Intermit Revenue Service" 2012 Department of Later Inclose Break Colspan="2">2012 This form is required to be filed under sections 104 and 4065 of the Employee Inclose Break Colspan="2">2012 This form is required to be filed under sections 104 and 4065 of the Employee Inclose Break Colspan="2">2012 This form is required to be filed under sections 104 and 4065 of the Employee Inclose Break Colspan="2">2012 This form is required to be filed under sections 104 and 4065 of the Employee Inclose Break Colspan="2">2012 This form is required to be filed under sections 0057(b) and BDS(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500-SF. Part Line Report Identification Information an anondor return/report a nen-participant plan a multiple-employeer plan (not multiemployer) a one-participant plan B This return/report is a name dot return/report a short plan year return/report a one-participant plan automatic extension DFVC program B At ILI Basic Plan Information—enter all requested information 1 The re-digit plan number (PN) 001 Ide Effective date of plan (J010/2011 2 Engloser Identification Number (EN) 1 2 IMPERIAL SANITATION CORPORATION 1 2 Empl	Form 5500-SF			Short Form Annual Return/Report of Small Employ			yee	OMB Nos. 1210 1210			
Description This Form is Open to Public Inspection Partit Annual Report Identification Information For calendar plan year 2012 of fload plan year beginning 0.1012012 A This return/report is :: a single-employer plan an amended return/report a one-participant plan B This return/report is :: b for star beginning b for star beginning a one-participant plan B This return/report is :: b for star beginning b for star beginning b for star beginning b for star beginning C Check box if fling under: pendel alteration (enter description) b for star beginning b for star				Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			е	2012			
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Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)	HERE	E	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	gning as employe	r or plan sponsor		
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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7Plan Assets and Liabilities(a) Beginning of YearaTotal plan assets7a26823bTotal plan liabilities7b7ccNet plan assets (subtract line 7b from line 7a)7c268238Income, Expenses, and Transfers for this Plan Year(a) AmountaContributions received or receivable from: (1) Employers8a(1)(2) Participants8a(2)31011(3) Others (including rollovers)8a(3)bOther income (loss)8bcTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8cdBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d4687Certain deemed and/or corrective distributions (see instructions)8efAdministrative service providers (salaries, fees, commissions)8f9Other expenses8g				(b) End of Year 59155 59155 (b) Total
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(3) Others (including rollovers)				
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f Administrative service providers (salaries, fees, commissions) 8f 175				
g Other expenses				
h Total expenses (add lines 8d, 8e, 8f, and 8g)				4862
i Net income (loss) (subtract line 8h from line 8c)			32332	
j Transfers to (from) the plan (see instructions)				
Part IV Plan Characteristics				
Part V Compliance Questions				
10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Da		x	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.))b		x	
C Was the plan covered by a fidelity bond?)c	Х		3000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?)d		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.) 	De		×	
f Has the plan failed to provide any benefit when due under the plan?	Df		Х	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h				3244
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Di	х		
Part VI Pension Funding Compliance				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple 5500) and line 11a below)				
a Enter the amount from Schedule SB line 39 11a				
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			
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructio				
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructio				1

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	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				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	13c(1) Name of plan(s):			IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN