricing services. These services use, for example, model-based pricing methods that use observable market data as inputs. Broker dealer bids or quotes of securities with similar characteristics may also be used.

U.S. and global equity separate accounts are categorized as Level 1 if the securities actively trade on national or international exchanges and are valued at their last reported closing price.

Shares of registered investment companies held are primarily categorized as Level 1; they are valued at quoted market prices as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS For the Year Ended December 31, 2014

transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables, set forth by level within the fair value hierarchy, are a summary of the Plan's investments measured at fair value on recurring basis at:

		Fair Value Measurements Using:	
		Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
	<u>Fair Value</u>		
December 31, 2014			
Mutual Funds:			
Target-Date funds	1,631,199	1,631,199	
Equity funds	726,038	726,038	
Fixed income funds	218,683	218,683	
Global funds	164,246	164,246	
International equity funds	148,732	148,732	
Real estate funds	103,719	103,719	
Total mutual Funds	\$ 2,992,617	\$ 2,992,617	\$ -
Participant Loans	<u>118,176</u>	<u>-</u>	<u>118,176</u>
Total	<u>\$ 3,110,793</u>	<u>\$ 2,992,617</u>	<u>\$ 118,176</u>
December 31, 2013			
Mutual Funds:			
Target-Date funds	1,550,511	1,550,511	
Equity funds	651,399	651,399	
Fixed income funds	89,397	89,397	
Global funds	134,269	134,269	
International equity funds	114,681	114,681	
Real estate funds	52,388	52,388	
Total mutual Funds	\$ 2,592,645	\$ 2,592,645	\$ -
Participant Loans	<u>172,469</u>	<u>-</u>	<u>172,469</u>
Total	<u>\$ 2,765,114</u>	<u>\$ 2,592,645</u>	<u>\$ 172,469</u>

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS For the Year Ended December 31, 2014

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, 2014		
Beginning balance	\$ 172,469	\$ 172,469
Ending balance	<u>\$ 118,176</u>	<u>\$ 118,176</u>
December 31, 2013		
Beginning balance	\$ 223,621	\$ 223,621
Ending balance	<u>\$ 172,469</u>	<u>\$ 172,469</u>

Transfers between Levels - The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period. For the years ended December 31, 2014 and 2013, there were no transfers between levels.

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS **For the Year Ended December 31, 2014**

NOTE 4 – INVESTMENTS

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

	December 31	
	2014	2013
ASSETS		
T. Rowe Price Retirement 2015 Fund Advisor	359,758	340,559
T. Rowe Price Retirement 2025 Fund Advisor	164,506	178,166
T. Rowe Price Retirement 2035 Fund Advisor	244,551	189,303
T. Rowe Price Retirement 2045 Fund Advisor	168,104	194,150
T. Rowe Price Retirement 2050 Fund Advisor	-	343,180
T. Rowe Price Retirement 2040 Fund Advisor	414,199	-
	<u>\$ 1,351,118</u>	<u>\$ 1,245,358</u>

NOTE 5 - EXEMPT PARTIES-IN-INTEREST TRANSACTIONS

There were no exempt parties-in-interest transactions for years ended December 31, 2014 and 2013.

NOTE 6 - 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 7 - FEDERAL INCOME TAX STATUS

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the relevant taxing authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2014

no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

NOTE 8 - NONEXEMPT PARTY-IN-INTEREST TRANSACTION

There were no non-exempt parties-in-interest transactions for years ended December 31, 2014 and 2013.

NOTE 9 - 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, 2014

(a)	(b) Identity	(c) Description	(d) Cost	(e) Current Value
	PIMCO TOT RETURN ADM	Mutual Fund	(1) \$	-
	TMPL FRGN SM CO A	Mutual Fund	(1)	26,767.
	ARIEL APPRECIATION	Mutual Fund	(1)	19,463
	MUTUAL GBL DISCVRY A	Mutual Fund	(1)	-
	OAKMARK FUND I	Mutual Fund	(1)	141,742
	TMPL GLOBAL BOND A	Mutual Fund	(1)	52,522
	NUVEEN REAL ESTATE A	Mutual Fund	(1)	103,719
	PRU/J SMALL CO A	Mutual Fund	(1)	31,655
	RDGWITH MID CAP VAL I	Mutual Fund	(1)	68,279
	TRP RETIRE 2015 ADV	Mutual Fund	(1)	359,758
	TRP RETIRE 2025 ADV	Mutual Fund	(1)	164,507
	TRP RETIRE 2035 ADV	Mutual Fund	(1)	244,551
	TRP RETIRE 2045 ADV	Mutual Fund	(1)	168,104
	TRP RETIRE 2050 ADV	Mutual Fund	(1)	19,611
	TRP RETIRE 2055 ADV	Mutual Fund	(1)	670
	THORNBURG INT VAL R4	Mutual Fund	(1)	-
	ALZGI NFJ INTL VAL A	Mutual Fund	(1)	65,369
	PRU GOVT INC Z	Mutual Fund	(1)	2,601
	COL SM CAP CORE Z	Mutual Fund	(1)	25,027
	WF STABLE VALUE	Mutual Fund	(1)	49,577
	OPPHMR DEV MKTS A	Mutual Fund	(1)	48,686
	OPPHMR INTL GR Y	Mutual Fund	(1)	33,318
	GS GROWTH OPPS A	Mutual Fund	(1)	40,121
	DLWR SM CAP VAL INST	Mutual Fund	(1)	38,198
	WFA OPPORTUNITY ADM	Mutual Fund	(1)	-
	TRP RETIRE 2010 ADV	Mutual Fund	(1)	89,882
	TRP RETIRE 2020 ADV	Mutual Fund	(1)	107,918
	TRP RETIRE 2030 ADV	Mutual Fund	(1)	62,000
	TRP RETIRE 2040 ADV	Mutual Fund	(1)	414,199
	MFS VALUE R3	Mutual Fund	(1)	118,929
	JANUS FLEXIBLE BD I	Mutual Fund	(1)	80,164
	GS EMRG MKT DEBT I	Mutual Fund	(1)	23,277
	FID CONTRAFUND	Mutual Fund	(1)	84,972
	FID SEL TECHNOLOGY	Mutual Fund	(1)	15,999
	FID HIGH INCOME	Mutual Fund	(1)	37,654
	FID SEL MATERIALS	Mutual Fund	(1)	72,168
	FID WORLDWIDE	Mutual Fund	(1)	111,724
	SPTN 500 INDEX ADV	Mutual Fund	(1)	69,484
*	Notes Receivable from Participants	Participant Loans	(1)	118,176
NET ASSETS 12/31/2014				\$ 3,110,791

* 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
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.

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

**REPORT ON AUDIT OF
FINANCIAL STATEMENTS**

DECEMBER 31, 2014 and 2013

EXTRUMED, INC. 401(k) PROFIT SHARING PLAN

REPORT ON AUDIT OF FINANCIAL STATEMENTS
December 31, 2014 and 2013

Independent Auditors' Report

Financial Statements

Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013	1
Statement of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2014 and 2013	2
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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, 2014 and 2013, 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

1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the custodian of the Plan, except for 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, 2014 and 2013, 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, 2014 and 2013 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 13, 2015

Extrumed, Inc. 401(k) Profit Sharing Plan

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ASSETS		
Participant -directed investments	\$ 2,992,617	\$ 2,592,645
Participant Loans	118,176	172,469
Total Investments (at fair value)	\$ <u>3,110,793</u>	\$ <u>2,765,114</u>
Receivables:		
Employer Contributions	-	-
Employee Contributions	<u>-</u>	<u>-</u>
Total Receivables	<u>-</u>	<u>-</u>
TOTAL ASSETS	\$ 3,110,793	\$ 2,765,114
LIABILITIES		
Benefits Payable	<u>-</u>	<u>-</u>
TOTAL LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u><u>3,110,793</u></u>	\$ <u><u>2,765,114</u></u>

Extrumed, Inc. 401(k) Profit Sharing Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ADDITIONS		
Additions to Net Assets Attributed to:		
Investment Income:		
Net change in Fair Value of Investments	\$ 13,049	\$ 374,228
Interest	<u>149,527</u>	<u>100,332</u>
	162,576	474,560
Contributions		
Employer	163,565	194,950
Participants	268,215	290,652
Rollovers	22,050	83,484
TOTAL ADDITIONS	<u>\$ 616,406</u>	<u>\$ 1,043,646</u>
 REDUCTIONS		
Benefits Paid to Participants (includes Loans Deemed as Distributions)	\$ 254,806	\$ 564,236
Plan Administration Fee	15,921	19,841
TOTAL REDUCTIONS	<u>270,727</u>	<u>584,077</u>
 Net Increase	<u>\$ 345,679</u>	<u>\$ 459,569</u>
 NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	\$ <u>2,770,556</u>	\$ <u>2,310,987</u>
End of Year	<u>\$ 3,116,235</u>	<u>\$ 2,770,556</u>

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2014

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 summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees (with the exception of a collective bargaining unit or non-resident aliens) of EXTRUMED, INC. ("Company"). An eligible employee must have attained the age of 21 and completed one year of service to be a participant. Participants are eligible to receive safe harbor employer matching contributions ("Safe Harbor Contributions") once they have attained the age of 21 and after one year of service. Additionally, the Company may take a Company discretionary contribution to all eligible employees who meet the same minimum service requirement, and the Company may also make an applicable qualified non-elective contribution (QNEC) to each non-highly compensated employee, actively employed on the last day of the Plan year, who has completed a year of service (1000 hours of service). 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. In addition to the Company matching contributions, the Company may make other discretionary contributions, as well as Company QNEC contributions equal to a uniform percentage of each participant's eligible compensation, which is determined each year by the Company. No Company discretionary or other QNEC contributions were made in 2014.

Participant Accounts

Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution, Safe Harbor Contributions, Company contribution account, and/or allocations of Company QNEC contributions and Plan

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2014

investment earnings, and charged with withdrawals and an allocation of Plan investment losses.

Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

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).

Participant Loans

Participants may borrow only one loan at a time 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. The interest rates and number of loans available to participants are determined by the Trustees.

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.

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS **For the Year Ended December 31, 2014**

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.

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.

New Accounting Standards

The financial statements reflect the prospective adoption of the Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) No. 2011-04, Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S.GAAP and IFRSs, which amends ASC 820, as of the beginning of the year ended December 31, 2012.

ASU 2011-04 is effective for financial statements issued for fiscal years beginning after December 15, 2011 and expands certain disclosures about fair value measurement. The

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2014

ASU requires the categorization by level for items that are only required to be disclosed at fair value and information about transfers between Level 1 and Level 2. In addition, the ASU provides guidance on measuring the fair value of financial instruments managed within a portfolio and the application of premiums and discounts on fair value measurements. The ASU requires additional disclosure for Level 3 measurements regarding the sensitivity of fair value to changes in unobservable inputs and any interrelationships between those inputs. The effect of the adoption of ASU 2011-04 had no impact on the Plan's statement of net assets available for benefits and statement of changes in net assets available for benefits.

NOTE 3 – FAIR VALUE MEASUREMENTS

ASC 820, Fair Value Measurements and Disclosures, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Asset Valuation Techniques - Valuation technologies maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2014 and 2013.

Fixed income separate accounts are categorized as Level 2. They are valued using third party pricing services. These services use, for example, model-based pricing methods that use observable market data as inputs. Broker dealer bids or quotes of securities with similar characteristics may also be used.

U.S. and global equity separate accounts are categorized as Level 1 if the securities actively trade on national or international exchanges and are valued at their last reported closing price.

Shares of registered investment companies held are primarily categorized as Level 1; they are valued at quoted market prices as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN**NOTES TO FINANCIAL STATEMENTS****For the Year Ended December 31, 2014**

transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables, set forth by level within the fair value hierarchy, are a summary of the Plan's investments measured at fair value on recurring basis at:

		Fair Value Measurements Using:	
		Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
	<u>Fair Value</u>		
December 31, 2014			
Mutual Funds:			
Target-Date funds	1,631,199	1,631,199	
Equity funds	726,038	726,038	
Fixed income funds	218,683	218,683	
Global funds	164,246	164,246	
International equity funds	148,732	148,732	
Real estate funds	103,719	103,719	
Total mutual Funds	\$ 2,992,617	\$ 2,992,617	\$ -
Participant Loans	<u>118,176</u>	<u>-</u>	<u>118,176</u>
Total	<u>\$ 3,110,793</u>	<u>\$ 2,992,617</u>	<u>\$ 118,176</u>
December 31, 2013			
Mutual Funds:			
Target-Date funds	1,550,511	1,550,511	
Equity funds	651,399	651,399	
Fixed income funds	89,397	89,397	
Global funds	134,269	134,269	
International equity funds	114,681	114,681	
Real estate funds	52,388	52,388	
Total mutual Funds	\$ 2,592,645	\$ 2,592,645	\$ -
Participant Loans	<u>172,469</u>	<u>-</u>	<u>172,469</u>
Total	<u>\$ 2,765,114</u>	<u>\$ 2,592,645</u>	<u>\$ 172,469</u>

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS For the Year Ended December 31, 2014

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, 2014		
Beginning balance	\$ 172,469	\$ 172,469
Ending balance	<u>\$ 118,176</u>	<u>\$ 118,176</u>
December 31, 2013		
Beginning balance	\$ 223,621	\$ 223,621
Ending balance	<u>\$ 172,469</u>	<u>\$ 172,469</u>

Transfers between Levels - The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period. For the years ended December 31, 2014 and 2013, there were no transfers between levels.

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS **For the Year Ended December 31, 2014**

NOTE 4 – INVESTMENTS

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

	December 31	
	2014	2013
ASSETS		
T. Rowe Price Retirement 2015 Fund Advisor	359,758	340,559
T. Rowe Price Retirement 2025 Fund Advisor	164,506	178,166
T. Rowe Price Retirement 2035 Fund Advisor	244,551	189,303
T. Rowe Price Retirement 2045 Fund Advisor	168,104	194,150
T. Rowe Price Retirement 2050 Fund Advisor	-	343,180
T. Rowe Price Retirement 2040 Fund Advisor	414,199	-
	<u>\$ 1,351,118</u>	<u>\$ 1,245,358</u>

NOTE 5 - EXEMPT PARTIES-IN-INTEREST TRANSACTIONS

There were no exempt parties-in-interest transactions for years ended December 31, 2014 and 2013.

NOTE 6 - 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 7 - FEDERAL INCOME TAX STATUS

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the relevant taxing authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently

EXTRUMED, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2014

no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

NOTE 8 - NONEXEMPT PARTY-IN-INTEREST TRANSACTION

There were no non-exempt parties-in-interest transactions for years ended December 31, 2014 and 2013.

NOTE 9 - 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, 2014

(a)	(b) Identity	(c) Description	(d) Cost	(e) Current Value
	PIMCO TOT RETURN ADM	Mutual Fund	(1) \$	-
	TMPL FRGN SM CO A	Mutual Fund	(1)	26,767.
	ARIEL APPRECIATION	Mutual Fund	(1)	19,463
	MUTUAL GBL DISCVRY A	Mutual Fund	(1)	-
	OAKMARK FUND I	Mutual Fund	(1)	141,742
	TMPL GLOBAL BOND A	Mutual Fund	(1)	52,522
	NUVEEN REAL ESTATE A	Mutual Fund	(1)	103,719
	PRU/J SMALL CO A	Mutual Fund	(1)	31,655
	RDGWITH MID CAP VAL I	Mutual Fund	(1)	68,279
	TRP RETIRE 2015 ADV	Mutual Fund	(1)	359,758
	TRP RETIRE 2025 ADV	Mutual Fund	(1)	164,507
	TRP RETIRE 2035 ADV	Mutual Fund	(1)	244,551
	TRP RETIRE 2045 ADV	Mutual Fund	(1)	168,104
	TRP RETIRE 2050 ADV	Mutual Fund	(1)	19,611
	TRP RETIRE 2055 ADV	Mutual Fund	(1)	670
	THORNBURG INT VAL R4	Mutual Fund	(1)	-
	ALZGI NFJ INTL VAL A	Mutual Fund	(1)	65,369
	PRU GOVT INC Z	Mutual Fund	(1)	2,601
	COL SM CAP CORE Z	Mutual Fund	(1)	25,027
	WF STABLE VALUE	Mutual Fund	(1)	49,577
	OPPHMR DEV MKTS A	Mutual Fund	(1)	48,686
	OPPHMR INTL GR Y	Mutual Fund	(1)	33,318
	GS GROWTH OPPS A	Mutual Fund	(1)	40,121
	DLWR SM CAP VAL INST	Mutual Fund	(1)	38,198
	WFA OPPORTUNITY ADM	Mutual Fund	(1)	-
	TRP RETIRE 2010 ADV	Mutual Fund	(1)	89,882
	TRP RETIRE 2020 ADV	Mutual Fund	(1)	107,918
	TRP RETIRE 2030 ADV	Mutual Fund	(1)	62,000
	TRP RETIRE 2040 ADV	Mutual Fund	(1)	414,199
	MFS VALUE R3	Mutual Fund	(1)	118,929
	JANUS FLEXIBLE BD I	Mutual Fund	(1)	80,164
	GS EMRG MKT DEBT I	Mutual Fund	(1)	23,277
	FID CONTRAFUND	Mutual Fund	(1)	84,972
	FID SEL TECHNOLOGY	Mutual Fund	(1)	15,999
	FID HIGH INCOME	Mutual Fund	(1)	37,654
	FID SEL MATERIALS	Mutual Fund	(1)	72,168
	FID WORLDWIDE	Mutual Fund	(1)	111,724
	SPTN 500 INDEX ADV	Mutual Fund	(1)	69,484
*	Notes Receivable from Participants	Participant Loans	(1)	118,176
NET ASSETS 12/31/2014				\$ 3,110,791

* 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
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.