Department of the Treasury Internal Revenue Service Benefit Plan Department of Labor This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection Pension Benefit Guaranty Corporation • Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection Part I Annual Report Identification Information • Complete all entries in accordance with the instructions to the Form 5500-SF. This return/report is for: 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 single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report a short plan year return/report (less than 12 months) DFVC program C Check box if filing under: Form 5558 automatic extension DFVC program								
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C Check box if filing under: an amended return/report a short plan year return/report (less than 12 months) Image: C Check box if filing under: Form 5558 automatic extension Image: DFVC program Image: Special extension (enter description) Special extension (enter description) Image: Special extension (enter description)								
C Check box if filing under:								
special extension (enter description)								
Part II Basic Plan Information—enter all requested information								
1a Name of plan 1b Three-digit								
INNOVATIVE VACUUM SERVICES, INC. 401K P.S. PLAN & TRUST (PN) ▶ 001								
1c Effective date of plan								
01/01/1996								
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) INNOVATIVE VACUUM SERVICES, INC. 91-1149788								
20909 70TH AVE W 206-783-3317								
EDMONDS, WA 98026-7201 2d Business code (see instructions) 451130								
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN INNOVATIVE VACUUM SERVICES, INC. 20909 70TH AVE W 91-1149788								
EDMONDS, WA 98026-7201 3C Administrator's telephone number 206-783-3317								
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 4c PN								
5a Total number of participants at the beginning of the plan year								
b Total number of participants at the end of the plan year								
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)								
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
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, if applicable, a Schedule								
SB or Schedule MB completed and signed by an enrolled actuary, 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 Filed with authorized/valid electronic signature. 05/07/2013 CHARLES MOTT								
HERE 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								
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)								
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF								

b Total plan liabilities 7b 333766 385 c Net plan assets (subtract line 7b from line 7a) 7c 333766 385 B Income, Expenses, and Transfers for bits Plan Year (a) Amount (b) Total (1) Employees 8a(1) (2) Participants 8a(2) 21250 (2) Others functional receivable from: 8a(3) 0 0 0 b Other income (loss) 8b 386666 55 c Total income (loss) 8b 386666 55 d Benefits paid (including direct rolevers and insurance premiums to provide transfers for bits Plan Characteristic States, fees, commissions) 8d 4526 55 d Cortain deemed and/or corrective distributions (see instructions) 8e 56 56 g Other expenses 8g 1 1 56 g Other expenses 8g 1 1 1 g Other income State						
b Total plan labilities	ar					
c Net plan assets (subtract line 7b from line 7a)	89176					
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (c) Participerts. 8a(2) 21250 (a) Others (including rollovers) 8a(3) 3a(3) (c) Participerts. 8a(3) (c) Participerts. 8a(3) (b) Other income (loss) 8a(3) 3b(3666 (c) Participerts. 8a(3) (c) Participerts. 6a(3) (c) Participerts. (c) Participerts. 6a(3) (c) Participerts.						
a Contributions received or receivable from: Ba(1) Contributions received or receivable from: (1) Employers Ba(2) 21250 (2) Participants. Ba(2) 21250 (3) Others (including rollovers). Ba(3) 38666 (4) Employers Ba(3) 50 (5) Other income (loss) Bb 38666 (5) Other senses Set 55 (6) Catal income (add lines 86(1), 84(2), 84(3), and 8b) Set 55 (7) Administrative service providers (saliries, lees, commissions) 8e 4526 (7) Other sepress Sgt 51 51 (9) Other sepress Sgt 51 51 (11) For income (loss) (subtract line 8h from line 8c) 8i 51 (2) Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	89176					
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(2) Participants						
(3) Others (including rollovers)						
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c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)						
to provide benefits) istributions (see instructions) istributions (see instructions) istributions (see instructions) if Administrative service providers (salaries, fees, commissions) istributions istributions g Other expenses istributions istributions istributions g Other expenses istributions istributions istributions g Other expenses (add lines 8d, 8e, 6f, and 8g) istributions istributions in Net income (loss) (subtract line 8h from line 8c) istributions istributions istributions g Ithe plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: istributions g If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: istributions: istributions: g If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: istributions: istributions: g Outring the plan year: Yes No Amou use there a failure to transmit to the plan any party-in-interest? (Do not include transactions reported ion line 10a) ido ido <td>59916</td>	59916					
f Administrative service providers (salaries, fees, commissions)						
g Other expenses Bg h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D 2F b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No a Was there a numere to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 10d X c Was there an nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						
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d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10d X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i V Part VI Pension Funding Compliance 10i 10i 10i 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 11a						
or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X f Has in individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i X Part VI Pension Funding Compliance 10i 11a 11a Enter the amount from Schedule SB line 39. 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 11a	100000					
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h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	46631					
exceptions to providing the notice applied under 29 CFR 2520.101-3	40031					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)						
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11a Enter the amount from Schedule SB line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Image: Comparison of the Code or section 302 of ERISA?	Yes No					
	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver						
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b Enter the minimum required contribution for this plan year						

С	Enter	the amount contributed by the employer to the plan for this plan year	12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d					
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A			
Part	Part VII Plan Terminations and Transfers of Assets							
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No				
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a					
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No			
С	C 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.)							
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)			
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN