Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number WAVE 401(K) TRUST (PN) ▶ 001 1c Effective date of plan 01/01/2006 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number WAVE DIAGNOSTICS, PLLC 13-3905489 (EIN) 2c Sponsor's telephone number 914-738-8100 235 CORONA AVENUE 235 CORONA AVENUE PELHAM, NY 10803 PELHAM, NY 10803 2d Business code (see instructions) 541940 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 13-3905489 WAVE DIAGNOSTICS, PLIC 235 CORONA AVENUE PELHAM, NY 10803 3c Administrator's telephone number 914-738-8100 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 652946 765061 Total plan assets..... 7a n 7b Total plan liabilities..... 652946 765061 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 40440 (1) Employers 8a(1) 47800 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) 25174 **b** Other income (loss)..... 8b 113414 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums -1300 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)....... 8f 0 Other expenses..... 8g -1300 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 114714 Net income (loss) (subtract line 8h from line 8c)..... 8i 0 Transfers to (from) the plan (see instructions)

Form	5500.	SF.	201

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Part IV	Plan	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

a	During the plan year:		Yes	No		Δm	ount
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		Alli	Juni
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X			
art	VI Pension Funding Compliance		•		•		
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes X
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes X
•	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver						
lf y	granting the waiverMont you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	th		Day			
lf y b	granting the waiver	th	 [Day 12b			
lf y b c	granting the waiver	th of a	 [Day			
lf y b c d	granting the waiver	th of a		12b 12c 12d		Yea	
lf y b c d	granting the waiver	th of a		12b 12c 12d		Yea	r
lf y b c d	granting the waiver	of a	[12b 12c 12d	Ye	Yea	r
lf y b c d e	granting the waiver	of a		12b 12c 12d	Ye	Yea	r
b c d e art 3a	granting the waiver	of a		12b 12c 12d	Ye	Yea	No N
b c d e art 3a	granting the waiver	of a		12b 12c 12d	Ye	Yea	r
b c d e art 3a b c	granting the waiver	of a		12b 12c 12d	Yes)	Yea	No N
b c d art 3a	granting the waiver	of a		Day 12b 12c 12d	Yes)	Yea	No N

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/17/2012	BRIDGET LOWE
HERE	Signature of plan administrator	plan administrator Date Enter name of	
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

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F		dance with	the instructions to the Form 550	0-SF.	115	spection		
	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	2/31/2	011			
A	This return/report is for: a single-employer plan	a multiple	-employer plan (not multiemployer)	[a one-partici	pant plan		
В	This return/report is: the first return/report	the final re	eturn/report					
		a short pla	in year return/report (less than 12 m	onths)				
C	Check box if filing under: Form 5558	automatic	extension	١	DFVC progra	am		
•	special extension (enter description		- CALCHOIGH	- 1	_ bi ve piegia	••••		
D		,						
	art II Basic Plan Information—enter all requested inform. Name of plan	ation		46				
	YE 401(K) TRUST				Three-digit plan number			
**/	L 401(N) 11001			100	(PN)	001		
					Effective date o	f plan		
						/2006		
	Plan sponsor's name and address; include room or suite number (e /E DIAGNOSTICS, PLLC	mployer, if	for a single-employer plan)			fication Number		
				2c Sponsor's telephone number				
	CORONA AVENUE 235 CORON HAM, NY 10803 PELHAM, NY		E.	24	8-8100			
trans again	object trade out to 1 approximation ()	a sometimes			5419	Maril 19		
	Plan administrator's name and address (if same as plan sponsor, et E DIAGNOSTICS, PLLC 235 CORONA	A AVENUE		3b /	Administrator's 13-39	EIN 905489		
	PELHAM, NY	10803		Зс .	Administrator's 914-73	telephone number 8-8100		
4	If the name and/or EIN of the plan sponsor has changed since the I	ast return/r	report filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report.							
	Sponsor's name			4c 5a	PN			
	5a Total number of participants at the beginning of the plan year					3		
D	Total number of participants at the end of the plan year			5b		4		
C	Number of participants with account balances as of the end of the promplete this item)			5c		4		
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)			X Yes No		
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indepen and conditi	dent qualified public accountant (IQ ons.)	PA)		X Yes ☐ No		
	If you answered "No" to either 6a or 6b, the plan cannot use Fo				30 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
a	Total plan assets	7a	652946			765061		
b	Total plan liabilities	7b	0			0		
С	Net plan assets (subtract line 7b from line 7a)	7c	652946			765061		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b)	Гotal		
a	Contributions received or receivable from: (1) Employers	8a(1)	40440		\			
	(2) Participants		47800					
	(3) Others (including rollovers)		0					
b	Other income (loss)		25174					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			_		113414		
d	Benefits paid (including direct rollovers and insurance premiums	- 00	NAME OF TAXABLE PARTY.			1000000		
	to provide benefits)	. 8d	-1300					
е	Certain deemed and/or corrective distributions (see instructions)	8e	0					
f	Administrative service providers (salaries, fees, commissions)	8f	0					
g	Other expenses	8g	0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					-1300		
i	Net income (loss) (subtract line 8h from line 8c)	10.00				114714		
	Transfers to (from) the plan (see instructions)		0					

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Par	IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2F 3D	acteris	tic Co	des in	the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteristi	ic Cod	es in t	he instructi	ons:	
Part	V Compliance Questions						
10	During the plan year:	-	Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
C	Was the plan covered by a fidelity bond?	10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)			×			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
q	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		х			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500)).					Ye	s X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ction 3	302 of	ERISA?	Ye	s X No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13						
b	Enter the minimum required contribution for this plan year			12b			
C	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Ш,	Yes X	lo	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a				
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					Ye	s 🛛 No
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pla			ware contain		
	13c(1) Name of plan(s):			c(2) E	N(s)	13c	(3) PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ole cau	ıse is	estab	lished.		
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, it is true-correct, and complete.	turn/re	port, ir	ncludin	g, if applica		

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

SIGN HERE

SIGN HERE

Signature of employer/plan sponsor