

The City of New York BUSINESS INTEGRITY COMMISSION 100 Church Street · 20th Floor

New York · New York 10007 Tel. (212) 437-0500 · Fax (646) 500-7096

BROKER FINANCIAL STATEMENTS		
YEAR:		
REGISTRANT NAME:		
REGISTRANT NUMBER:		
REGISTRANT E-MAIL ADDRESS:		
FISCAL/CALENDAR YEAR ENDED:		
ACCOUNTNG METHOD:		
COMPANY CONTACT		
NAME:		
TITLE:		
ADDRESS:		
TELEPHONE:		
FAX:		
EMAIL:		
EXTERNAL PREPARER (IF APPLICABLE)		
NAME/FIRM:		
TELEPHONE:		
PREPARER E-MAIL:		
SERVICE PERFORMED:		
AUDIT		
REVIEW		
COMPILATION		

The .PDF version of the Financial Statements document provides the ability to complete the form using a computer. It is advisable that when you first open the .PDF document you name and save a copy on your computer and do all your work in that document. You may complete the form in several sessions and save your entries in the document as you work and also at the end of each session.

Prior to submitting your finalized financial statements, review it for accuracy, sign, date the Certification and Signature page.

DEFINITION OF GENERAL TERMS

AFFILIATED ENTITIES / COMPANIES -- (also known as related companies) is defined as all affiliates of the registrant 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 registrant and any party that may, or does, deal with the registrant and has ownership of, control over, or can significantly influence the management or operating policies of the registrant 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 City limits.

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, THROUGH MAY 31,

FINANCIAL STATEMENTS

REGISTRANT NAME:	REGISTRANT NO.:
(DIEACE EVOLATALIA)	E TYPE(C) OF CERVICES YOU PROVIDE
(LICASE EXLINI IN DELAIT IH	E TYPE(S) OF SERVICES YOU PROVIDE)

REGISTRANT NAME:	REGISTRANT NO.:				
	INDEPENDENT ACCOUNTANT'S REVIEW REPORT				
	OR				
IN	DEPENDENT ACCOUNTANT'S COMPILATION REPORT				

REGISTRANT NAME:		REGISTRANT NO.:	
PLEASE LIST	<u>ALL</u> PRINCIPALS - ATTAC	H ADDITIONAL PAG	ES 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		

REGISTRANT NAME:	REGISTRANT NO.:	

PRINCIPALS (continued)

	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		

FINANCIAL STATEMENTS

REGISTRANT NAME:	REGISTRANT NO.:	
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PRINCIPALS (continued)

	PRINCIPAL # 5	PRINCIPAL # 6
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:	REGISTRANT NO.:					
	[AFFILIATED ENTITIES				
		ENTITY 1 ENTITY 2 ENTITY 3 ENTITY				
Name of Affiliated Entit	у					
Principal(s) of Affiliated	Entity (ALL)					
Address(es)						
Telephone No.						
Fax No.						
Email Address of Affiliat	ed Entity or Web Address					
Registrant - % Ownersh	nip in Affiliated Entity					
Number of Shares Own	ed in Affiliated Entity					
Registrant Principal / O in Affiliated Entity	·					
Number of Shares Own	ed in Affiliated Entity					
Business Industry						
Type of Organization (C Corporation, Limited Lia Partnership, Limited Lia Proprietor, etc.)	ability Corporation,					
Please Explain How Ea	ach Entity is Affiliated wit	h Registrant and/or l	Registrant's Principal(s):		

REGISTRANT NAME:	REGISTRANT NO.:			
	AFFILIATED ENTITIES (continued)			
	ENTITY 5	ENTITY 6	ENTITY 7	ENTITY 8
Name of Affiliated Entity				
Principal(s) of Affiliated Entity (ALL)				
Address(es)				
Telephone No.				
Fax No.				
Email Address of Affiliated Entity or Web Addres	SS			
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):	
•	<u> </u>			

REGISTRANT NAME:		REGISTRANT NO.:	
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BALANCE SHEET			
ASSETS & OTH	HER DEBITS		
TITLES OF ACCOUNTS			Increase / (Decrease)
CURRENT ASSETS:			
Cash and Cash Equivalents			
Accounts Receivable - Trade			
Accounts Receivable - Other			
Prepaid Expenses			
Interest and Dividends Receivable			
Deferred Taxes			
Other Current Assets			
Total Current Assets			
FIXED ASSETS:			
Fixed Assets - Net of Accumulated Depreciation			
Total Fixed Assets			
Goodwill			
Other Intangible Assets			
OTHER ASSETS:			
Long-term Investments			
Notes/Loans Receivable: Affiliated Co.			
Notes/Loans Receivable: Shareholder/Principal			
Notes/Loans Receivable: Non-affiliated Co.			
Total Other Assets			
TOTAL ASSETS			

REGISTRANT NAME:		REGISTRANT NO.:	
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BALANCE SHEET			
LIABILITIES	& OTHER CREDITS	1	
TITLES OF ACCOUNTS		Increase / (Decrease)	
CURRENT LIABILITIES:	,		
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			
Total Current Liabilities			
LONG TERM LIABILITIES:		1	
Notes/Loans Payable – Affiliated Co.			
Notes/Loans Payable - Shareholder/Principal			
Notes/Loans Payable - Other			
Other Long-Term Liabilities			
Total Long Term Liabilities			
TOTAL LIABILITIES			
SHAREHOLDER'S EQUITY:		1	
Common Stock			
Preferred Stock			
Additional Paid-In Capital			
Retained Earnings (Deficit)			
Treasury Stock			
TOTAL SHAREHOLDER'S EQUITY			
TOTAL LIABILITIES & CHARELIOL DEDIC FOLITA			
TOTAL LIABILITIES & SHAREHOLDER'S EQUITY			

COMPARATIVE INCOME STATEMENT				
TITLES OF ACCOUNTS			Increase / (Decrease)	
OPERATING REVENUE:				
Broker Revenue from:				
Putrescible Waste				
Construction & Demolition Debris				
Waste Stream Analysis/Evaluation Service				
Cardboard Recycling				
Container Rental				
Other Operating Revenue (please specify):				
Total Operating Revenue (Page 21)				
LESS: Operating Expenses (totals from Page 17)				
GROSS PROFIT				
GENERAL & ADMINISTRATIVE EXPENSES:				
General Operating Expenses (from Page 18)				
Administrative Expenses (from Page 19)				
Depreciation Expense				
Amortization Expense				
Interest Expense				
Taxes Other than Income & Payroll				
Total General & Administrative Expenses				
INCOME FROM OPERATIONS				

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REGISTRANT NAME:	REGISTRANT NO.:	

COMPARATIVE INCOME STATEMENT (CONTINUED)			
TITLES OF ACCOUNTS			Increase / (Decrease)
OTHER INCOME:			
Net Income from Recycling (Other)			
Net Income from Property Leased to Others			
Net Income from Investments			
Sale/Disposal of Fixed Assets			
Interest Income			
Consulting Fee			
Net Miscellaneous Income (please specify)			
Total Other Income (Page 21)			
Net Income (Loss) Before Income Taxes			
Income Taxes			
Net Income (Loss) Before Extraordinary Items			
Extraordinary Items			
NET INCOME (LOSS)			

COMPARATIVE STATEMENT OF	CASH FLOWS	
TITLES OF ACCOUNTS		
Cash Flows from Operating Activities:		
Net Income (Loss)		
Adjustments to reconcile net income to net cash pro-	vided (used) by ope	rating activities:
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		
Changes in Assets and Liabilities:		
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		
Net Cash Provided (Used) by Operating Activities		

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REGISTRANT NAME:	REGISTRANT NO.:	

COMPARATIVE STATEMENT OF CASH F	LOWS (CONTINUED	0)
TITLES OF ACCOUNTS		
Cash Flows from Investing Activities:		
Net Income (Loss)		
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)		
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		
Dividend Payments		
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 *		

^{*}Must agree to the Cash and Cash Equivalents amount on Page 10

REGISTRANT NAME:	REGISTRANT NO.:	

REGISTRANT N	O.:	
C EVDENCES		
G LAFLINGES		Increase / (Decrease)
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	REGISTRANT N	REGISTRANT NO.:

Other Truck Expenses (please specify)

Total Service Vehicle Expenses

REGISTRANT NAME:	REGISTRANT NO.:	
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OPERATING EXPENSES					
TITLES OF ACCOUNTS			Increase / (Decrease)		
Other Operating Expenses:					
Subcontracting Expense (Payments to Carters)					
Office Rental					
Office Supplies and Expenses					
Insurance					
Utilities & Telephone					
Outside Labor (please attach all 1099s issued)					
Licensing Fees					
Other (please specify)					
Total Other Operating Expenses					
Total Operating Expenses *					

Must agree to the Operating Expenses totals on Page 12

GENERAL OPERATING & ADMINISTRATIVE EXPENSES				
TITLES OF ACCOUNTS			Increase / (Decrease)	
General Operating Expenses:				
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)				
Total General Operating Expenses *				

^{*}Must agree to the General Operating Expenses totals on Page 12 $\,$

REGISTRANT NAME:		REGISTRANT NO.:	
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GENERAL OPERATING & ADMINISTRATIVE EXPENSES					
TITLES OF ACCOUNTS			Increase / (Decrease)		
Administrative Expenses:					
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)					
Total Administrative Expenses *					
Total General Operating & Administrative Expenses					

 $^{^{}st}$ Must agree to the Administrative Expenses totals on Page 12

REGISTRANT NAME:	REGISTRANT NO.:
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NOTES TO FINANC	CIAL STATEMENTS

REGISTRANT NAME:	EGISTRANT NAME: REGISTRANT NO.:										
	·										
				REVENUE	ANALYSIS						
				OPERATIN	IG REVENU	E					
	Putrescibles (Cubic Yards)	Putrescibles (Tons)	Construction & Demolition Debris	Regulated Medical & Sharp Material Waste	Used Cooking Oil - Yellow Grease (Gallons)	Grease Trap Waste - Brown Grease (Gallons)	Shredded Paper	Paper / Cardboard	Compost	Other operating revenue:	TOTAL
Revenue (\$) - NYC											
Revenue (\$) - Other than NYC Revenue											
TOTAL OPERATING REVENUE *											
Number of Customers - NYC											
Number of Customers - Other than NYC Customers											
Total Number of Customers											

^{*} Must agree to the Total Operating Revenue amounts on Page 12

REGISTRANT NAME:		REGISTRANT 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			
Interest Income			
Consulting Fee			
Net Miscellaneous Income (please specify in detail)			
TOTAL *			

^{*} Net Income totals must agree to the amounts on Page 13 $\,$

REGISTRANT NAME:		REGISTRANT NO.:	
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		F.	IXED ASSET	S			
FIXED ASSETS (INCLUDE LAND, BUILDINGS, SERVICE VEHICLES, FURNITURE & FIXTURES, OTHER MACHINERY AND EQUIPMENT UTILIZED IN THE BUSINESS)	ACQUISITION DATE	PROPERTY LOCATION (PLEASE PROVIDE ADDRESS)	METHOD OF DEPRECIATION	USEFUL LIFE	COST (\$)	ACCUMULATED DEPRECIATION (\$)	BOOK VALUE (COST- ACCUMULATED DEPRECIATION)

REGISTRANT NAME: REGISTRANT NO.:

COLLECTION & DISPOSAL ANALYSIS (CONTINUED)

DISPOSAL FACILITY(IES) UTILIZED BY CARTERS					
DISPOSAL FACILITY	ADDRESS	TYPE OF WASTE DISPOSED	TOTAL AMOUNT (GALLONS) DISPOSED AT FACILITY	TOTAL AMOUNT (TONS) DISPOSED AT FACILITY	TOTAL COST (\$) AT DISPOSAL FACILITY

REGISTRANT NAME:		REGISTRANT NO.:	
	AFFIRMATIO	ON OFFICER	
	ALSE STATEMENT OR OMISENTS MAY SUBJECT THE PROPERTY OF A STATEMENT TO CR	RINCIPAL AND/OR EI	
other principal office	roker Financial Statements er(s) of the company in the of an individual, or a partr	case of a corporation	
I,	make this oath and say	that I am	of
(Affiant's Name)			(Affiant's Title)
	(Exact Legal Title or N	lame of the Company)	
best of my knowledge	I believe that all statementer true and that these	ts of fact contained i	cial Statements and to the n these Broker satements are a correct and
CERTIFICATION			
best of my knowledge			complete and truthful to the se statement of any material
			(Affiant's Signature)