



The City of New York
BUSINESS INTEGRITY COMMISSION
100 Church Street · 20th Floor
New York · New York 10007
Tel. (212) 676-6219 · Fax (212) 676-6227

Michael J. Mansfield
Commissioner/Chair

June 2, 2008

Dear Licensee:

Enclosed please find the Business Integrity Commission's ("Commission") 2007 financial statements form. All licensees are **required** to submit financial statements **audited** by an independent certified public accountant.¹ The Commission will not accept a review or compilation of financial statements. The audited financial statements must be submitted to the Commission on or before August 15, 2008.

Please send the completed audited financial statements for 2007 to:

Business Integrity Commission
100 Church Street, 20th Floor
New York, NY 10007
Attn: Audit Unit

The enclosed form is also available on the Commission's website:

<http://www.nyc.gov/html/bic/html/forms/forms.shtml>

If you have any questions, please do not hesitate to contact the Audit Unit at 212.676.6228. All requests for additional time to submit the audited financial statements must be made in writing to the address above before August 15, 2008.

Failure to comply will subject your company to a range of possible administrative violations and may be considered by the Commission in the renewal of your license.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael J. Mansfield", with a long horizontal flourish extending to the right.

Michael J. Mansfield
Commissioner/Chair

¹ *Subsidiaries may submit consolidated audited financial statements and/or 10-k's but **must** also submit segment information.*



The City of New York
BUSINESS INTEGRITY COMMISSION
100 Church Street · 20th Floor
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Tel. (212) 676-6219 · Fax (212) 676-6204

Michael J. Mansfield
Commissioner/Chair

AUDITED FINANCIAL STATEMENTS

2007

LICENSEE

LICENSE NO. OR APPLICATION NO.

FISCAL/CALENDAR YEAR ENDED: _____**COMPANY CONTACT:****NAME:** _____**TITLE:** _____**ADDRESS:** _____

_____**TELEPHONE:** _____**FAX:** _____**EMAIL:** _____

DEFINITION OF GENERAL TERMS

AFFILIATED COMPANIES -- (also known as related companies) is defined as all affiliates of the licensee including its management and their immediate families, its principals and their immediate families, its investments accounted for by the equity method, beneficial employee trusts that are managed by the licensee and any party that may, or does, deal with the licensee and has ownership of, control over, or can significantly influence the management or operating policies of the licensee to the extent that an arms length transaction may not be achieved.

REGULATED WASTE – means putrescibles and non-putrescible garbage, recyclable materials, and rubbish collected from within the limits of New York City and subject to the maximum rates established by the Business Integrity Commission.

NON-REGULATED WASTE – means medical waste and sharp materials, construction and demolition debris, or waste collected within New York City that are not subject to the maximum rates, and refuse collected outside of the New York City limits.

RECYCLING CENTER – means any facility operated to facilitate the separation, collection, processing or marketing of recyclable materials for reuse or sale such as paper, textile, plastic and etc.

**FISCAL YEAR END STATEMENTS ARE REQUIRED TO BE FILED FOR ALL PERIODS ENDING
SUBSEQUENT TO JUNE 1, 2007 THROUGH MAY 31, 2008**

NAME OF COMPANY: _____

LICENSE NO.: _____

APPLICATION NO.: _____

INDEPENDENT AUDITOR'S REPORT

NAME OF COMPANY: _____
 LICENSE NO.: _____
 APPLICATION NO.: _____

PRINCIPALS

	PRINCIPAL # 1	PRINCIPAL # 2
Name (include maiden name where applicable)		
Home Address(es)		
Home Telephone No.		
Fax No.		
Cellular No.		
Date of Birth		
Social Security No.		
Business Address (es)		
Business Telephone No.		
Email address		
Title(s)		
From (date)		
To (date)		
% of Ownership		
Number of Shares		

NAME OF COMPANY: _____

LICENSE NO.: _____

APPLICATION NO.: _____

PRINCIPALS

	PRINCIPAL # 3	PRINCIPAL # 4
Name (include maiden name where applicable)		
Home Address(es)		
Home Telephone No.		
Fax No.		
Cellular No.		
Date of Birth		
Social Security No.		
Business Address (es)		
Business Telephone No.		
Email address		
Title(s)		
From (date)		
To (date)		
% of Ownership		
Number of Shares		

NAME OF COMPANY: _____
 LICENSE NO.: _____
 APPLICATION NO.: _____

AFFILIATED ENTITIES

	ENTITY 1	ENTITY 2	ENTITY 3	ENTITY 4
Name of Affiliated Company				
Principal(s) of Affiliated Entity				
Address(es)				
Telephone No.				
Fax No.				
Cellular No.				
Email address				
% of Ownership				
Number of Shares				
Type of Business				

Please Explain How Each Entity is Affiliated with Licensee: _____

NAME OF COMPANY: _____
 LICENSE NO.: _____
 APPLICATION NO.: _____

COMPARATIVE BALANCE SHEET			
ASSETS & OTHER DEBITS			
TITLES OF ACCOUNTS	2007	2006	Increase / (Decrease)
CURRENT ASSETS:			
Cash			
Accounts receivable - Net			
Other accounts receivable			
Prepaid expenses			
Interest and dividends receivable			
Miscellaneous current assets			
Total Currents Assets			
FIXED ASSETS:			
General property			
Accumulated depreciation			
Net Fixed Assets			
OTHER ASSETS:			
Long Term investments			
Notes/Loans receivable: Affiliated Co.			
Notes/Loans receivable: Non-affiliated Co.			
Total Other Assets			
Goodwill			
TOTAL ASSETS			

NAME OF COMPANY: _____
 LICENSE NO.: _____
 APPLICATION NO.: _____

COMPARATIVE BALANCE SHEET			
LIABILITIES & OTHER CREDITS			
TITLES OF ACCOUNTS	2007	2006	Increase / (Decrease)
CURRENT LIABILITIES:			
Trade accounts payable			
Accrued interest			
Notes/Loans payable - Affiliated Co.			
Notes/Loans payable - Other			
Income taxes			
Other current liabilities			
Total Current Liabilities			
LONG TERM LIABILITIES:			
Notes/Loans payable – Affiliated Co.			
Notes/Loans payable - Other			
Total Long Term Liabilities			
Other liabilities			
TOTAL LIABILITIES			
SHAREHOLDER'S EQUITY:			
Common Stock			
Preferred Stock			
Additional Paid in Capital			
Retained Earnings			
Treasury Stock			
TOTAL SHAREHOLDER'S EQUITY			
TOTAL LIABILITIES & SHAREHOLDER'S EQUITY			

NAME OF COMPANY: _____
 LICENSE NO.: _____
 APPLICATION NO.: _____

COMPARATIVE INCOME STATEMENT			
TITLES OF ACCOUNTS	2007	2006	Increase / (Decrease)
OPERATING REVENUE:			
Putrescible Waste - Cubic Yards			
Putrescible Waste - Tons			
Construction & Demolition Debris			
Total Operating Revenue			
LESS: Operating Expenses			
GROSS PROFIT			
GENERAL & ADMINISTRATIVE EXPENSES:			
General Operating Expenses			
Administrative Expenses			
Depreciation Expense			
Amortization Expense			
Interest Expense			
Taxes Other than Income & Payroll Taxes			
Total General & Administrative Expenses			
INCOME FROM OPERATIONS			
OTHER INCOME:			
Net Income from Regulated Medical & Sharp Material Waste			
Net Income from Recycling			
Net Income from Sale of Paper/Cardboard			
Net Income from Transfer Station			

NAME OF COMPANY: _____
 LICENSE NO.: _____
 APPLICATION NO.: _____

COMPARATIVE INCOME STATEMENT (CONTINUED)			
TITLES OF ACCOUNTS	2007	2006	Increase / (Decrease)
Net Income from property leased to others			
Net Income from investments			
Net Misc. Income			
Total Other Income			
Net Income(Loss) before Income Taxes			
Income Taxes			
Net Income(Loss) Before Extraordinary Items			
Extraordinary items			
NET INCOME(LOSS)			

NAME OF COMPANY:

LICENSE NO.:

APPLICATION NO.:

COMPARATIVE STATEMENT OF CASH FLOWS		
TITLES OF ACCOUNTS	2007	2006
Cash Flows from Operating Activities:		
Net Income		
Adjustments to reconcile net income to net cash provided(used) by operating activities:		
Depreciation		
Amortization		
Deferred income taxes		
Other (income) and expenses		
Gain on sale of business(es)		
Gain on sale of property, plant & equipment		
Other, net		
Changes in assets and liabilities:		
(Increase) in trade receivable		
(Increase) in other accounts receivable		
(Increase) in prepaid expenses		
(Increase) in interest and dividend receivable		
(Increase) in miscellaneous current assets		
Net Cash Provided (Used) by Operating Activities		

NAME OF COMPANY: _____
 LICENSE NO.: _____
 APPLICATION NO.: _____

COMPARATIVE STATEMENT OF CASH FLOWS (CONTINUED)		
TITLES OF ACCOUNTS	2007	2006
Cash Flows from Investing Activities:		
Proceeds from sale of property, plant & equipment		
Other investing activities		
Net Cash Provided (Used) by Investing Activities		
Cash Flows from Financing Activities:		
Short term borrowings, net		
Long term borrowings, net		
Proceeds from line of credit		
Payment from line of credit		
Principal payments on long term debt		
Other financing activities		
Net Cash Provided (Used) by Financing Activities		
Net Increase (Decrease) in Cash and Cash Equivalents		
Cash and Cash Equivalents at Beginning of Year		
Cash and Cash Equivalents at End of Year		

NAME OF COMPANY: _____
 LICENSE NO.: _____
 APPLICATION NO.: _____

OPERATING EXPENSES			
TITLES OF ACCOUNTS	2007	2006	Increase / (Decrease)
Payroll Costs:			
Drivers and Helpers			
Union Benefits			
Payroll Taxes			
Workers' Compensation Insurance			
Disability Insurance			
Other Payroll Costs			
Total Payroll Costs			
Truck Expenses:			
Gas			
Tolls			
Depreciation			
Repairs & Maintenance			
Mechanic's Salaries			
Payroll Taxes and Fringe Benefits			
Insurance			
License Fees			
Leasing Expense			
Other Truck Expenses			
Total Truck Expenses			

NAME OF COMPANY: _____
 LICENSE NO.: _____
 APPLICATION NO.: _____

OPERATING EXPENSES			
TITLES OF ACCOUNTS	2007	2006	Increase / (Decrease)
Other Operating Expenses:			
Garage Rental			
Repairs & Maintenance			
Dispatchers			
Garage Employees			
Insurance			
Utilities & Telephone			
Yard Expense			
Container Expense			
Service Vehicles – Expense			
Radio Equipment – Expense			
Dumping Expense – Putrescibles			
Dumping Expense – C&D			
Subcontracting Expense			
Outside Labor			
Other			
Total Other Operating Expenses			
Total Operating Expenses			

NAME OF COMPANY: _____
 LICENSE NO.: _____
 APPLICATION NO.: _____

GENERAL OPERATING & ADMINISTRATIVE EXPENSES			
TITLES OF ACCOUNTS	2007	2006	Increase / (Decrease)
General Operating Expenses:			
Light, Heat, Power & Water			
Telephone Expenses			
Repairs, Structures & Improvements			
General Maintenance Expense			
Travel and Entertainment			
Professional Fees			
Consultant Fees			
Bad Debt Expense			
Franchise Income & Business Taxes			
Other Taxes			
Advertising and Promotion			
Other General Operating Expenses			
Total General Operating Expenses			

NAME OF COMPANY: _____
 LICENSE NO.: _____
 APPLICATION NO.: _____

GENERAL OPERATING & ADMINISTRATIVE EXPENSES			
TITLES OF ACCOUNTS	2007	2006	Increase / (Decrease)
Administrative Expenses:			
Salaries – Officers			
Salaries – Employees			
Postage & Supplies			
Other Regulatory Expenses			
Dues & Subscriptions			
Office Rental			
Rentals – Structures & Improvements			
Payroll Taxes and Fringe Benefits			
Office Insurance			
Charitable Contributions			
Fines and Penalties			
Other Administrative Expenses			
Total Administrative Expenses			
Total General Operating & Administrative Expenses			

NAME OF COMPANY: _____

LICENSE NO.: _____

APPLICATION NO.: _____

NOTES TO FINANCIAL STATEMENTS

NAME OF COMPANY: _____
 LICENSE NO.: _____
 APPLICATION NO.: _____

REVENUE ANALYSIS							
OPERATING REVENUE							
Operating Revenue (NYC)							
	NYC Regulated Customers		NYC Regulated Revenue		Total NYC Regulated Revenue	Total NYC Construction & Demolition Revenue	Total NYC Revenue
	Loose (Number of Customers)	Pre-Compacted (Number of Customers)	Loose (\$)	Pre-Compacted (\$)			
Regulated - Cubic Yards							
Regulated - Tons							
Construction & Demolition	NA	NA					
TOTAL OPERATING REVENUE							

OTHER INCOME				
	Gross Revenue	Dump Expense	Other Expenses	Net Income
Other Income:				
Regulated Medical & Sharp Material				
Recycling				
Sale of Paper/Cardboard				
Transfer Station				
Property Leased to Others				
Investments				
Miscellaneous				
TOTAL				

NAME OF COMPANY: _____
 LICENSE NO.: _____
 APPLICATION NO.: _____

TRUCK & CONTAINER ANALYSIS			
TRUCKS & CONTAINERS (USED IN THE COLLECTION OF REFUSE)	TOTAL # OF COMPACTION IN FLEET	TOTAL # OF NON- COMPACTION IN FLEET	TOTAL
Rear End Loaders			
Front End Loaders			
Roll Of Trucks			
Balers			
Compactors			
Other			
Total # of Trucks			
Total # of Containers			

OTHER VEHICLES:

Service Vehicles	
Company Cars	

Total Other Vehicles _____

CONTAINER ANALYSIS

NUMBER OF CONTAINERS OWNED _____
 NUMBER OF CONTAINERS LEASED _____

CAPACITY	# OF CONTAINERS OWNED		# OF CONTAINERS LEASED	
	COMPACTED	NON-COMPACTED	COMPACTED	NON-COMPACTED
1/2 CUBIC YARD				
3/4 CUBIC YARD				
1 CUBIC YARD				
1 1/2 CUBIC YARDS				
2 CUBIC YARDS				
3 CUBIC YARDS				
4 CUBIC YARDS				
5 CUBIC YARDS				
6 CUBIC YARDS				
7 CUBIC YARDS				
8 CUBIC YARDS				
9 CUBIC YARDS				
10 CUBIC YARDS				
20 CUBIC YARDS				
25 CUBIC YARDS				
30 CUBIC YARDS				
45 CUBIC YARDS				
OTHER (PLEASE SPECIFY)				
OTHER (PLEASE SPECIFY)				
OTHER (PLEASE SPECIFY)				
TOTAL # OF CONTAINERS				

NAME OF COMPANY: _____
 LICENSE NO.: _____
 APPLICATION NO.: _____

COLLECTION & DISPOSAL ANALYSIS				
Amount of Waste Type Collected in Cubic Yards as per Billing Invoices (NO Estimates)				
WASTE TYPE	NYC REGULATED (CUBIC YARDS)		NYC NON-REGULATED (CUBIC YARDS)	GRAND TOTAL (CUBIC YARDS)
	LOOSE	PRE-COMPACTED		
Putrescibles				
Construction & Demolition Debris				
Regulated Medical Waste & Sharp Materials				
Catalogs, Phone Books & Magazines				
High Grade Office Paper				
Newspaper				
Cardboard				
Metal Cans				
Wood				
Glass				
Textiles				
Plastic Containers				
Aluminum Foils & products				
Metal from C&D debris				
Other (Specify)				
TOTAL WASTE COLLECTED (CUBIC YARDS)				

NAME OF COMPANY: _____
 LICENSE NO.: _____
 APPLICATION NO.: _____

COLLECTION & DISPOSAL ANALYSIS				
Amount of Waste Type Collected in Tonnage as per Billing Invoices (NO Estimates)				
WASTE TYPE	NYC REGULATED (TONS)		NYC NON-REGULATED (TONS)	GRAND TOTAL (TONS)
	LOOSE	PRE-COMPACTED		
Putrescibles				
Construction & Demolition Debris				
Regulated Medical Waste & Sharp Materials				
Catalogs, Phone Books & Magazines				
High grade office paper				
Newspaper				
Cardboard				
Metal Cans				
Wood				
Glass				
Textiles				
Plastic containers				
Aluminum Foils & products				
Metal from C&D debris				
Other (Specify)				
TOTAL WASTE COLLECTED (TONS)				

NAME OF COMPANY: _____

LICENSE NO.: _____

APPLICATION NO.: _____

COLLECTION & DISPOSAL ANALYSIS (CONTINUED)

Amount Disposed in Tonnage per Dumping Invoices (NO Estimates)

DISPOSAL FACILITY	NYC REGULATED	C&D DEBRIS	MEDICAL WASTE & SHARP MATERIAL	GRAND TOTAL
Transfer Station				
Recycling Center				
Incinerator				
Other (Specify)				
Total Amount Disposed				

Amount Disposed in Tonnage in the Following Geographic Locations (NO Estimates)

New York City				
New York State (other than NYC)				
New Jersey				
Other (Specify)				
Total Amount Disposed				

NAME OF COMPANY: _____

LICENSE NO.: _____

APPLICATION NO.: _____

**AFFIRMATION
OFFICER**

The foregoing Audited Financial Statements must be verified by the oath of the president or other principal officer(s) of the company in the case of a corporation, or the proprietor in the case of an individual, or a partner in the case of a partnership.

State of: _____

County of: _____

I, _____ make this oath and say that I am _____ of
(Affiant's Name) (Affiant's Title)

_____ that I have personally examined the
(Exact Legal Title or Name of the Company)

foregoing audited financial statements and to the best of my knowledge I believe that all statements of fact contained in these financial statements are true and that these financial statement are a correct and a complete statement of the business and affairs of the above-named company during the period of time from and including _____ through _____.

(Affiant's Signature)

NOTARY PUBLIC

Subscribed and sworn to before me, on this _____ day of _____, 2008.

My Commission expires _____
