



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

FINANCIAL STATEMENTS

2015

LICENSEE NAME

LICENSE NUMBER

LICENSEE 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.

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.

RECYCLING CENTER – 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, 2015 THROUGH MAY 31, 2016

LICENSEE NAME: _____

LICENSE NO.: _____

INDEPENDENT AUDITOR'S REPORT

OR

INDEPENDENT ACCOUNTANT'S REVIEW REPORT

OR

INDEPENDENT ACCOUNTANT'S COMPILATION REPORT

LICENSEE NAME: _____

LICENSE 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		

LICENSEE NAME: _____
 LICENSE NO.: _____

PLEASE LIST ALL PRINCIPALS - ATTACH ADDITIONAL PAGES AS NECESSARY

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		

PLEASE ATTACH ADDITIONAL PAGES AS NECESSARY

LICENSEE NAME: _____

LICENSE 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				
Licensee - % Ownership in Affiliated Entity				
Number of Shares Owned in Affiliated Entity				
Licensee 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 Licensee and/or Licensee's Principal(s):

PLEASE ATTACH ADDITIONAL PAGES AS NECESSARY

LICENSEE NAME: _____

LICENSE NO.: _____

BALANCE SHEET			
ASSETS & OTHER DEBITS			
TITLES OF ACCOUNTS	2015	2014	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 Currents 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			

LICENSEE NAME: _____

LICENSE NO.: _____

BALANCE SHEET			
LIABILITIES & OTHER CREDITS			
TITLES OF ACCOUNTS	2015	2014	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 -			
Current Portion of Notes/Loans Payable - Other			
Income Taxes Payable			
Deferred Taxes			
Other Current Liabilities			
Total Current Liabilities			
LONG TERM LIABILITIES:			
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:			
Common Stock			
Preferred Stock			
Additional Paid-In Capital			
Retained Earnings (Deficit)			
Treasury Stock			
TOTAL SHAREHOLDER'S EQUITY			
TOTAL LIABILITIES & SHAREHOLDER'S EQUITY			

LICENSEE NAME: _____

LICENSE NO.: _____

COMPARATIVE INCOME STATEMENT			
TITLES OF ACCOUNTS	2015	2014	Increase / (Decrease)
OPERATING REVENUE:			
Putrescible Waste - Cubic Yards			
Putrescible Waste - Tons			
Construction & Demolition Debris			
Regulated Medical & Sharp Material Waste			
Used Cooking Oil (Yellow Grease)			
Grease Trap Waste (Brown Grease)			
Shredded Paper			
Paper / Cardboard			
Compost			
Other operating revenue (please specify):			
Total Operating Revenue (Page 8)			
LESS: Operating Expenses (totals from Page 5A)			
GROSS PROFIT			
GENERAL & ADMINISTRATIVE EXPENSES:			
General Operating Expenses (from Page 6)			
Administrative Expenses (from Page 6A)			
Depreciation Expense			
Amortization Expense			
Interest Expense			
Taxes Other than Income & Payroll			
Total General & Administrative Expenses			
INCOME FROM OPERATIONS			

LICENSEE NAME:

LICENSE NO.:

COMPARATIVE INCOME STATEMENT (CONTINUED)			
TITLES OF ACCOUNTS	2015	2014	Increase / (Decrease)
OTHER INCOME:			
Net Income from Recycling (Other)			
Net Income from Bio-Diesel Fuel			
Net Income from Scrap Metal			
Net Income from Transfer Station			
Net Income from Property Leased to Others			
Net Income from Investments			
Sale/Disposal of Fixed Assets			
Net Miscellaneous Income (please specify)			
Total Other Income (Page 8A)			
Net Income (Loss) Before Income Taxes			
Income Taxes			
Net Income (Loss) Before Extraordinary Items			
Extraordinary Items			
NET INCOME (LOSS)			

LICENSEE NAME: _____

LICENSE NO.: _____

COMPARATIVE STATEMENT OF CASH FLOWS		
TITLES OF ACCOUNTS	2015	2014
Cash Flows from Operating Activities:		
Net Income (Loss)		
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 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		

LICENSEE NAME: _____

LICENSE NO.: _____

COMPARATIVE STATEMENT OF CASH FLOWS (CONTINUED)		
TITLES OF ACCOUNTS	2015	2014
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 2

LICENSEE NAME: _____

LICENSE NO.: _____

OPERATING EXPENSES			
TITLES OF ACCOUNTS	2015	2014	Increase / (Decrease)
Payroll Costs:			
Drivers and Helpers			
Union Benefits			
Mechanic's Salaries			
Dispatchers			
Garage Employees			
Payroll Taxes			
Workers' Compensation Insurance			
Disability Insurance			
Other Payroll Costs (please specify)			
Total Payroll Costs			
Truck Expenses:			
Gas			
Tolls			
Depreciation			
Repairs & Maintenance			
Insurance			
License Fees			
Leasing Expense			
Other Truck Expenses (please specify)			
Total Truck Expenses			

LICENSEE NAME: _____

LICENSE NO.: _____

OPERATING EXPENSES			
TITLES OF ACCOUNTS	2015	2014	Increase / (Decrease)
Other Operating Expenses:			
Garage / Yard Rental			
Repairs & Maintenance (non-truck)			
Insurance			
Utilities & Telephone			
Container Expense			
Drum Expense			
Service Vehicles – Expense			
Radio Equipment – Expense			
Disposal Expense – Putrescibles			
Disposal Expense – C&D			
Disposal Expense - Other			
Outside Labor (please attach all 1099s issued)			
Subcontracting Expense			
Other (please specify)			
Total Other Operating Expenses			
Total Operating Expenses*			

* Must agree to the Operating Expenses totals on Page 3

LICENSEE NAME: _____

LICENSE NO.: _____

GENERAL OPERATING & ADMINISTRATIVE EXPENSES			
TITLES OF ACCOUNTS	2015	2014	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			
Sales Tax Expense			
Other Taxes			
Advertising and Promotion			
Other General Operating Expenses (please specify)			
Total General Operating Expenses *			

*Must agree to the General Operating Expenses totals on Page 3

LICENSEE NAME: _____

LICENSE NO.: _____

GENERAL OPERATING & ADMINISTRATIVE EXPENSES			
TITLES OF ACCOUNTS	2015	2014	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			
Officer Life Insurance			
Bank Charges			
Profit Sharing Plan			
Charitable Contributions			
Fines and Penalties			
Other Administrative Expenses (please specify)			
Total Administrative Expenses*			
Total General Operating & Administrative Expenses			

*Must agree to the Administrative Expenses totals on Page 3

LICENSEE NAME:

LICENSE NO.:

NOTES TO FINANCIAL STATEMENTS

LICENSEE NAME: _____

LICENSE NO.: _____

**REVENUE ANALYSIS
OPERATING REVENUE**

	Putrescibles (Cubic Yards)	Putrescibles (Tons)	Construction & Demolition Debris	Regulated Medical & Sharp Material	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 3

LICENSEE NAME: _____

LICENSE NO.: _____

**REVENUE ANALYSIS
OTHER INCOME**

OTHER INCOME:	Gross Revenue	Related Expenses	Net Income
Net Income from Recycling			
Net Income from Bio-Diesel Fuel			
Net Income from Scrap Metal			
Net Income from Transfer Station			
Net Income from Property Leased to Others			
Net Income from Investments			
Sale/Disposal of Fixed Assets			
Net Miscellaneous Income (please specify)			
TOTAL *			

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

LICENSEE NAME: _____
 LICENSE NO.: _____

FIXED ASSETS

TRUCKS

TRUCKS (USED IN THE COLLECTION OF REFUSE)	# OF TRUCKS OWNED		# OF TRUCKS LEASED		TOTAL
	NUMBER OF COMPACTORS IN FLEET	NUMBER OF NON-COMPACTORS IN FLEET	NUMBER OF COMPACTORS IN FLEET	NUMBER OF NON-COMPACTORS IN FLEET	
Rear End Loaders					
Front End Loaders					
Side Loaders					
Roll-off Trucks					
Dump Trucks					
Box Trucks					
Vans					
Tractors					
Split Hoppers					
Other (please specify)					
Total Number of Trucks					

OTHER VEHICLES:

Service Vehicles					
Company Cars					
Total Other Vehicles					

LICENSEE NAME: _____
 LICENSE NO.: _____

FIXED ASSETS (CONTINUED)

CONTAINERS

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				
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				
30 CUBIC YARDS				
45 CUBIC YARDS				
OTHER (please specify)				
OTHER (please specify)				
OTHER (please specify)				
OTHER (please specify)				
TOTAL # OF CONTAINERS				

LICENSEE NAME: _____

LICENSE NO.: _____

FIXED ASSETS (CONTINUED)

DRUMS

NUMBER OF DRUMS OWNED _____

NUMBER OF DRUMS LEASED _____

CAPACITY	NUMBER OF DRUMS OWNED	NUMBER OF DRUMS LEASED
32 GALLONS		
44 GALLONS		
52 GALLONS		
OTHERS: (PLEASE SPECIFY)		
TOTAL NUMBER OF DRUMS		

LICENSEE NAME: _____
 LICENSE NO.: _____

COLLECTION & DISPOSAL ANALYSIS					
Amount of Waste Type Collected in Cubic Yards as per Billing Invoices (NO Estimates)					
WASTE TYPE	NYC REGULATED (CUBIC YARDS)	OUTSIDE NYC (CUBIC YARDS)	NYC NON-REGULATED (CUBIC YARDS)	OUTSIDE NYC NON-REGULATED (CUBIC YARDS)	GRAND TOTAL (CUBIC YARDS)
Putrescibles (MSW)					
Restaurant Waste					
Construction & Demolition Debris					
Medical Waste & Sharp Materials					
Grease Trap Waste (Brown Grease)					
Used Cooking Oil (Yellow Grease)					
Meat Scraps					
Shredded Paper					
Compost					
Catalogs, Phone Books, Newspaper & Magazines					
High Grade Paper					
Mixed Paper					
Mixed Recycling					
Road Building					
Soot					
SSR					
Cardboard					
Metal Cans					
Metal Bulk					
Mixed Bulk (couches, mattresses)					
Wood					
Glass					
Textiles					
Plastic					
Aluminum					
Metal from C&D debris					
Concrete					
Fill/Soil					
Landscape Clippings (Grass, Leaves, Twigs)					
Gravel / Stone					
Tires					
(Asbestos) Hazardous Waste					
Other (Specify)					
TOTAL WASTE COLLECTED (CUBIC YARDS)					

NOTE: Type of waste collected is a duplicate list of information collected by NYC Department of Sanitation in "Solid Waste/Recycling Semi-Annual Report"

LICENSEE NAME: _____
 LICENSE NO.: _____

COLLECTION & DISPOSAL ANALYSIS

Amount of Waste Type Collected in Tonnage as per Billing Invoices (NO Estimates)

WASTE TYPE	NYC REGULATED (TONS)	OUTSIDE NYC (TONS)	NYC NON-REGULATED (TONS)	OUTSIDE NYC NON-REGULATED (TONS)	GRAND TOTAL (TONS)
Putrescibles (MSW)					
Restaurant Waste					
Construction & Demolition Debris					
Medical Waste & Sharp Materials					
Grease Trap Waste (Brown Grease)					
Used Cooking Oil (Yellow Grease)					
Meat Scraps					
Shredded Paper					
Compost					
Catalogs, Phone Books, Newspaper & Magazines					
High Grade Paper					
Mixed Paper					
Mixed Recycling					
Road Building					
Soot					
SSR					
Cardboard					
Metal Cans					
Metal Bulk					
Mixed Bulk (couches, mattresses)					
Wood					
Glass					
Textiles					
Plastic					
Aluminum					
Metal from C&D debris					
Concrete					
Fill/Soil					
Landscape Clippings (Grass, Leaves, Twigs)					
Gravel / Stone					
Tires					
(Asbestos) Hazardous Waste					
Other (Specify)					
TOTAL WASTE COLLECTED (TONNAGE)					

NOTE: Type of waste collected is a duplicate list of information collected by NYC Department of Sanitation in "Solid Waste/Recycling Semi-Annual Report"

Please do not convert from POUNDS (lbs) to TONS, if amount collected is in POUNDS (lbs), please report in POUNDS (lbs)

LICENSEE NAME: _____
 LICENSE NO.: _____

COLLECTION & DISPOSAL ANALYSIS (CONTINUED)

Amount Disposed in Tonnage/Gallons as per Dumping Invoices (NO Estimates)

DISPOSAL FACILITY	Putrescible Waste	Construction & Demolition Debris	Medical & Sharp Material	Used Cooking Oil (Yellow Grease)	Grease Trap Waste (Brown Grease)	Shredded Paper	Compost	Other (please specify)	TOTAL
Transfer Station									
Recycling Center									
Incinerator									
Landfill									
Other (specify)									
Total Amount Disposed									

Amount Disposed in Tonnage/Gallons as per Dumping Invoices (NO Estimates)

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

LICENSEE NAME: _____
LICENSE 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 2015 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 2015 financial statements and to the best of my knowledge I believe that all statements of fact contained in these 2015 financial statements are true and that these 2015 financial statements are a correct and a complete statement of the business.

(Affiant's Signature)

NOTARY PUBLIC: _____