



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

## BROKER FINANCIAL STATEMENTS

### 2014

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REGISTRANT NAME

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REGISTRATION NUMBER

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REGISTRANT E-MAIL ADDRESS

FISCAL/CALENDAR YEAR ENDED: \_\_\_\_\_

ACCOUNTING METHOD: \_\_\_\_\_

COMPANY CONTACT

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EXTERNAL PREPARER (IF APPLICABLE):

NAME / FIRM: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PREPARER E-MAIL: \_\_\_\_\_

SERVICE PERFORMED:

AUDIT \_\_\_\_\_  
REVIEW \_\_\_\_\_  
COMPILATION \_\_\_\_\_

COVER

**DEFINITION OF GENERAL TERMS**

**AFFILIATED ENTITIES / 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.

**BROKERAGE SERVICE** - representing an entity for the purpose of securing trade waste removal by a licensed or registered provider

**REGULATED WASTE** – putrescent and non-putrescent 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** – 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

**WASTE STREAM ANALYSIS / EVALUATION SERVICES** - analysis of an entity's waste stream to recommend a cost efficient means of waste disposal or to make other recommendations with respect to related business practices

**FISCAL YEAR END STATEMENTS ARE REQUIRED TO BE FILED FOR ALL PERIODS ENDING SUBSEQUENT TO JUNE 1, 2013 THROUGH MAY 31, 2014**

**REGISTRANT NAME:** \_\_\_\_\_

**REGISTRATION NO.:** \_\_\_\_\_

**INDEPENDENT AUDITOR'S REPORT**

**OR**

**INDEPENDENT ACCOUNTANT'S REVIEW REPORT**

**OR**

**INDEPENDENT ACCOUNTANT'S COMPILATION REPORT**

**BROKER FINANCIAL STATEMENTS 2014**

**REGISTRANT NAME:** \_\_\_\_\_

**REGISTRATION NO.:** \_\_\_\_\_

PLEASE LIST ALL PRINCIPALS - ATTACH ADDITIONAL PAGES AS NECESSARY

**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		

**BROKER FINANCIAL STATEMENTS 2014**

**REGISTRANT NAME:** \_\_\_\_\_

**REGISTRATION NO.:** \_\_\_\_\_

PLEASE LIST ALL PRINCIPALS - ATTACH ADDITIONAL PAGES AS NECESSARY

<b>PRINCIPALS (continued)</b>
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	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		

PLEASE ATTACH ADDITIONAL PAGES AS NECESSARY

REGISTRANT NAME: \_\_\_\_\_  
 REGISTRATION NO.: \_\_\_\_\_

PLEASE ATTACH ADDITIONAL PAGES AS NECESSARY

AFFILIATED ENTITIES				
	ENTITY 1	ENTITY 2	ENTITY 3	ENTITY 4
Name of Affiliated Entity				
Principal(s) of Affiliated Entity (ALL)				
Address(es)				
Telephone No.				
Fax No.				
Email Address of Affiliated Entity or Web Address				
Registrant - % Ownership in Affiliated Entity				
Number of Shares Owned in Affiliated Entity				
Registrant Principal / Officer - % Ownership in Affiliated Entity				
Number of Shares Owned in Affiliated Entity				
Business Industry				
Type of Organization (C-Corporation, S-Corporation, Limited Liability Corporation, Partnership, Limited Liability Partnership, Sole Proprietor, etc.)				

Please Explain How Each Entity is Affiliated with Registrant and/or Registrant's Principal(s):

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PLEASE ATTACH ADDITIONAL PAGES AS NECESSARY

**REGISTRANT NAME:** \_\_\_\_\_

**REGISTRATION NO.:** \_\_\_\_\_

<b>BALANCE SHEET</b>			
<b>ASSETS &amp; OTHER DEBITS</b>			
<b>TITLES OF ACCOUNTS</b>	<b>2014</b>	<b>2013</b>	<b>Increase / (Decrease)</b>
<b>CURRENT ASSETS:</b>			
Cash and Cash Equivalents			
Accounts Receivable - Trade			
Accounts Receivable - Other			
Prepaid Expenses			
Interest and Dividends Receivable			
Deferred Taxes			
Other Current Assets (please specify)			
<b>Total Currents Assets</b>			
<b>FIXED ASSETS:</b>			
Fixed Assets - Net of Accumulated Depreciation			
<b>Total Fixed Assets</b>			
Goodwill			
Other Intangible Assets			
<b>OTHER ASSETS:</b>			
Long-term Investments			
Notes/ Loans Receivable: Affiliated Co.			
Notes/Loans Receivable: Shareholder/Principal			
Notes/Loans Receivable: Non-affiliated Co.			
<b>Total Other Assets</b>			
<b>TOTAL ASSETS</b>			

REGISTRANT NAME:

REGISTRATION NO.:

BALANCE SHEET			
LIABILITIES & OTHER CREDITS			
TITLES OF ACCOUNTS	2014	2013	Increase / (Decrease)
<b>CURRENT LIABILITIES:</b>			
Accounts Payable - Trade			
Accounts Payable - Other			
Accrued Interest			
Current Portion of Notes/Loans Payable - Affiliated Co.			
Current Portion of Notes/Loans Payable - Shareholder/Principal			
Current Portion of Notes/Loans Payable - Other			
Income Taxes Payable			
Deferred Taxes			
Other Current Liabilities			
<b>Total Current Liabilities</b>			
<b>LONG TERM LIABILITIES:</b>			
Notes/Loans Payable – Affiliated Co.			
Notes/Loans Payable - Shareholder/Principal			
Notes/Loans Payable - Other			
Other Long-term Liabilities			
<b>Total Long Term Liabilities</b>			
<b>TOTAL LIABILITIES</b>			
<b>SHAREHOLDER'S EQUITY:</b>			
Common Stock			
Preferred Stock			
Additional Paid-In Capital			
Retained Earnings (Deficit)			
Treasury Stock			
<b>TOTAL SHAREHOLDER'S EQUITY</b>			
<b>TOTAL LIABILITIES &amp; SHAREHOLDER'S EQUITY</b>			

**REGISTRANT NAME:** \_\_\_\_\_

**REGISTRATION NO.:** \_\_\_\_\_

<b>COMPARATIVE INCOME STATEMENT</b>			
<b>TITLES OF ACCOUNTS</b>	<b>2014</b>	<b>2013</b>	<b>Increase / (Decrease)</b>
<b>OPERATING REVENUE:</b>			
Brokerage Revenues			
Waste Stream Analysis / Evaluation Services			
Other (please specify)			
<b>Total Operating Revenue (Page 8)</b>			
<b>LESS: Operating Expenses (total from Page 5A)</b>			
<b>GROSS PROFIT</b>			
<b>GENERAL &amp; ADMINISTRATIVE EXPENSES:</b>			
General Operating Expenses (total from Page 6)			
Administrative Expenses (total from Page 6A)			
Depreciation Expense			
Amortization Expense			
Interest Expense			
Taxes Other than Income & Payroll			
<b>Total General &amp; Administrative Expenses</b>			
<b>INCOME FROM OPERATIONS</b>			

**REGISTRANT NAME:** \_\_\_\_\_

**REGISTRATION NO.:** \_\_\_\_\_

<b>COMPARATIVE INCOME STATEMENT (CONTINUED)</b>			
<b>TITLES OF ACCOUNTS</b>	<b>2014</b>	<b>2013</b>	<b>Increase / (Decrease)</b>
<b>OTHER INCOME:</b>			
Net Income from Recycling (Other)			
Net Income from Property Leased to Others			
Net Income from Investments			
Sale/Disposal of Fixed Assets			
Net Miscellaneous Income (please specify)			
<b>Total Other Income (Page 8A)</b>			
<b>Net Income (Loss) Before Income Taxes</b>			
Income Taxes			
<b>Net Income (Loss) Before Extraordinary Items</b>			
Extraordinary Items			
<b>NET INCOME (LOSS)</b>			

**REGISTRANT NAME:** \_\_\_\_\_

**REGISTRATION NO.:** \_\_\_\_\_

<b>COMPARATIVE STATEMENT OF CASH FLOWS</b>		
<b>TITLES OF ACCOUNTS</b>	<b>2014</b>	<b>2013</b>
<b>Cash Flows from Operating Activities:</b>		
<b>Net Income (Loss)</b>		
<b>Adjustments to reconcile net income to net cash provided(used) by operating activities:</b>		
Depreciation		
Amortization		
Deferred Income Taxes		
Other (Income) and Expenses		
Gain on Sale of Business(es)		
Gain on Sale of Fixed Assets		
Loss on Disposal of Fixed Assets		
Other, Net		
<b>Changes in assets and liabilities:</b>		
Decrease (Increase) in Trade Receivables		
Decrease (Increase) in Other Receivables		
Decrease (Increase) in Prepaid Expenses		
Decrease (Increase) in Interest and Dividend Receivable		
Decrease (Increase) in Miscellaneous Current Assets		
Increase (Decrease) in Trade Payables		
Increase (Decrease) in Other Assets		
<b>Net Cash Provided (Used) by Operating Activities</b>		

**REGISTRANT NAME:** \_\_\_\_\_

**REGISTRATION NO.:** \_\_\_\_\_

<b>COMPARATIVE STATEMENT OF CASH FLOWS (CONTINUED)</b>		
<b>TITLES OF ACCOUNTS</b>	<b>2014</b>	<b>2013</b>
<b>Cash Flows from Investing Activities:</b>		
<b>Net Income (Loss)</b>		
Acquisition of Fixed Assets		
Proceeds from Sale of Fixed Assets		
Purchase of Short-term Investments		
Proceeds from Maturity of Short-term Investments		
Other Investing Activities (please specify)		
<b>Net Cash Provided (Used) by Investing Activities</b>		
<b>Cash Flows from Financing Activities:</b>		
Short-term Borrowings, net		
Long-term Borrowings, net		
Proceeds from Line of Credit		
Payment from Line of Credit		
Principal Payments on Long-term Debt		
Dividend Payments		
Other Financing Activities		
<b>Net Cash Provided (Used) by Financing Activities</b>		
Net Increase (Decrease) in Cash and Cash Equivalents		
Cash and Cash Equivalents at Beginning of Year		
<b>Cash and Cash Equivalents at End of Year *</b>		

\* Must agree to the Cash and Cash Equivalents amount on Page 2

**REGISTRANT NAME:** \_\_\_\_\_

**REGISTRATION NO.:** \_\_\_\_\_

<b>OPERATING EXPENSES</b>			
<b>TITLES OF ACCOUNTS</b>	<b>2014</b>	<b>2013</b>	<b>Increase / (Decrease)</b>
<b>Payroll Costs:</b>			
Salaries - Brokers / Sales Personnel			
Salaries - Waste Specialists / Engineers			
Sales Commissions			
Payroll Taxes			
Workers' Compensation Insurance			
Disability Insurance			
Other Payroll Costs (please specify)			
<b>Total Payroll Costs</b>			
<b>Service Vehicle Expenses:</b>			
Gas			
Tolls			
Depreciation			
Repairs & Maintenance			
Insurance			
License Fees			
Leasing Expense			
Other Vehicle Expenses (please specify)			
<b>Total Service Vehicle Expenses</b>			



**REGISTRANT NAME:** \_\_\_\_\_

**REGISTRATION NO.:** \_\_\_\_\_

<b>GENERAL OPERATING &amp; ADMINISTRATIVE EXPENSES</b>			
<b>TITLES OF ACCOUNTS</b>	<b>2014</b>	<b>2013</b>	<b>Increase / (Decrease)</b>
<b>General Operating Expenses:</b>			
Utilities Expense (Light, Power, Heat, Water)			
Telephone Expenses			
General Maintenance Expense			
Travel and Entertainment			
Professional Fees			
Consultant Fees			
Bad Debt Expense			
Franchise Income & Business Taxes			
Sales Tax Expense			
Other Taxes			
Advertising and Promotion			
Trade Shows			
Other General Operating Expenses (please specify)			
<b>Total General Operating Expenses *</b>			

\* Must agree to the General Operating Expenses total on Page 3

**REGISTRANT NAME:** \_\_\_\_\_

**REGISTRATION NO.:** \_\_\_\_\_

<b>GENERAL OPERATING &amp; ADMINISTRATIVE EXPENSES</b>			
<b>TITLES OF ACCOUNTS</b>	<b>2014</b>	<b>2013</b>	<b>Increase / (Decrease)</b>
<b>Administrative Expenses:</b>			
Salaries - Officers & Executives			
Salaries - Employees			
Postage & Supplies			
Other Regulatory Expenses			
Dues & Subscriptions			
Office Insurance			
Bank Charges			
Profit Sharing Plan			
Charitable Contributions			
Payroll Taxes and Fringe Benefits			
Fines and Penalties			
Other Administrative Expenses (please specify)			
<b>Total Administrative Expenses *</b>			
<b>Total General Operating &amp; Administrative Expenses</b>			

\* Must agree to the Administrative Expenses total on Page 3

**REGISTRANT NAME:**

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**REGISTRATION NO.:**

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**NOTES TO FINANCIAL STATEMENTS**

**REGISTRANT NAME:** \_\_\_\_\_

**REGISTRATION NO.:** \_\_\_\_\_

<b>REVENUE ANALYSIS</b>						
<b>OPERATING REVENUE</b>						

	Brokerage Services	Waste Stream Analysis / Evaluation Services	Other (please specify)				
Revenue (\$) - NYC							
Revenue (\$) - Other than NYC Revenue							
<b>TOTAL OPERATING REVENUE *</b>							

Number of Customers - NYC							
Number of Customers - Other than NYC Customers							
<b>Total Number of Customers</b>							

\* Must agree to the Total Operating Revenue amount on Page 3

REGISTRANT NAME: \_\_\_\_\_

REGISTRATION NO.: \_\_\_\_\_

**REVENUE ANALYSIS**  
**OTHER INCOME**

OTHER INCOME:	Gross Revenue	Related Expenses	Net Income
Income from Recycling (Other)			
Income from Property Leased to Others			
Income from Investments			
Sale/Disposal of Fixed Assets			
Miscellaneous Income (please specify)			
<b>TOTAL *</b>			

\* Net Income totals must agree to the amounts on Page 3A





REGISTRANT NAME: \_\_\_\_\_  
REGISTRATION NO.: \_\_\_\_\_

**AFFIRMATION  
OFFICER**

**ANY MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THESE FINANCIAL STATEMENTS MAY SUBJECT THE PRINCIPAL AND/OR ENTITY MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.**

The foregoing 2014 Broker 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.

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

\_\_\_\_\_  
(Exact Legal Title or Name of the Company)

and that I have personally examined the foregoing 2014 Broker Financial Statements and to the best of my knowledge I believe that all statements of fact contained in these 2014 Broker Financial Statements are true and that these 2014 Broker Financial Statements are a correct and a complete statement of the business.

\_\_\_\_\_  
(Affiant's Signature)

NOTARY PUBLIC: \_\_\_\_\_