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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ELECTRONIC WAVEFORM LAB, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1994

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

ELECTRONIC WAVEFORM LAB, INC.

5702 BOLSA AVENUE
HUNTINGTON BEACH, CA 92649

2b Employer Identification Number (EIN)
95-3730701

2c Sponsor's telephone number
714-500-4015

2d Business code (see instructions)
339110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2013	WILLIAM HEANEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

ELECTRONIC WAVEFORM LAB, INC.

5702 BOLSA AVENUE
HUNTINGTON BEACH, CA 92649

3b Administrator's EIN
95-3730701

3c Administrator's telephone number
714-500-4015

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 (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	104
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	15
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	119
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	119
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	115
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
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:
2A 2E 2F 2G 2J 2K 3D

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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	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)	X	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)	X	**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)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
ELECTRONIC WAVEFORM LAB, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ELECTRONIC WAVEFORM LAB, INC.

D Employer Identification Number (EIN)
95-3730701

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

ING LIFE INSURANCE & ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	878122	115	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
23753	1664

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

NFP SECURITIES INC
1250 S CAPITAL OF TEXAS HWY
BLDG 2 SUITE 125
WEST LAKE HILLS, TX 78746

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
23753			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

THE RYDING COMPANY
2659 TOWNSGATE ROAD SUITE 101
WESTLAKE VILLAGE, CA 91361

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	1664	TPA PARTNERSHIP PROGRAM	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	180572
5	Current value of plan's interest under this contract in separate accounts at year end	5	4876900

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ OTHER-GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	182917
c	Additions: (1) Contributions deposited during the year	7c(1)	17311		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	5003		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	2838		
	▶ CAN CONSIST OF LOAN REPAYMENTS, POSITIVE VALUE ADJUSTMENTS, COLLATERAL INTEREST EARNED, TRANSFERS FROM AS				
	(6)Total additions			7c(6)	25152
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	208069
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	14662		
	(2) Administration charge made by carrier	7e(2)	146		
	(3) Transferred to separate account	7e(3)	8407		
	(4) Other (specify below)	7e(4)	4282		
	▶ CAN COSIS OF LOAN DISBUSEMENTS, NEGATIVE VALUE ADJUSTMENTS, TRANSFERRED ASSETS FROM ONE ING CONTRACT TO				
	(5) Total deductions			7e(5)	27497
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	180572

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
ELECTRONIC WAVEFORM LAB, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ELECTRONIC WAVEFORM LAB, INC.

D Employer Identification Number (EIN)
95-3730701

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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)

ING LIFE INSURANCE AND ANNUITY CO

7337 E. DOUBLETREE RANCH ROAD
SCOTTSDALE, AZ 85258

71-0294708

(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?
60 64 65 66	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	36997	Yes [ ] No [X]

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

ING MUTUAL FUNDS

7337 E. DOUBLETREE RANCH ROAD
SCOTTSDALE, AZ 85258

95-4516049

(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?
28 52 63	INVESTMENT PRODUCT PROVI	0	Yes [X] No [ ]	Yes [ ] No [X]	35760	Yes [ ] No [X]

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

ING FINANCIAL ADVISORS

7337 E. DOUBLETREE RANCH ROAD
SCOTTSDALE, AZ 85258

06-1375177

(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?
63	BROKER/DEALER	0	Yes [X] No [ ]	Yes [ ] No [X]	7757	Yes [ ] No [X]

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
ING LIFE INSURANCE AND ANNUITY CO	60 65 66	5195

(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.
ING FIDELITY VIP CONTRAFUND PORT SR 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE, AZ 85258 20-1351800	SUB-TRSNAFER/REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 65 66	4787

(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.
ING SOLUTION 2045 PORTFOLIO ADV 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE, AZ 85258 20-2456138	SUB-TRANSFER/REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANC AND ANNUITY CO	60 65 66	3759

(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.
ING SOLUTION 2035 PORTFOLIO ADV 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE, AZ 85258 20-2456104	SUB-TRANSFER/REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES INSURANCE MORTALITY AND EXPENSE CHARGE

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
ING LIFE INSURANCE AND ANNUITY CO	66	3485

(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.
VANGUARD VIF-SMALL COMP GRWTH PORT 100 VANGUARD BOULEVARD MALVERN, PA 19355 23-1945930	INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 65 66	3050

(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.
ING SOLUTION 2025 PORTFOLIO ADV 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE, AZ 85258 47-0951928	SUB-TRANSFER/REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 66	2915

(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.
ING U.S. STOCK INDEX PORTFOLIO INST 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE, AZ 85258 55-0839540	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

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
ING LIFE INSURANCE AND ANNUITY CO	60 65 66	1463

(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.
ING FIDELITY VIP MD CP PORTFOLIO SR 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE, AZ 85258 20-1352148	SUB-TRANSFER/REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 65 66	1211

(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.
ING JPMORGAN EMRG MKTS EQ PORT SRV 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE, AZ 85258 52-2059121	SUB-TRANSFER/REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 66	1148

(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.
COLUMBIA MID CAP VALUE FUND A P.O. BOX 8081 BOSTON, MA 02266 13-4195091	SUM-TRANSFER/REIMNURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

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
ING MUTUAL FUNDS	28 52 63	8349

(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.
ING SOLUTION 2045 PORTFOLIO ADV 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE, AZ 85258 20-2456138	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING MUTUAL FUNDS	25 52 63	6481

(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.
ING SOLUTION 2035 PORTFOLIO ADV 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE, AZ 85258 20-2456104	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52 63	6141

(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.
ING FIDELITY VIP CONTRAFUND PORT SR 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE, AZ 85258 20-1351800	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

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
ING MUTUAL FUNDS	28 52 63	5046

(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.
ING SOLUTION 2025 PORTFOLIO ADV 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE, AZ 85258 47-0951928	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52 63	1872

(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.
ING JPMORGAN EMRG MKTS EQ SRV 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE, AZ 85258 52-2059121	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52 63	1744

(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.
ING FIDELITY VIP MD CP PORTFOLIO SR 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE, AZ 85258 20-1352148	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

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
ING MUTUAL FUNDS	28 52	1359

(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.
ING BLACKROCK SCI & TECH OP PT I 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE, AZ 85258 06-1575881	INVESTMENT MANAGMENT INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING FINANCIAL ADVISERS	63	1460

(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.
ING SOLUTION 2045 PORTFOLIO ADV 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE, AZ 85258 20-2456138	12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING FINANCIAL ADVISERS	63	1093

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MUTUAL GLOBAL DISCOVERY FUND R 3355 DATA DRIVE RANCHO CARDOVA, CA 95670	12B-1 DISTRIBUTION FEES

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
ING FINANCIAL ADVISERS	63	1146

(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.
ING SOLUTION 2035 PORTFOLIO ADV 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE, AZ 85258 20-2456104	12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING FINANCIAL ADVISERS	63	1101

(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.
AMERICAN FUNDS AM BALANCD R3 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE, AZ 85258 94-6050854	12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 66	1411

(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.
ING BLACKROCK SCI & TECH OP PT I 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE, AZ 85258 06-1575881	SUB-TRANSFER/REIMBURSEMENT FEES INSRANCE MORTALITY AND EXPENSE CHARGE

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
ING LIFE INSURANCE AND ANNUITY CO	60 65 66	1101

(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.
ING PIMCO HIGH YIELD PORTFOLIO SRV 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE, AZ 85258 02-0558398	SUB-TRANSFER/REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52 63	1046

(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.
ING SOLUTION 2015 PORTFOLIO ADV 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE, AZ 85258 20-2456044	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
ELECTRONIC WAVEFORM LAB, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ELECTRONIC WAVEFORM LAB, INC.

D Employer Identification Number (EIN)
95-3730701

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: CONTRACT SEPARATE ACCOUNT D

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE & ANNUITY CO.

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)
71-0294708-000	P	4873476

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)

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

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
ELECTRONIC WAVEFORM LAB, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ELECTRONIC WAVEFORM LAB, INC.

D Employer Identification Number (EIN)
95-3730701

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	189993	209330
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	27646	74913
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	3845607	4876900
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	199825	198907
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4263071	5360050
	Liabilities			
g	Benefit claims payable	1g	150	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	150	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4262921	5360050

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)	298384	
	(B) Participants	2a(1)(B)	357964	
	(C) Others (including rollovers)	2a(1)(C)	7844	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		664192
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5003	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	2122	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7125
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	1427	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1427

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		557168
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1229912
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	125329	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		125329
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	3600	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	3854	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		7454
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		132783
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1097129
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: FISHMAN, BLOCK & DIAMOND, LLP (2) EIN: 95-3389582

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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)

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
ELECTRONIC WAVEFORM LAB, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ELECTRONIC WAVEFORM LAB, INC.

D Employer Identification Number (EIN)
95-3730701

Part I Distributions

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** 0

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): 71-0294708

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

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

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**

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.

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):

ELECTRONIC WAVEFORM LAB, INC.
401(K) PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

FOR THE YEARS ENDED
DECEMBER 31, 2012 AND 2011

ELECTRONIC WAVEFORM LAB, INC.
401(K) PLAN

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FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

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FISHMAN, BLOCK + DIAMOND, LLP

CERTIFIED PUBLIC ACCOUNTANTS

MEMBERS OF
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

Trustees
Electronic Waveform Lab, Inc. 401(K) Plan
Huntington Beach, California

INDEPENDENT AUDITORS' REPORT

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Electronic Waveform Lab, Inc. 401(K) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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; the 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.

Auditors' 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 H, which was certified by ING Life Insurance and Annuity Company (ING), the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. 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 and for the year ended December 31, 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

16830 Ventura Boulevard, Suite 400
Encino, California 91436
Tel 818.783.7140 310.284.8267
Fax 818.783.3706
Web www.fbco.com

INDEPENDENT AUDITORS' REPORT (Continued)

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

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule is the responsibility of plan management. It is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, 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.

Fishman, Block + Diamond, LLP
Encino, CA
October 8, 2013

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ELECTRONIC WAVEFORM LAB, INC.
401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31,

	2012	2011
ASSETS		
Investments at fair value:		
ING Fixed account	$ 198,907	$ 199,825
Pooled separate accounts	4,876,900	3,845,607
Total investments	5,075,807	4,045,432
Receivables:		
Employer's contribution receivable	209,330	189,993
Participant notes receivable	74,913	27,646
Total receivables	284,243	217,639
TOTAL ASSETS	5,360,050	4,263,071
LIABILITIES		
Excess contribution payable	-	150
TOTAL LIABILITIES	-	150
NET ASSETS AVAILABLE FOR BENEFITS	$ 5,360,050	$ 4,262,921

See accompanying notes.

ELECTRONIC WAVEFORM LAB, INC.
401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2012

ADDITIONS TO NET ASSETS		
Income:		
Interest on fixed accounts	$	5,003
Interest on participant notes receivable		2,122
Net appreciation in fair value, ING Fixed account		1,427
Net appreciation in fair value, pooled separate accounts		557,168
		565,720
Contributions:		
Employer		298,384
Participants		357,964
Rollover		7,844
		664,192
TOTAL ADDITIONS		1,229,912
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants		125,329
Forfeitures		3,854
Investment and administrative expenses		3,600
TOTAL DEDUCTIONS		132,783
NET INCREASE		1,097,129
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		4,262,921
END OF YEAR	$	5,360,050

See accompanying notes.

ELECTRONIC WAVEFORM LAB, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011

NOTE A – DESCRIPTION OF PLAN

The following description of Electronic Waveform Lab, Inc. 401(K) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan, which originated on November 1, 1994, is a defined contribution plan covering all employees of Electronic Waveform Lab, Inc. (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Employees at least 18 years of age become eligible upon completion of 6 months of service. Eligible employees may begin participation in the Plan on January 1 or July 1 of each year.

Plan assets – All Plan assets held under the Plan are administered, distributed, and otherwise governed by the provisions of the Plan document. All assets of the Plan are held by the custodian, ING Life Insurance and Annuity Company (ING). ING maintains participant accounts, which are invested in pooled separate accounts and fixed investment contracts, as directed by the participants. The Plan also holds notes receivable for participant loans. Administrative expenses charged by ING are paid out of the Plan's net assets as permitted by the Plan document.

Contributions – Participants may contribute up to 100% of their annual pay, as defined in the Plan, up to statutory limits. Participants may, on the first day of each calendar month, change their percentage of compensation deferred or suspend their contributions. The Company may provide a discretionary employer matching contribution equal to a uniform percentage of employee salary deferrals. Each year, the Company determines the amount of the discretionary percentage. For the years ended December 31, 2012 and 2011, the Company made discretionary employer matching contributions of $89,491 and $73,476, respectively.

The Company may also provide a discretionary annual safe harbor contribution in an amount equal to 3% of the eligible employee's compensation. In addition, the Company may also make a discretionary profit sharing contribution to an eligible employee. Employer safe harbor contributions were $208,893 and $187,282 for the years ended December 31, 2012 and 2011, respectively. The Company made no other discretionary contributions during the years ended December 31, 2012 and 2011.

Participant Accounts – Each participant's account is credited with the participant's contributions, the Company's contributions, and an allocation of Plan earnings, and is charged with an allocation of investment and administrative expenses related to the investment funds as maintained by ING. Allocations are based on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Vesting – All participants are immediately vested in their contributions, including transfers from IRAs and other qualified plans, and the Company's safe harbor contributions, plus actual earnings thereon. Vesting in the employer's matching and discretionary contributions plus actual earnings thereon is based on years of service. Participants are fully vested after 6 years of credited service.

Forfeited Accounts – Any portion of the final balances in terminated participants' accounts, which are not vested, become forfeitures. At December 31, 2012 and 2011, forfeited non-vested accounts totaled $4,089 and $2,842, respectively. These accounts will be used to reduce employer discretionary matching contributions or to pay any administrative expenses of the Plan. For year ended December 31, 2012, employer contributions were reduced by $4,126 from forfeited non-vested accounts.

Participant Loans Receivable – Participants may borrow funds from their accounts from a minimum of $1,000 up to a maximum of the lesser of $50,000 or 50% of their vested account balance. Loan terms may range from 1 to 5 years, except for loans to acquire dwelling units to be used as a principal residence. The loans bear interest at the prime rate plus 1% per annum. Principal and interest payments are paid ratably through bi-weekly payroll deductions.

Payment of Benefits – On termination of service, a participant or his beneficiaries may elect to receive the value of his or her vested interest in a lump sum payment or payments over a specified period, or a rollover to an IRA or other qualified plan. If the vested interest of such participant does not exceed $5,000, such vested interest will be distributed with or without the participant's consent. Minimum required distributions must begin annually on April 1st following the end of the calendar year in which the participant reaches age 70½. The option to defer minimum required distributions is available only to the current employees, not the terminated employees.

Hardship Distributions – Participants may withdraw their vested account balance for financial hardship if certain conditions as defined by the Plan document are satisfied.

Investment and Administrative Expenses – The investment accounts are charged with an allocation of ING's investment and administrative expenses related to the investment funds. Other expenses, such as the fees of accountants, counsel, investment managers, agents appointed for the purpose of assisting the administrator or trustee in the administration of the Plan, or costs of any required bonds, may be paid from plan assets. However, since inception the Company has absorbed all of the Plan expenses, except those investment and administrative fees charged to participant accounts by ING. Expenses incurred as a direct result of a participant's activities, such as processing a loan or distribution request, are charged to that participant's account.

Investment Options - Upon enrollment in the plan, a participant may direct contributions into either of the following investment options:

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Investment Options (continued) -

ING Fixed Account – This investment option is a fixed investment contract with ING. Funds are invested in the general funds of ING, pursuant to the investment contract between the Company and ING. Investments in the Fixed Account earn a rate of return declared by ING monthly. Pursuant to the investment contract, the minimum rate of return is 3%. The principal and interest earned are guaranteed by ING. The contract may provide for limitations on transfers from the Fixed Account.

Pooled Separate Accounts – Participants may choose among a variety of mutual funds maintained by ING that represent a diverse range of investment opportunities in combinations of stocks, bonds, commercial debt holdings, and cash. Investments in pooled separate accounts represent units of participation in the mutual funds as maintained by ING.

Participants may change their investment options at any time among the available fixed and pooled separate accounts. However; the ING Fixed account may be subject to withdrawal restrictions.

NOTE B – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting – The financial statements are prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles and Department of Labor regulations.

Subsequent Events – Management has evaluated subsequent events through October 8, 2013, the date on which the financial statements were available to be issued.

Use of Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual amounts could differ from these estimates.

Payment of Benefits – Benefits are recorded when paid. If a participant loan were deemed to be uncollectible, it would be written off and recorded as a payment of benefits at the time it was deemed to be uncollectible.

Forfeitures – Forfeitures are recorded when the forfeited funds are withdrawn from the participant's account.

Notes Receivable from Participant – Loans to participants are stated at their unpaid principal balances plus accrued interest, pursuant to FASB ASC 310-10.

NOTE B – SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

Asset Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or be paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note I for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income, including interest on participant loans, is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Net Appreciation (Depreciation) in Fair Value of Investments – Realized and unrealized appreciation (depreciation) in the fair value of investments is based on the difference between the fair value of the assets at the beginning of the year, or at the time of purchase for assets purchased during the year, and the related fair value on the day investments are sold with respect to realized appreciation (depreciation), or on the last day of the year for unrealized appreciation (depreciation).

Realized and unrealized appreciation (depreciation) is recorded in the accompanying Statement of Changes in Net Assets Available for Benefits as net appreciation in fair value of investments.

NOTE C – INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 1994, the Company entered into an investment contract with Manufacturers Life Insurance Company, which merged in 2004 with John Hancock Financial Services, Inc. In October 2006, the Company entered into an investment contract with ING and all plan assets were transferred from John Hancock to ING. ING maintains the Plan assets in pooled separate accounts invested in a variety of available mutual funds, or in fixed interest accounts at a guaranteed interest rate.

NOTE D – ACCOUNTS OF TERMINATED PARTICIPANTS

Net assets available for benefits at December 31, 2012 included $132,268, allocated to the account of persons who as of or prior to this date had withdrawn from participation in the Plan.

NOTE E – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE F – TAX STATUS

The Plan administrator believes that the Plan has been designed and operated in compliance with applicable requirements of the IRC.

NOTE G – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at lest reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE H – INFORMATION PREPARED AND CERTIFIED BY PLAN CUSTODIAN

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by ING (* represent 5% or more of plan net assets):

Investments at fair value:	Dec. 31, 2012	Dec. 31, 2011
ING Fixed Account	$ 198,907	$ 199,825
Total Fixed Account	$ 198,907	$ 199,825

Investments at fair value and contract value:

Pooled separate accounts:	Dec. 31, 2012		Dec. 31, 2011	
American Funds American Balanced Fund - Class R-3	$ 251,641		$ 192,841	
American Funds EuroPacific Growth Fund - Class R-3	39,423		30,634	
American Funds The Growth Fund of America - Class R-3	138,029		117,728	
Columbia Mid Cap Value Fund - Class A Shares	145,565		138,567	
Franklin Small Cap Value Securities Fund - Class 2	17,080		11,982	
ING BlackRock Science and Technology - Class I	129,026		115,008	
ING Clarion Real Estate Portfolio - Service Class	79,062		56,369	
ING Fidelity VIP Contrafund Portfolio - Service Class	558,433	*	452,310	*
ING Fidelity VIP Mid Cap Portfolio - Service Class	165,549		123,245	
ING Index Plus SmallCap Portfolio - Class I	877		748	
ING Intermediate Bond Portfolio - Class I	92,105		58,555	
ING International Index Portfolio - Class I	9,385		6,002	
ING JPMorgan Emerging Markets Equity - Service	142,643		109,717	

NOTE H – INFORMATION PREPARED AND CERTIFIED BY PLAN CUSTODIAN (CONTINUED)

Pooled separate accounts (continued):	Dec. 31, 2012		Dec. 31, 2011	
ING PIMCO High Yield Portfolio - Service Class	$ 125,431		$ 104,035	
ING Russell Mid Cap Index Portfolio - Class I	29,612		24,777	
ING Solution 2015 Portfolio - Adviser Class	97,556		70,832	
ING Solution 2025 Portfolio - Adviser Class	386,525	*	353,698	*
ING Solution 2035 Portfolio - Adviser Class	511,871	*	394,751	*
ING Solution 2045 Portfolio - Adviser Class	682,119	*	508,664	*
ING Solution 2055 Portfolio - Adviser Class	54,842		31,112	
ING Solution Income Portfolio - Adviser Class	25,265		19,072	
ING U.S. Stock Index Portfolio - Institutional Class	353,432	*	288,253	*
Mutual Global Discovery Fund – Class R	227,820		210,292	
Pioneer Fund - Class R Shares	6,883		19,109	
Pioneer Strategic Income Fund - Class R Shares	87,248		72,004	
Vanguard Variable Insurance Fund - Equity Income	105,095		26,200	
Vanguard Variable Insurance Fund	414,383	*	309,102	*
Total pooled separate accounts	$ 4,876,900		$ 3,845,607	
Participant notes receivable	$ 74,913		$ 27,646	
Interest on fixed accounts	$ 5,003		$ 5,131	
Net appreciation (depreciation) on pooled separate accounts	$ 557,168		$ (130,491)	
Interest on participant notes receivable	$ 2,122		$ 1,175	
Investment and administrative expenses	$ 3,600		$ 2,175	

NOTE I – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE I – FAIR VALUE MEASUREMENTS (CONTINUED)

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than Level 1 inputs, such as quoted prices for similar assets in active markets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used when Level 1 and Level 2 inputs are not available.

Level 1 Fair Value Measurements – The pooled separate accounts consist of mutual funds whose fair value is determined by the number of shares of each underlying fund multiplied by the closing net asset value per share quoted for that fund in an active market.

Level 2 Fair Value Measurements – The fixed accounts of ING are investments in the unallocated general funds of ING with a fixed rate of interest guaranteed for a fixed period of time. The fair value of the fixed accounts are determined based on each participant's investment account, the interest rate being earned due to the investment date and term, and interest rate being offered for the identical investment at year end. The investments and redemptions of these accounts constitute an active market.

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets measured at fair value:

	Level 1	Level 2	Total
December 31, 2012			
Investments held by ING:			
Fixed accounts	$ -	$ 198,907	$ 198,907
Pooled separate accounts	4,876,900	-	4,876,900
Totals	$ 4,876,900	$ 198,907	$ 5,075,807
December 31, 2011			
Investments held by ING:			
Fixed accounts	$ -	$ 199,825	$ 199,825
Pooled separate accounts	3,845,607	-	3,845,607
Totals	$ 3,845,607	$ 199,825	$ 4,045,432

NOTE J – RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by ING. There are also investments in the ING Fixed Account which is an annuity contract issued by ING. ING is the custodian and recordkeeper as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions.

NOTE K – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

As of December 31, 2012 and 2011, there were no reconciling items between the financial statements and the form 5500 for the guaranteed accounts, because the form 5500 presents the accounts at fair value on the same basis as the financial statements. Therefore, there were also no reconciling items between the financial statements and the form 5500 for net assets available for benefits as of December 31, 2012 and 2011.

SUPPLEMENTAL SCHEDULE

ELECTRONIC WAVEFORM LAB, INC.
401(K) PLAN
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2012

EIN: 95-3730701 PLAN #001

Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
American Funds	American Funds American Balanced Fund - Class R-3	n/a	$ 251,641
American Funds	American Funds EuroPacific Growth Fund - Class R-3	n/a	39,423
American Funds	American Funds The Growth Fund of America - Class R-3	n/a	138,029
Columbia Management	Columbia Mid Cap Value Fund - Class A Shares	n/a	145,565
Franklin Templeton Investments	Franklin Small Cap Value Securities Fund - Class 2	n/a	17,080
BlackRock, Inc.	ING BlackRock Science and Technology - Class I	n/a	129,026
ING Life Insurance and Annuity Co.	ING Clarion Real Estate Portfolio - Service Class	n/a	79,062
Fidelity Investments	ING Fidelity VIP Contrafund Portfolio - Service Class	n/a	558,433
Fidelity Investments	ING Fidelity VIP Mid Cap Portfolio - Service Class	n/a	165,549
ING Life Insurance and Annuity Co.	ING Index Plus SmallCap Portfolio - Class I	n/a	877
ING Life Insurance and Annuity Co.	ING Intermediate Bond Portfolio - Class I	n/a	92,105
ING Life Insurance and Annuity Co.	ING International Index Portfolio - Class I	n/a	9,385
JPMorgan Asset Management	ING JPMorgan Emerging Markets Equity - Service	n/a	142,643
PIMCO Investments, LLC	ING PIMCO High Yield Portfolio - Service Class	n/a	125,431
ING Life Insurance and Annuity Co.	ING Russell Mid Cap Index Portfolio - Class I	n/a	29,612
ING Life Insurance and Annuity Co.	ING Solution 2015 Portfolio - Adviser Class	n/a	97,556
ING Life Insurance and Annuity Co.	ING Solution 2025 Portfolio - Adviser Class	n/a	386,525
ING Life Insurance and Annuity Co.	ING Solution 2035 Portfolio - Adviser Class	n/a	511,871
ING Life Insurance and Annuity Co.	ING Solution 2045 Portfolio - Adviser Class	n/a	682,119
ING Life Insurance and Annuity Co.	ING Solution 2055 Portfolio - Adviser Class	n/a	54,842
ING Life Insurance and Annuity Co.	ING Solution Income Portfolio - Adviser Class	n/a	25,265
ING Life Insurance and Annuity Co.	ING U.S. Stock Index Portfolio - Institutional Class	n/a	353,432
ING Life Insurance and Annuity Co.	Mutual Global Discovery Fund - Class R	n/a	227,820
Pioneer Investments	Pioneer Fund - Class R Shares	n/a	6,883
Pioneer Investments	Pioneer Strategic Income Fund - Class R Shares	n/a	87,248
The Vanguard Group, Inc.	Vanguard Variable Insurance Fund - Equity Income	n/a	105,095
The Vanguard Group, Inc.	Vanguard Variable Insurance Fund - Small Company Growth	n/a	414,386
ING Life Insurance and Annuity Co.	ING Fixed Account	n/a	198,907
Participant Notes Receivable	4.25% - 9.25%	-0-	74,913

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).

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

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A This return/report is for: [ ] a multiemployer plan; [ ] a multiple-employer plan; or [X] 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: [X] Form 5558; [ ] automatic extension; [ ] the DFVC program; [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ELECTRONIC WAVEFORM LAB, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1994

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
ELECTRONIC WAVEFORM LAB, INC.

5702 BOLSA AVENUE

HUNTINGTON BEACH CA 92649

2b Employer Identification Number (EIN) 95-3730701

2c Sponsor's telephone number 714-500-4015

2d Business code (see instructions) 339110

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	Signature of plan administrator	8/9/13 Date	WILLIAM HEANEY Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	8/9/13 Date	WILLIAM HEANEY Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a	Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address ELECTRONIC WAVEFORM LAB, INC. 5702 BOLSA AVENUE HUNTINGTON BEACH CA 92649	3b Administrator's EIN 95-3730701 3c Administrator's telephone number 714-500-4015
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 (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
a	Active participants	6a	104
b	Retired or separated participants receiving benefits	6b	0
c	Other retired or separated participants entitled to future benefits	6c	15
d	Subtotal. Add lines 6a, 6b, and 6c	6d	119
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f	Total. Add lines 6d and 6e	6f	119
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	115
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	10
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:
2A 2E 2F 2G 2J 2K 3D

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)			9b Plan benefit arrangement (check all that apply)		
(1)	☒	Insurance	(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts	(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust	(3)	☒	Trust
(4)	☐	General assets of the sponsor	(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			b General Schedules			
(1)	☒	R (Retirement Plan Information)	(1)	☒		H (Financial Information)
(2)	☐	MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)	☐		I (Financial Information – Small Plan)
			(3)	☒	1	A (Insurance Information)
			(4)	☒		C (Service Provider Information)
(3)	☐	SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)	☒		D (DFE/Participating Plan Information)
			(6)	☐		G (Financial Transaction Schedules)

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	2012 This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
ELECTRONIC WAVEFORM LAB, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ELECTRONIC WAVEFORM LAB, INC.

D Employer Identification Number (EIN)
95-3730701

Part I Distributions

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 0

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): 71-0294708

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

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

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

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.

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):

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
ELECTRONIC WAVEFORM LAB, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ELECTRONIC WAVEFORM LAB, INC.

D Employer Identification Number (EIN)
95-3730701

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	189993	209330
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	27646	74913
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	3845607	4876900
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	199825	198907
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4263071	5360050
Liabilities			
g Benefit claims payable	1g	150	0
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	150	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4262921	5360050

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)	298384	
(B) Participants	2a(1)(B)	357964	
(C) Others (including rollovers)	2a(1)(C)	7844	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		664192
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5003	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	2122	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7125
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A), (B),** and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1427	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1427

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		557168
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1229912
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	125329	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		125329
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	3600	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	3854	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		7454
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		132783
Net Income and Reconciliation			
k Net Income (loss). Subtract line **2j** from line **2d**	2k		1097129
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):
(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:
(1) Name: Fishman, Block & Diamond, LLP (2) EIN: 95-3389582

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:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			

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)

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
ELECTRONIC WAVEFORM LAB, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ELECTRONIC WAVEFORM LAB, INC.

D Employer Identification Number (EIN)
95-3730701

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
ING LIFE INSURANCE & ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	(g) To
71-0294708	86509	878122	115	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
23753	1664

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NFP SECURITIES INC
1250 S CAPITAL OF TEXAS HWY
BLDG 2 SUITE 125
WEST LAKE HILLS TX 78746

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
23753			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
The Ryding Company
2659 Townsgate Road Suite 101

Westlake Village CA 91361

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
	1664	TPA Partnership Program	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	180572
5	Current value of plan's interest under this contract in separate accounts at year end	5	4876900

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ OTHER-GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	182917
c	Additions: (1) Contributions deposited during the year	7c(1)	17311		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	5003		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	2838		
	▶ Can consist of Loan Repayments, Positive Value Adjustments, Collateral Interest Earned, Transfers from as				
	(6)Total additions			7c(6)	25152
d	Total of balance and additions (add lines 7b and 7c(6))			7d	208069
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	14662		
	(2) Administration charge made by carrier	7e(2)	146		
	(3) Transferred to separate account	7e(3)	8407		
	(4) Other (specify below)	7e(4)	4282		
	▶ Can cosis of Loan Disbusements, Negative Value Adjustments, Transferred assets from one ING Contract to				
	(5) Total deductions			7e(5)	27497
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	180572

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) –				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	2012 This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan	B Three-digit plan number (PN) ▶	
ELECTRONIC WAVEFORM LAB, INC. 401(K) PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
ELECTRONIC WAVEFORM LAB, INC.	95-3730701

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

ING LIFE INSURANCE AND ANNUITY CO 71-0294708
7337 E. DOUBLETREE RANCH ROAD

SCOTTSDALE AZ 85258

(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?
60 64 65 66	SERVICE PRO-VIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	36997	Yes [ ] No [X]

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

ING MUTUAL FUNDS 95-4516049
7337 E. DOUBLETREE RANCH ROAD

SCOTTSDALE AZ 85258

(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?
28 52 63	INVESTMENT PRODUCT PROVI	0	Yes [X] No [ ]	Yes [ ] No [X]	35760	Yes [ ] No [X]

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

ING FINANCIAL ADVISORS 06-1375177
7337 E. DOUBLETREE RANCH ROAD

SCOTTSDALE AZ 85258

(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?
63	BROKER/DEALER	0	Yes [X] No [ ]	Yes [ ] No [X]	7757	Yes [ ] No [X]

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
ING LIFE INSURANCE AND ANNUITY CO	60 65 66	5195
(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.	
ING FIDELITY VIP CONTRAFUND PORT SR 20-1351800 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE AZ 85258	SUB-TRSNAFER/REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES INSURANCE MORTALITY AND EXPENSE CHARGE	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 65 66	4787
(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.	
ING SOLUTION 2045 PORTFOLIO ADV 20-2456138 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE AZ 85258	SUB-TRANSFER/REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES INSURANCE MORTALITY AND EXPENSE CHARGE	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING LIFE INSURANC AND ANNUITY CO	60 65 66	3759
(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.	
ING SOLUTION 2035 PORTFOLIO ADV 20-2456104 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE AZ 85258	SUB-TRANSFER/REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES INSURANCE MORTALITY AND EXPENSE CHARGE	

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
ING LIFE INSURANCE AND ANNUITY CO	66	3485

(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.
VANGUARD VIF-SMALL COMP GRWTH PORT 23-1945930 100 VANGUARD BOULEVARD MALVERN PA 19355	INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 65 66	3050

(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.
ING SOLUTION 2025 PORTFOLIO ADV 47-0951928 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE AZ 85258	SUB-TRANSFER/REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 66	2915

(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.
ING U.S. STOCK INDEX PORTFOLIO INST 55-0839540 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE AZ 85258	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

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
ING LIFE INSURANCE AND ANNUITY CO	60 65 66	1463

(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.
ING FIDELITY VIP MD CP PORTFOLIO SR 20-1352148 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE AZ 85258	SUB-TRANSFER/REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 65 66	1211

(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.
ING JPMORGAN EMRG MKTS EQ PORT SRV 52-2059121 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE AZ 85258	SUB-TRANSFER/REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 66	1148

(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.
COLUMBIA MID CAP VALUE FUND A 13-4195091 P.O. BOX 8081 BOSTON MA 02266	SUM-TRANSFER/REIMNURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

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
ING MUTUAL FUNDS	28 52 63	8349

(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.
ING SOLUTION 2045 PORTFOLIO ADV 20-2456138 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE AZ 85258	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING MUTUAL FUNDS	25 52 63	6481

(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.
ING SOLUTION 2035 PORTFOLIO ADV 20-2456104 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE AZ 85258	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52 63	6141

(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.
ING FIDELITY VIP CONTRAFUND PORT SR 20-1351800 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE AZ 85258	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

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
ING MUTUAL FUNDS	28 52 63	5046

(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.
ING SOLUTION 2025 PORTFOLIO ADV 47-0951928 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE AZ 85258	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52 63	1872

(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.
ING JPMORGAN EMRG MKTS EQ SRV 52-2059121 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE AZ 85258	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52 63	1744

(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.
ING FIDELITY VIP MD CP PORTFOLIO SR 20-1352148 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE AZ 85258	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

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
ING MUTUAL FUNDS	28 52	1359

(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.
ING BLACKROCK SCI & TECH OP PT I 06-1575881 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE AZ 85258	INVESTMENT MANAGMENT INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING FINANCIAL ADVISERS	63	1460

(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.
ING SOLUTION 2045 PORTFOLIO ADV 20-2456138 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE AZ 85258	12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING FINANCIAL ADVISERS	63	1093

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MUTUAL GLOBAL DISCOVERY FUND R 3355 DATA DRIVE RANCHO CARDOVA CA 95670	12B-1 DISTRIBUTION FEES

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
ING FINANCIAL ADVISERS	63	1146

(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.
ING SOLUTION 2035 PORTFOLIO ADV 20-2456104 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE AZ 85258	12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING FINANCIAL ADVISERS	63	1101

(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.
AMERICAN FUNDS AM BALANCD R3 94-6050854 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE AZ 85258	12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 66	1411

(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.
ING BLACKROCK SCI & TECH OP PT I 06-1575881 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE AZ 85258	SUB-TRANSFER/REIMBURSEMENT FEES INSRANCE MORTALITY AND EXPENSE CHARGE

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
ING LIFE INSURANCE AND ANNUITY CO	60 65 66	1101

(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.
ING PIMCO HIGH YIELD PORTFOLIO SRV 02-0558398 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE AZ 85258	SUB-TRANSFER/REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52 63	1046

(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.
ING SOLUTION 2015 PORTFOLIO ADV 20-2456044 7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE AZ 85258	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.	2012 This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan	B Three-digit plan number (PN) ▶	
ELECTRONIC WAVEFORM LAB, INC. 401(K) PLAN		001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
ELECTRONIC WAVEFORM LAB, INC.	95-3730701	

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: CONTRACT SEPARATE ACCOUNT D

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE & ANNUITY CO.

c EIN-PN 71-0294708 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4873476

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)

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

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Sponsor Activity Report

ELECTRONIC WAVEFORM LAB, INC.
878122
01/01/2012 to 12/31/2012
Totals Page

Activity this Period

	American Funds EuroP	Mutual Global Discovery Fund R	ING JPMorgan Emrg Mkts Eq Port Srv	ING International Index Port I	Franklin Small Cap Value Fund 2	ING Fidelity VIP Md Cp Portfolio Srv
Shares/Units - Start of period	2,079.625	13,060.610	6,720.977	772.721	850.144	8,197.181
Share/Unit Price - Start of period	14.730317	16.101216	16.324549	7.766985	14.094154	15.035068
Shares/Units - End of period	2,256.792	12,548.998	7,369.017	1,024.587	1,029.279	9,663.811
Share/Unit Price - End of period	17.468615	18.154424	19.357163	9.159564	16.594004	17.130804
Opening Balance	30,633.54	210,291.71	109,716.93	6,001.71	11,982.07	123,245.18
Employee PreTax Matched Contribution	2,276.55	7,231.53	11,570.03	1,641.30	1,685.40	14,972.86
Rollover Contribution						
Employer Matching Contribution	569.03	1,807.63	2,892.52	410.63	421.34	3,743.33
Safe Harbor Non-Elective Contribution	905.05	2,420.43	5,813.29	1,000.57	1,194.73	6,291.55
Loan Repayments Principal	35.96		35.95	4.60	35.95	55.54
Loan Repayments Interest	2.06		2.09	0.84	2.08	2.25
Loan Issue	(187.46)		(190.09)	(183.95)	(210.53)	(197.28)
Withdrawals/Distributions	(704.84)	(20,150.15)	(374.72)	(663.54)	(383.86)	(387.84)
Interfund Exchange	(14.92)	(14.68)	(7,790.35)	(13.64)	(15.76)	(14.60)
Forfeitures	(13.81)	(14.68)	(13.78)	(13.64)	(15.76)	(14.60)
Miscellaneous	4.18	5.05	13.78	13.64	15.76	14.60
Fees	(35.39)	(41.28)	(17.32)	(43.41)	(18.00)	(17.99)
Dividends/Earnings						
Appreciation/(Depreciation)	5,953.05	26,284.25	20,984.94	1,229.67	2,386.46	17,855.85
Closing Balance	39,423.00	227,819.81	142,643.27	9,384.78	17,079.88	165,548.85

The shares/units and prices used to calculate the beginning balances are as of the business day immediately preceding the date shown at the top of the statement. The ending shares/units and prices are as of the date shown. If the statement ending date is not a business day, the price calculated on the business day that immediately precedes the ending date shown is used to determine the ending balances. This statement contains time sensitive financial information. Please review this statement carefully and report any discrepancies by calling Customer Service at 1-800-584-6001 within 30 days of the date of this statement.

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Sponsor Activity Report

ELECTRONIC WAVEFORM LAB, INC.
878122
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Activity this Period

	ING BlackRock Sci & Tech Op Pt I	ING Index Plus SmallCap Portfolio I	Vanguard VIF - Small Comp Grwth Port	Columbia Mid Cap Val	ING Clarion Real Estate Port Srv	ING Rusel Mid Cap Idx - Cl I
Shares/Units - Start of period	7,687.967	59.938	21,483.240	13,159.444	4,068.446	2,181.308
Share/Unit Price - Start of period	14.959478	12.482625	14.388174	10.529860	13.855276	11.358678
Shares/Units - End of period	8,047.849	62.923	25,360.432	11,933.093	4,961.078	2,242.262
Share/Unit Price - End of period	16.032325	13.935398	16.339873	12.198394	15.936544	13.206289
Opening Balance	115,007.99	748.18	309,104.60	138,567.09	56,369.43	24,776.76
Employee PreTax Matched Contribution	24,467.80	77.82	20,425.93	4,402.29	2,695.86	1,882.00
Rollover Contribution						
Employer Matching Contribution	6,117.11	19.45	5,106.34	1,100.49	673.83	470.50
Safe Harbor Non-Elective Contribution	6,615.16	102.87	4,904.65	2,992.29	752.57	1,208.82
Loan Repayments Principal	328.77		52.78	833.38	4.60	478.46
Loan Repayments Interest	25.69		0.17	66.04	0.84	38.40
Loan Issue	(1,651.43)		(76.00)	(4,184.04)	(236.95)	(2,438.51)
Withdrawals/Distributions	(663.40)	(152.40)		(18,974.63)	(41.77)	(739.00)
Interfund Exchange	(30,013.65)		31,501.18	(15.56)	10,000.00	(15.59)
Forfeitures	(13.65)			(15.56)		(15.59)
Miscellaneous	4.02			15.56		15.59
Fees	(48.29)	(2.58)	(6.33)	(114.16)	(15.52)	(47.05)
Dividends/Earnings			(33.17)			
Appreciation/(Depreciation)	8,849.62	83.51	43,406.06	20,891.38	8,859.52	3,997.18
Closing Balance	129,025.74	876.85	414,386.21	145,564.57	79,062.41	29,611.97

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Sponsor Activity Report

ELECTRONIC WAVEFORM LAB, INC.
878122
01/01/2012 to 12/31/2012
Totals Page

Activity this Period

	American Funds Growt	ING Fidelity VIP Contrafund Port Srv	ING U.S. Stock Index Portfolio Inst	Pioneer Fund R	Vanguard VIF - Equity Income Port	American Funds Am Ba
Shares/Units - Start of period	9,226.917	115,124.752	23,910.066	1,544.455	1,943.539	14,763.864
Share/Unit Price - Start of period	12.759193	3.928869	12.055718	12.372390	13.480544	13.061675
Shares/Units - End of period	9,022.801	123,028.286	25,484.661	508.266	6,940.570	16,967.069
Share/Unit Price - End of period	15.297770	4.539061	13.868408	13.542405	15.142118	14.831144
Opening Balance	117,728.02	452,310.07	288,253.01	19,108.60	26,199.96	192,840.80
Employee PreTax Matched Contribution	9,255.08	23,847.14	14,707.22	1,029.90	9,110.50	19,845.00
Rollover Contribution						
Employer Matching Contribution	2,314.23	5,961.61	3,676.91	257.50	2,277.63	4,960.94
Safe Harbor Non-Elective Contribution	4,543.75	7,281.45	5,184.26	801.06	1,710.16	7,573.32
Loan Repayments Principal	49.80	71.91	134.61		33.17	97.49
Loan Repayments Interest	4.62	4.17	6.62			2.47
Loan Issue	(591.46)	(419.71)	(425.60)		(81.03)	(420.65)
Withdrawals/Distributions	(18,009.68)	(978.89)	(1,432.03)	(15,837.42)	(395.00)	(72.93)
Interfund Exchange	(46.17)	(31.10)	(31.80)	(14.64)	61,484.58	
Forfeitures	(46.17)	(31.10)	(31.80)	(14.64)	(16.57)	
Miscellaneous	46.17	21.47	31.80	14.64	16.57	
Fees	(108.37)	(40.90)	(69.25)	(33.26)	(12.25)	(26.95)
Dividends/Earnings					(33.17)	
Appreciation/(Depreciation)	22,888.90	70,436.78	43,427.72	1,571.41	4,800.39	26,841.55
Closing Balance	138,028.72	558,432.90	353,431.67	6,883.15	105,094.94	251,641.04

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Sponsor Activity Report

ELECTRONIC WAVEFORM LAB, INC.
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01/01/2012 to 12/31/2012
Totals Page

Activity this Period

	ING Solution 2015 Portfolio Adv	ING Solution 2025 Portfolio Adv	ING Solution 2035 Portfolio Adv	ING Solution 2045 Portfolio Adv	ING Solution Income Portfolio Adv	ING Solution 2055 Portfolio Adv
Shares/Units - Start of period	5,943.203	30,813.490	34,492.858	44,551.542	1,565.244	2,918.792
Share/Unit Price - Start of period	11.918197	11.478660	11.444416	11.417428	12.184423	10.659129
Shares/Units - End of period	7,383.534	29,811.346	39,029.208	51,716.033	1,897.158	4,474.484
Share/Unit Price - End of period	13.212642	12.965695	13.115069	13.123499	13.317249	12.256526
Opening Balance	70,832.28	353,697.59	394,750.61	508,664.04	19,071.59	31,111.77
Employee PreTax Matched Contribution	10,136.52	26,670.89	35,333.15	76,366.30	2,405.31	5,535.72
Rollover Contribution			291.16			7,553.49
Employer Matching Contribution	2,534.18	6,667.90	8,833.29	19,091.78	601.42	1,383.97
Safe Harbor Non-Elective Contribution	8,530.83	14,849.58	20,545.35	49,303.34	3,750.25	7,787.85
Loan Repayments Principal		289.78		8,437.23	223.71	42.83
Loan Repayments Interest		26.65		1,739.24	32.48	9.91
Loan Issue			(74.17)	(50,252.17)		(1,027.73)
Withdrawals/Distributions	(2,163.81)	(6,143.43)	(6,319.29)	(9,817.03)	(365.04)	(2,367.10)
Interfund Exchange	(110.61)	(52,100.73)	(132.41)	(1,746.70)	(2,278.63)	(146.37)
Forfeitures	(110.61)	(2,586.19)	(149.26)	(1,746.70)	(56.31)	(146.37)
Miscellaneous	110.61	2,586.19	132.41	1,806.30	46.68	146.37
Fees	(165.47)	(569.48)	(825.01)	(835.51)	(24.94)	(250.00)
Dividends/Earnings		(15.22)				
Appreciation/(Depreciation)	7,962.07	43,151.30	59,484.92	77,685.19	1,858.42	5,207.30
Closing Balance	97,555.99	386,524.83	511,870.75	678,695.31	25,264.94	54,841.64

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Sponsor Activity Report

ELECTRONIC WAVEFORM LAB, INC.
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01/01/2012 to 12/31/2012
Totals Page

Activity this Period

	ING Intermediate Bon	Pioneer Strategic Income Fund R	ING PIMCO High Yield Port-S	ING Fixed Account	TOTAL
Shares/Units - Start of period	4,357.671	4,564.090	6,795.809		
Share/Unit Price - Start of period	13.437249	15.776082	15.308759		
Shares/Units - End of period	6,307.705	4,998.193	7,217.267		
Share/Unit Price - End of period	14.601959	17.455842	17.379228		
Opening Balance	58,555.13	72,003.45	104,035.38	182,917.03	4,028,524.52
Employee PreTax Matched Contribution	15,999.80	4,160.69	4,700.90	5,530.22	357,963.71
Rollover Contribution					7,844.65
Employer Matching Contribution	4,000.03	1,040.16	1,175.16	1,382.61	89,491.52
Safe Harbor Non-Elective Contribution	9,128.90	2,225.22	1,739.73	10,398.66	189,555.69
Loan Repayments Principal	106.54		19.62	2,524.58	13,897.26
Loan Repayments Interest	3.68		0.18	151.71	2,122.19
Loan Issue	(127.28)	(76.39)	(75.30)		(63,127.73)
Withdrawals/Distributions	(1,077.19)		(367.05)	(14,662.43)	(123,244.47)
Interfund Exchange	(15.34)		(15.40)	(8,407.11)	0.00
Forfeitures	(15.34)		(15.40)	(4,282.11)	(9,379.64)
Miscellaneous	15.34		15.40	161.73	5,253.86
Fees	(67.65)	(6.36)	(11.38)	(145.90)	(3,600.00)
Dividends/Earnings				5,002.72	4,921.16
Appreciation/(Depreciation)	5,598.23	7,900.90	14,228.70		553,825.27
Closing Balance	92,104.85	87,247.67	125,430.54	180,571.71	5,054,047.99

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Sponsor Activity Report

ELECTRONIC WAVEFORM LAB, INC.
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01/01/2012 to 12/31/2012
ELECTRONIC WAVEFORM LAB, INC.

Activity this Period

	American Funds EuroP	Mutual Global Discovery Fund R	ING JPMorgan Emrg Mkts Eq Port Srv	ING International Index Port I	Franklin Small Cap Value Fund 2	ING Fidelity VIP Md Cp Portfolio Srv
Shares/Units - Start of period	2,079.625	13,060.610	6,720.977	772.721	850.144	8,197.181
Share/Unit Price - Start of period	14.730317	16.101216	16.324549	7.766985	14.094154	15.035068
Shares/Units - End of period	2,256.792	12,548.998	7,369.017	1,024.587	1,029.279	9,663.811
Share/Unit Price - End of period	17.468615	18.154424	19.357163	9.159564	16.594004	17.130804
Opening Balance	30,633.54	210,291.71	109,716.93	6,001.71	11,982.07	123,245.18
Employee PreTax Matched Contribution	2,276.55	7,231.53	11,570.03	1,641.30	1,685.40	14,972.86
Rollover Contribution						
Employer Matching Contribution	569.03	1,807.63	2,892.52	410.63	421.34	3,743.33
Safe Harbor Non-Elective Contribution	905.05	2,420.43	5,813.29	1,000.57	1,194.73	6,291.55
Loan Repayments Principal	35.96		35.95	4.60	35.95	55.54
Loan Repayments Interest	2.06		2.09	0.84	2.08	2.25
Loan Issue	(187.46)		(190.09)	(183.95)	(210.53)	(197.28)
Withdrawals/Distributions	(704.84)	(20,150.15)	(374.72)	(663.54)	(383.86)	(387.84)
Interfund Exchange	(1.11)		(7,776.57)			
Forfeitures	(13.81)	(14.68)	(13.78)	(13.64)	(15.76)	(14.60)
Miscellaneous	(9.63)	(9.63)				
Fees	(35.39)	(41.28)	(17.32)	(43.41)	(18.00)	(17.99)
Dividends/Earnings						
Appreciation/(Depreciation)	5,953.05	26,284.25	20,984.94	1,229.67	2,386.46	17,855.85
Closing Balance	39,423.00	227,819.81	142,643.27	9,384.78	17,079.88	165,548.85

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Sponsor Activity Report

ELECTRONIC WAVEFORM LAB, INC.
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01/01/2012 to 12/31/2012
ELECTRONIC WAVEFORM LAB, INC.

Activity this Period

	ING BlackRock Sci & Tech Op Pt I	ING Index Plus SmallCap Portfolio I	Vanguard VIF - Small Comp Grwth Port	Columbia Mid Cap Val	ING Clarion Real Estate Port Srv	ING Rusel Mid Cap Idx - Cl I
Shares/Units - Start of period	7,687.967	59.938	21,483.240	13,159.444	4,068.446	2,181.308
Share/Unit Price - Start of period	14.959478	12.482625	14.388174	10.529860	13.855276	11.358678
Shares/Units - End of period	8,047.849	62.923	25,360.432	11,933.093	4,961.078	2,242.262
Share/Unit Price - End of period	16.032325	13.935398	16.339873	12.198394	15.936544	13.206289
Opening Balance	115,007.99	748.18	309,104.60	138,567.09	56,369.43	24,776.76
Employee PreTax Matched Contribution	24,467.80	77.82	20,425.93	4,402.29	2,695.86	1,882.00
Rollover Contribution						
Employer Matching Contribution	6,117.11	19.45	5,106.34	1,100.49	673.83	470.50
Safe Harbor Non-Elective Contribution	6,615.16	102.87	4,904.65	2,992.29	752.57	1,208.82
Loan Repayments Principal	328.77		52.78	833.38	4.60	478.46
Loan Repayments Interest	25.69		0.17	66.04	0.84	38.40
Loan Issue	(1,651.43)		(76.00)	(4,184.04)	(236.95)	(2,438.51)
Withdrawals/Distributions	(663.40)	(152.40)		(18,974.63)	(41.77)	(739.00)
Interfund Exchange	(30,000.00)		31,501.18		10,000.00	
Forfeitures	(13.65)			(15.56)		(15.59)
Miscellaneous	(9.63)					
Fees	(48.29)	(2.58)	(6.33)	(114.16)	(15.52)	(47.05)
Dividends/Earnings			(33.17)			
Appreciation/(Depreciation)	8,849.62	83.51	43,406.06	20,891.38	8,859.52	3,997.18
Closing Balance	129,025.74	876.85	414,386.21	145,564.57	79,062.41	29,611.97

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Sponsor Activity Report

ELECTRONIC WAVEFORM LAB, INC.
878122
01/01/2012 to 12/31/2012
ELECTRONIC WAVEFORM LAB, INC.

Activity this Period

	American Funds Growt	ING Fidelity VIP Contrafund Port Srv	ING U.S. Stock Index Portfolio Inst	Pioneer Fund R	Vanguard VIF - Equity Income Port	American Funds Am Ba
Shares/Units - Start of period	9,226.917	115,124.752	23,910.066	1,544.455	1,943.539	14,763.864
Share/Unit Price - Start of period	12.759193	3.928869	12.055718	12.372390	13.480544	13.061675
Shares/Units - End of period	9,022.801	123,028.286	25,484.661	508.266	6,940.570	16,967.069
Share/Unit Price - End of period	15.297770	4.539061	13.868408	13.542405	15.142118	14.831144
Opening Balance	117,728.02	452,310.07	288,253.01	19,108.60	26,199.96	192,840.80
Employee PreTax Matched Contribution	9,255.08	23,847.14	14,707.22	1,029.90	9,110.50	19,845.00
Rollover Contribution						
Employer Matching Contribution	2,314.23	5,961.61	3,676.91	257.50	2,277.63	4,960.94
Safe Harbor Non-Elective Contribution	4,543.75	7,281.45	5,184.26	801.06	1,710.16	7,573.32
Loan Repayments Principal	49.80	71.91	134.61		33.17	97.49
Loan Repayments Interest	4.62	4.17	6.62			2.47
Loan Issue	(591.46)	(419.71)	(425.60)		(81.03)	(420.65)
Withdrawals/Distributions	(18,009.68)	(978.89)	(1,432.03)	(15,837.42)	(395.00)	(72.93)
Interfund Exchange					61,501.15	
Forfeitures	(46.17)	(31.10)	(31.80)	(14.64)	(16.57)	
Miscellaneous		(9.63)				
Fees	(108.37)	(40.90)	(69.25)	(33.26)	(12.25)	(26.95)
Dividends/Earnings					(33.17)	
Appreciation/(Depreciation)	22,888.90	70,436.78	43,427.72	1,571.41	4,800.39	26,841.55
Closing Balance	138,028.72	558,432.90	353,431.67	6,883.15	105,094.94	251,641.04

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Sponsor Activity Report

ELECTRONIC WAVEFORM LAB, INC.
878122
01/01/2012 to 12/31/2012
ELECTRONIC WAVEFORM LAB, INC.

Activity this Period

	ING Solution 2015 Portfolio Adv	ING Solution 2025 Portfolio Adv	ING Solution 2035 Portfolio Adv	ING Solution 2045 Portfolio Adv	ING Solution Income Portfolio Adv	ING Solution 2055 Portfolio Adv
Shares/Units - Start of period	5,857.828	30,572.340	34,454.170	44,157.283	1,497.086	2,918.792
Share/Unit Price - Start of period	11.918197	11.478660	11.444416	11.417428	12.184423	10.659129
Shares/Units - End of period	7,383.534	29,811.346	39,029.208	51,488.348	1,801.737	4,474.484
Share/Unit Price - End of period	13.212642	12.965695	13.115069	13.123499	13.317249	12.256526
Opening Balance	69,814.76	350,929.51	394,307.85	504,162.62	18,241.12	31,111.77
Employee PreTax Matched Contribution	10,136.52	26,670.89	35,333.15	76,366.30	2,405.31	5,535.72
Rollover Contribution			291.16			7,553.49
Employer Matching Contribution	2,534.18	6,667.90	8,833.29	19,091.78	601.42	1,383.97
Safe Harbor Non-Elective Contribution	8,530.83	14,849.58	20,545.35	48,425.98	3,390.25	7,787.85
Loan Repayments Principal		289.78		8,437.23	223.71	42.83
Loan Repayments Interest		26.65		1,739.24	32.48	9.91
Loan Issue			(74.17)	(50,252.17)		(1,027.73)
Withdrawals/Distributions	(1,122.03)	(4,547.65)	(5,940.13)	(8,437.75)	(365.04)	(2,367.10)
Interfund Exchange		(49,514.54)			(2,222.32)	
Forfeitures	(110.61)	(1,310.05)	(132.41)	(383.44)	(56.31)	(146.37)
Miscellaneous				48.15	(9.63)	
Fees	(140.47)	(369.48)	(725.01)	(585.51)	(24.94)	(250.00)
Dividends/Earnings		(15.22)				
Appreciation/(Depreciation)	7,912.81	42,847.46	59,431.67	77,094.85	1,778.14	5,207.30
Closing Balance	97,555.99	386,524.83	511,870.75	675,707.28	23,994.19	54,841.64

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Sponsor Activity Report

ELECTRONIC WAVEFORM LAB, INC.
878122
01/01/2012 to 12/31/2012
ELECTRONIC WAVEFORM LAB, INC.

Activity this Period

	ING Intermediate Bon	Pioneer Strategic Income Fund R	ING PIMCO High Yield Port-S	ING Fixed Account	TOTAL
Shares/Units - Start of period	4,357.671	4,564.090	6,795.809		
Share/Unit Price - Start of period	13.437249	15.776082	15.308759		
Shares/Units - End of period	6,307.705	4,998.193	7,217.267		
Share/Unit Price - End of period	14.601959	17.455842	17.379228		
Opening Balance	58,555.13	72,003.45	104,035.38	180,090.17	4,016,137.41
Employee PreTax Matched Contribution	15,999.80	4,160.69	4,700.90	5,530.22	357,963.71
Rollover Contribution					7,844.65
Employer Matching Contribution	4,000.03	1,040.16	1,175.16	1,382.61	89,491.52
Safe Harbor Non-Elective Contribution	9,128.90	2,225.22	1,739.73	10,398.66	188,318.33
Loan Repayments Principal	106.54		19.62	2,524.58	13,897.26
Loan Repayments Interest	3.68		0.18	151.71	2,122.19
Loan Issue	(127.28)	(76.39)	(75.30)		(63,127.73)
Withdrawals/Distributions	(1,077.19)		(367.05)	(14,662.43)	(118,848.47)
Interfund Exchange				(13,487.79)	0.00
Forfeitures	(15.34)		(15.40)	(173.18)	(2,614.46)
Miscellaneous					0.00
Fees	(67.65)	(6.36)	(11.38)	(145.90)	(3,025.00)
Dividends/Earnings				4,874.49	4,792.93
Appreciation/(Depreciation)	5,598.23	7,900.90	14,228.70		552,748.30
Closing Balance	92,104.85	87,247.67	125,430.54	176,483.14	5,045,700.64

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ING

Sponsor Activity Report

ELECTRONIC WAVEFORM LAB, INC.
878122
01/01/2012 to 12/31/2012
IMMEDIATE DEPOSIT

Activity this Period

	ING Solution 2015 Portfolio Adv	ING Solution 2025 Portfolio Adv	ING Solution 2035 Portfolio Adv	ING Solution 2045 Portfolio Adv	ING Solution Income Portfolio Adv	TOTAL
Shares/Units - Start of period	85.375	241.150	37.392	394.259	68.158	
Share/Unit Price - Start of period	11.918197	11.478660	11.444416	11.417428	12.184423	
Shares/Units - End of period	0.000	0.000	0.000	227.685	95.421	
Share/Unit Price - End of period	13.212642	12.965695	13.115069	13.123499	13.317249	
Opening Balance	1,017.52	2,768.08	427.93	4,501.42	830.47	9,545.42
Safe Harbor Non-Elective Contribution				877.36	360.00	1,237.36
Withdrawals/Distributions	(1,041.78)	(1,595.78)	(379.16)	(1,379.28)		(4,396.00)
Forfeitures		(1,276.14)		(1,363.26)		(2,639.40)
Miscellaneous				11.45		11.45
Fees	(25.00)	(200.00)	(100.00)	(250.00)		(575.00)
Appreciation/(Depreciation)	49.26	303.84	51.23	590.34	80.28	1,074.95
Closing Balance	0.00	0.00	0.00	2,988.03	1,270.75	4,258.78

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ING

Sponsor Activity Report

ELECTRONIC WAVEFORM LAB, INC.
878122
01/01/2012 to 12/31/2012
FORFEITURE ACCOUNT

Activity this Period

	American Funds EuroP	Mutual Global Discovery Fund R	ING JPMorgan Emrg Mkts Eq Port Srv	ING International Index Port I	Franklin Small Cap Value Fund 2	ING Fidelity VIP Md Cp Portfolio Srv
Shares/Units - Start of period	0.000	0.000	0.000	0.000	0.000	0.000
Share/Unit Price - Start of period	14.730317	16.101216	16.324549	7.766985	14.094154	15.035068
Shares/Units - End of period	0.000	0.000	0.000	0.000	0.000	0.000
Share/Unit Price - End of period	17.468615	18.154424	19.357163	9.159564	16.594004	17.130804
Opening Balance	0.00	0.00	0.00	0.00	0.00	0.00
Interfund Exchange	(13.81)	(14.68)	(13.78)	(13.64)	(15.76)	(14.60)
Forfeitures						
Miscellaneous	13.81	14.68	13.78	13.64	15.76	14.60
Dividends/Earnings						
Appreciation/(Depreciation)						
Closing Balance	0.00	0.00	0.00	0.00	0.00	0.00

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Activity this Period

	ING BlackRock Sci & Tech Op Pt I	Columbia Mid Cap Val	ING Rusel Mid Cap Idx - Cl I	American Funds Growt	ING Fidelity VIP Contrafund Port Srv	ING U.S. Stock Index Portfolio Inst
Shares/Units - Start of period	0.000	0.000	0.000	0.000	0.000	0.000
Share/Unit Price - Start of period	14.959478	10.529860	11.358678	12.759193	3.928869	12.055718
Shares/Units - End of period	0.000	0.000	0.000	0.000	0.000	0.000
Share/Unit Price - End of period	16.032325	12.198394	13.206289	15.297770	4.539061	13.868408
Opening Balance	0.00	0.00	0.00	0.00	0.00	0.00
Interfund Exchange	(13.65)	(15.56)	(15.59)	(46.17)	(31.10)	(31.80)
Forfeitures						
Miscellaneous	13.65	15.56	15.59	46.17	31.10	31.80
Dividends/Earnings						
Appreciation/(Depreciation)						
Closing Balance	0.00	0.00	0.00	0.00	0.00	0.00

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Activity this Period

	Pioneer Fund R	Vanguard VIF - Equity Income Port	ING Solution 2015 Portfolio Adv	ING Solution 2025 Portfolio Adv	ING Solution 2035 Portfolio Adv	ING Solution 2045 Portfolio Adv
Shares/Units - Start of period	0.000	0.000	0.000	0.000	1.296	0.000
Share/Unit Price - Start of period	12.372390	13.480544	11.918197	11.478660	11.444416	11.417428
Shares/Units - End of period	0.000	0.000	0.000	0.000	0.000	0.000
Share/Unit Price - End of period	13.542405	15.142118	13.212642	12.965695	13.115069	13.123499
Opening Balance	0.00	0.00	0.00	0.00	14.83	0.00
Interfund Exchange	(14.64)	(16.57)	(110.61)	(2,586.19)	(132.41)	(1,746.70)
Forfeitures					(16.85)	
Miscellaneous	14.64	16.57	110.61	2,586.19	132.41	1,746.70
Dividends/Earnings						
Appreciation/(Depreciation)					2.02	
Closing Balance	0.00	0.00	0.00	0.00	0.00	0.00

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Sponsor Activity Report

ELECTRONIC WAVEFORM LAB, INC.
878122
01/01/2012 to 12/31/2012
FORFEITURE ACCOUNT

Activity this Period

	ING Solution Income Portfolio Adv	ING Solution 2055 Portfolio Adv	ING Intermediate Bon	ING PIMCO High Yield Port-S	ING Fixed Account	TOTAL
Shares/Units - Start of period	0.000	0.000	0.000	0.000		
Share/Unit Price - Start of period	12.184423	10.659129	13.437249	15.308759		
Shares/Units - End of period	0.000	0.000	0.000	0.000		
Share/Unit Price - End of period	13.317249	12.256526	14.601959	17.379228		
Opening Balance	0.00	0.00	0.00	0.00	2,826.86	2,841.69
Interfund Exchange	(56.31)	(146.37)	(15.34)	(15.40)	5,080.68	0.00
Forfeitures					(4,108.93)	(4,125.78)
Miscellaneous	56.31	146.37	15.34	15.40	161.73	5,242.41
Dividends/Earnings					128.23	128.23
Appreciation/(Depreciation)						2.02
Closing Balance	0.00	0.00	0.00	0.00	4,088.57	4,088.57

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