Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [X] a multiple-employer plan; or
- [ ] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
BURRTEC RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 11/01/2003

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
BURRTEC WASTE INDUSTRIES, INC

9890 CHERRY AVENUE
FONTANA, CA 92335

2b Employer Identification Number (EIN) 95-3396612

2c Sponsor's telephone number 909-429-4200

2d Business code (see instructions) 562000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/25/2011	TRACY SWEENEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
BURRTEC WASTE INDUSTRIES, INC

9890 CHERRY AVENUE
FONTANA, CA 92335

3b Administrator's EIN
95-3396612

3c Administrator's telephone number
909-429-4200

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1376
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1172
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	167
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1339
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1339
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1164
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D 3F 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
BURRTEC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BURRTEC WASTE INDUSTRIES, INC

D Employer Identification Number (EIN)
95-3396612

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MERRILL LYNCH,PIERCE,FENNER & SMITH

13-5674085

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ASCENSUS

11-3665754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 60 99	RECORD KEEPER	44473	Yes [X] No [ ]	Yes [ ] No [X]	20499	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

FRONTIER TRUST COMPANY

45-0404698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
62 50 49	CUSTODIAN	5335	Yes [X] No [ ]	Yes [ ] No [X]	1374	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ASCENSUS	15 60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MERRILL LYNCH,PIERCE,FENNER & SMITH 13-5674085	SEE THE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR SUB T/A REVENUE BY FUND

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ASCENSUS	15 99 64	20499

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MERRILL LYNCH,PIERCE,FENNER & SMITH 13-5674085	RECORD KEEPING SUBSIDY & QUALITY SERVICE BONUS (ALLOCATED ON MONTH END MARKET VALUE)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FRONTIER TRUST COMPANY	49 62	1374

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WELLS FARGO BANK, NA 406 MAIN AVE FARGO, ND 58126	SHORT TERM INVESTMENT EARNINGS ON CONTRIBUTION DEPOSITS AND UNCASHED DISTRIBUTION CHECKS

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
BURRTEC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BURRTEC WASTE INDUSTRIES, INC

D Employer Identification Number (EIN)
95-3396612

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT PRESERVATION TRUST

b Name of sponsor of entity listed in (a): MERRILL LYNCH

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
22-6484011-001	C	7487159

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
BURRTEC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BURRTEC WASTE INDUSTRIES, INC

D Employer Identification Number (EIN)
95-3396612

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	16731	17849
(2) Participant contributions	1b(2)	39691	42808
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	681	
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	5282030	5163615
(9) Value of interest in common/collective trusts	1c(9)	8462331	7487159
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	21823014	29112833
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	35624478	41824264
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	35624478	41824264

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1372546	
	(B) Participants	2a(1)(B)	2898850	
	(C) Others (including rollovers)	2a(1)(C)	174173	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4445569
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	315153	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		315153
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	546339	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		546339
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		613847
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2730359
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		8651267
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2403896	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2403896
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	47585	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		47585
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2451481
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		6199786
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GREEN HASSON AND JANKS, LLP (2) EIN: 95-1777440

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
BURRTEC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BURRTEC WASTE INDUSTRIES, INC

D Employer Identification Number (EIN)
95-3396612

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 45-0404698

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

BURRTEC RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

YEARS ENDED
DECEMBER 31, 2010 AND 2009

BURRTEC RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

YEARS ENDED
DECEMBER 31, 2010 AND 2009

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Green Hasson Janks

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
Burrtec Retirement Savings Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the Burrtec Retirement Savings Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedule as of December 31, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 and the supplemental schedule, which was certified by Frontier Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, respectively, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with generally accepted auditing standards in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Green Hasson & Janks LLP

July 22, 2011
Los Angeles, California

BURRTEC RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2010	2009
ASSETS:		
Investments at Fair Value:		
Investment Accounts (Participant Directed)	$ 36,599,992	$ 30,285,345
Cash and Cash Equivalents	-	681
TOTAL INVESTMENTS	36,599,992	30,286,026
Receivables:		
Participant Contributions	42,808	39,691
Employer Contributions	17,849	16,731
Notes Receivable from Participants	5,163,615	5,282,030
TOTAL RECEIVABLES	5,224,272	5,338,452
TOTAL ASSETS REFLECTING ALL INVESTMENTS AT FAIR VALUE	41,824,264	35,624,478
Adjustment from Fair Value to Contract Value for Fully Benefit Responsive Investment Contract	-	613,847
NET ASSETS AVAILABLE FOR BENEFITS	$ 41,824,264	$ 36,238,325

The Accompanying Notes are an Integral Part of These Financial Statements

BURRTEC RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
Year Ended December 31, 2010

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income:		
Interest and Dividend Income	$ 546,339	
Net Appreciation in Fair Value of Investments Including Realized Gains and Losses	2,730,359	
TOTAL INVESTMENT INCOME		$ 3,276,698
Interest Income on Notes Receivable from Participants		315,153
Contributions:		
Participants	2,898,850	
Employer	1,372,546	
Rollovers	174,173	
TOTAL CONTRIBUTIONS		4,445,569
TOTAL ADDITIONS		8,037,420
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Distributions to Participants	(2,403,896)	
Administrative Expenses	(47,585)	
TOTAL DEDUCTIONS		(2,451,481)
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS		5,585,939
Net Assets Available for Benefits - Beginning of Year		36,238,325
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR		$ 41,824,264

The Accompanying Notes are an Integral Part of These Financial Statements

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Burrtec Retirement Savings Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(a) GENERAL

The Plan is a defined contribution 401(k) plan which covers all full-time employees of Burrtec Waste Industries, Inc., Burrtec Waste Services, LLC, Agua Mansa MRF, LLC, Yucaipa Disposal, Inc., Empire Disposal, LLC and Burr Group, Inc. (the Burrtec entities), and Burrtec Waste and Recycling Services LLC, Burrtec Environmental LLC, and Burrtec Recovery and Transfer LLC (the Desert entities), (collectively, the company). Employees are eligible after completion of three months of service and age eighteen or older. Employees under collective bargaining agreements are exempt from the plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan became effective on June 1, 1992. The Plan was most recently amended in November 2010.

(b) CONTRIBUTIONS

The company, for each plan year, will determine the amount of the matching contributions to be made, if any. Participants of the Burrtec entities may contribute up to 50% of pre-tax annual compensation, whereas participants of the Desert entities may contribute up to 25% of pre-tax annual compensation, both subject to Internal Revenue Service (IRS) regulation limitations. For participating employees of the Burrtec entities, the company contributed an amount equal to 50% of the first 6% of each participant’s contribution for the year ended December 31, 2010. For participating employees of the Desert entities, the company contributed an amount equal to 100% of the first 3% and 50% of the next 3% of the participant’s contribution for the year ended December 31, 2010.

(c) PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution, the company's contribution, and an allocation of Plan earnings. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(d) VESTING

Participants are immediately 100% vested in both their voluntary contributions and the company's matching contributions plus earnings thereon.

NOTE 1 - DESCRIPTION OF THE PLAN (continued)

(e) NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow up to 50% of their vested account balance. Notes receivable from participants may be made for a minimum of $1,000 and a maximum of $50,000. The Plan requires an interest rate commensurate with the prevailing interest rate charged on similar commercial loans under like circumstances by persons in the business of lending money. Notes receivable from participants are secured by their vested interest in the Plan and they may have a maximum of two loans outstanding at a time. Notes receivable from participants must be repaid within five years unless it is for the purchase of a principal residence, in which case, it can be repaid within thirty years. At December 31, 2010, interest rates on notes receivable from participants ranged from 3.25% to 10.25%. Principal and interest are paid through payroll deductions.

(f) PAYMENT OF BENEFITS

On termination of service, a participant may elect to receive a single lump-sum payment of the value of his or her account, equal installments or an annuity for a period not exceeding life expectancy. Benefits are recorded when paid. There were no pending benefit claims for participants separated from service that have not yet been paid as of December 31, 2010.

(g) ADMINISTRATIVE EXPENSES

The company absorbs significant costs of the Plan, including Plan administration fees and accounting costs. Transaction charges are paid by the participants.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) BASIS OF ACCOUNTING

The financial statements of the Plan are prepared under the accrual method of accounting.

(b) USE OF ESTIMATES

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions. Those estimates and assumptions affect the reported amounts of assets and liabilities, and the reported revenues and expenses during the reporting period. Although the Plan administrator believes its estimates are appropriate, changes in assumptions utilized in preparing such estimates could cause these estimates to change sometime in the future.

(c) RISKS AND UNCERTAINTIES

The Plan utilizes various investment instruments, including a common collective trust and mutual funds. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect amounts reported in the financial statements.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(d) INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

(e) NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the plan document.

(f) RECLASSIFICATIONS

For comparability, the December 31, 2009 amounts have been reclassified, where appropriate, to conform with the financial statement presentation used at December 31, 2010.

(g) SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through July 22, 2011, the date the financial statements were available to be issued.

NOTE 3 - INVESTMENTS

The Plan's funds are maintained by Frontier Trust Company (Frontier). The funds are credited with contributions and actual earnings on the underlying investments and charged for Plan withdrawals. The Plan's funds in the financial statements as of December 31, 2010 and 2009 are the values as reported to the Plan by Frontier.

The following was certified as to being complete and accurate by Frontier:

- Investment accounts and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2010 and 2009.
- Investment income and interest income on notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2010.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the statements of net assets available for benefits and statement of changes in net assets available for benefits.

Upon enrollment in the Plan, a participant may direct contributions to any of the investment options maintained by Frontier. Participants may change their investment options at their discretion.

The following presents investment accounts as of December 31, 2010 and 2009 that represent 5% or more of the Plan's net assets:

	2010	2009
BlackRock Global Allocation Fund Inc.	$ 4,942,542	$ 3,848,665
Columbia Marisco 21st Century Fund	*	2,146,100
Eaton Vance Large Cap Value Fund A	*	2,124,162
Fidelity Advisor Leveraged Company Stock	3,205,215	*
ING GNMA Income Fund Class A	*	3,444,381
ING Intermediate Bond Fund Class A	*	3,849,463
Lord Abbett Fundamental Equity	4,383,234	*
Merrill Lynch Retirement Preservation Trust	7,487,159	9,076,178
MFS Government Securities Fund A	2,343,178	*
PIMCO Total Return Fund A	2,959,440	*

* Represents less than 5% of the Plan's net assets.

NOTE 4 - FAIR VALUE MEASUREMENT

The plan adopted a fair value measurement accounting standard for those assets that are re-measured and reported at fair value at each reporting period. This standard establishes a single authoritative definition of fair value, sets out a framework for measuring fair value based on inputs used, and requires additional disclosures about fair value measurements. This standard applies to fair value measurements already required or permitted by existing standards.

NOTE 4 - FAIR VALUE MEASUREMENT (continued)

In general, fair values determined by Level 1 inputs utilized quoted prices (unadjusted) in active markets for identical assets. Fair values determined by Level 2 inputs utilize data points that are observable such as quoted prices, interest rates and yield curves. Fair values determined by Level 3 inputs are unobservable data points for the asset and include situations where there is little, if any, market activity for the asset.

The following table presents information about the Plan's assets that are measured at fair value on a recurring basis at December 31, 2010 and 2009, and indicates the fair value hierarchy of the valuation techniques utilized to determine such fair value:

		Fair Value Measurements Using		
	Year Ended December 31	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
2010:				
Mutual Funds:				
Equity Funds	$ 13,499,278	$ 13,499,278	$ -	$ -
Fixed Income Funds	17,911,675	17,911,675	-	-
Balanced Funds	4,942,542	4,942,542	-	-
Value Funds	246,497	246,497	-	-
TOTAL	$ 36,599,992	$ 36,599,992	$ -	$ -
2009:				
Cash and Cash Equivalents	$ 681	$ 681	$ -	$ -
Mutual Funds:				
Equity Funds	6,984,002	6,984,002	-	-
Fixed Income Funds	7,385,119	7,385,119	-	-
Balanced Funds	4,187,145	4,187,145	-	-
Value Funds	3,266,748	3,266,748	-	-
TOTAL MUTUAL FUNDS	21,823,014	21,823,014	-	-
Guaranteed Investment Contracts	8,462,331	-	-	8,462,331
TOTAL	$ 30,286,026	$ 21,823,695	$ -	$ 8,462,331

NOTE 4 - FAIR VALUE MEASUREMENT (continued)

The following is a description of the valuation methodologies used for assets measured at fair value.

- **Cash and Cash Equivalents:** Valued at cost, which approximates fair value.
- **Mutual Funds:** Valued at the closing price reported on the active market on which the individual securities are traded.
- **Guaranteed Investment Contracts:** Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Effective with the Trustee's approval of a Resolution to terminate the Merrill Lynch Preservation Trust (the Trust) and commence liquidation of its assets on October 6, 2010, the Trust changed from a stable value fund to a short-term bond fund. The most significant change was the elimination of the Trust's wrap contracts. As a result, investment in this fund is no longer a fully benefit-responsive investment contract, or a guaranteed investment contract as of December 31, 2010. The value of the related investment is reported at contract value for the year ended December 31, 2009 and at fair market value for the year ended December 31, 2010.

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2010.

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)
	Guaranteed Investment Contracts
Balance - January 1, 2010	$ 8,462,331
Purchases, Issuances and Settlements (Net)	(975,172)
Reclassification to Level 1	(7,487,159)
TOTAL ASSETS	$ -

NOTE 5 - TAX STATUS

On March 31, 2008, the Internal Revenue Service stated that the prototype adopted by the Plan, as then designed, qualifies under Section 401(a) of the Internal Revenue code (IRC). The Plan has not received a determination letter specific to the Plan itself; however, the Plan administrator believes that the Plan was designed and was being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 6 - EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain investment instruments are managed by Frontier. Frontier is a trustee as defined by the Plan; therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund.

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intent to do so, the company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits per the financial statements to the Form 5500:

	2009
Net Assets Available for Benefits per the Financial Statements	$ 36,238,325
Less: Adjustment from Fair Value to Contract Value for Fully Benefit Responsive Investment Contract	(613,847)
NET ASSETS AVAILABLE FOR BENEFITS PER THE FORM 5500	$ 35,624,478

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the Form 5500:

Net Increase in Net Assets Available for Benefits per the Financial Statements	$ 5,585,939
Add: Gain Recognized on Fully Benefit Responsive Investment Contract Upon Conversion to Short-Term Bond Fund	613,847
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS PER THE FORM 5500	$ 6,199,786

The fully benefit responsive insurance contract is recorded at contract value in the financial statements and at fair value on the Form 5500.

NOTE 9 - CURRENT YEAR PLAN AMENDMENTS

The Plan was amended in November 2010 to be in compliance with the latest legislative and regulatory changes.

BURRTEC RETIREMENT SAVINGS PLAN

SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2010

BURRTEC RETIREMENT SAVINGS PLAN

EIN 95-3396612 PN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
As of December 31, 2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost *	(e) Current Value
	American Funds and Trusts, Inc.	American Funds Capital World Growth		$ 725
	American Funds and Trusts, Inc.	American Funds Europacific Growth		1,993,445
	BlackRock, Inc.	BlackRock Global Allocation Fund Inc.		4,942,542
	BlackRock, Inc.	BlackRock Global SmallCap Fund Inc.		873,465
	BlackRock, Inc.	BlackRock S & P 500 Index Fund		191,319
	Eaton Vance	Eaton Vance Large-Cap Value Fund A		246,497
	Fidelity Investments	Fidelity Advisor Leveraged Company Stock		3,205,215
	Franklin Advisers, Inc.	Franklin Mutual Global Discovery Fund A		9,827
	Franklin Advisers, Inc.	Franklin Strategic Income Fund A		1,818,629
	Goldman Sachs	Goldman Sachs Short Duration Government Fund A		1,765,324
	Investco Ltd.	Invesco Advisor Real Estate Fund A		26,438
	Investco Ltd.	Invesco Trimark Small Company Fund A		1,750,328
	Ivy Funds Distributors, Inc.	Ivy Asset Strategy Fund Y		464,849
	Lord, Abbett & Co LLC	Lord Abbett Fundamental Equity		4,383,234
	New York Life Investment Management LLC	Mainstay Large Cap Growth Fund		207,139
	Merrill Lynch & Co., Inc.	Merrill Lynch Retirement Preservation Trust		7,487,159
	Massachusetts Financial Services Co	MFS Government Securities Fund A		2,343,178
	OppenheimerFunds, Inc.	Oppenheimer Developing Markets Fund A		371,322
	OppenheimerFunds, Inc.	Oppenheimer Gold & Special Minerals Fund A		21,971
	OppenheimerFunds, Inc.	Oppenheimer International Bond Fund A		1,402,789
	PIMCO Funds	PIMCO Long Term US Government Fund A		135,157
	PIMCO Funds	PIMCO Total Return Fund A		2,959,440
	Notes Receivable from Participants	Secured by Vested Interest in the Plan, Interest Ranging from 3.25% to 10.25% Maturing through February 2040		5,163,615
	TOTAL			$ 41,763,607

* Participant Directed Investments

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e)
Formula Description

Plan Name: BURRTEC RETIREMENT SAVINGS PLAN

Plan Number: 039159

Broker Dealer: Merrill Lynch

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus
GMPZFVX	GM John Hancock Classic Value Fund A	N/A
EHSTX	Eaton Vance Large-Cap Value Fund A	12 dollars per fund position
GMMLGIX60	GM ML Retirement Preservation Trust	N/A
MLGIX60	ML Retirement Preservation Trust	10 basis points
GMCMUAX	GM Columbia Mid Cap Value Fund A	N/A
CMUAX	Columbia Mid Cap Value Fund A	N/A
WSTAX	Ivy Science And Technology Fund A	N/A
GMABIAX	GM AllianceBernstein International Val A	N/A
GMFKASX	GM Federated Kaufmann Small Cap Fund A	N/A
GMCOVAX	GM Columbia Small Cap Value II A	N/A
GMNMTAX	GM Columbia Marisco 21st Century	N/A
FKASX	Federated Kaufmann Small Cap Fund A	N/A
COVAX	Columbia Small Cap Value II A	N/A
IIBAX	ING Intermediate Bond Fund Class A	N/A
NMTAX	Columbia Marisco 21st Century	N/A
GMEHSTX	GM Eaton Vance Large-Cap Value Fund A	12 dollars per fund position
PFGAX	PIMCO Long Term US Govt Fund A	12 dollars per fund position
GMDFLAX	GM Dreyfus Premier Future Leaders A	N/A
GMKAUAX	GM Federated Kaufmann Fund A	N/A
KAUAX	Federated Kaufmann Fund A	N/A
GMMDRFX	GM BlackRock Mid Cap Value Opportunities	N/A
GMUSGLX	GMJohn Hancock US Global Leaders Growth	N/A
GMIIBAX	GM ING Intermediate Bond Fund Class A	N/A

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e) Formula Description

Plan Name: BURRTEC RETIREMENT SAVINGS PLAN

Plan Number: 039159

Broker Dealer: Merrill Lynch

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus
GMCCGAX	GM BlackRock Government Income Portfolio	N/A
GMMLGIX98	GM ML Retirement Preservation Trust	N/A
ETHSX	Eaton Vance Worldwide Hlth Scs Fund A	N/A
MASRX	BlackRock S & P 500 Index Fund	N/A
MDLOX	BlackRock Global Allocation Fund Inc.	12 dollars per fund position
RLBCX	American Funds Amer Balanced Fund R3	N/A
ABIAX	AllianceBernstein International Value A	N/A
MFGSX	MFS Govt Securities Fund A	12 dollars per fund position
GMFRSTX	GM Franklin Strategic Income Fund A	12 dollars per fund position
GMPTTAX	GM PIMCO Total Return Fund A	12 dollars per fund position
GMMFGSX	GM MFS Govt Securities Fund A	12 dollars per fund position
GMGSSDX	GM Goldman Sachs Short Duration Govt A	12 dollars per fund position
GMODMAX	GM Oppenheimer Developing Mkts Fd A	12 dollars per fund position
GMMDGCX	GM BlackRock Global SmallCap Fund In	12 dollars per fund position
GMRERCX	GM American Funds Europacific Growth R3	12 dollars per fund position
GMATIAX	GM Invesco Trimark Small Company Fund A	12 dollars per fund position
GMFLSTX	GM Fidelity Advisor Leveraged Co. Stock	12 dollars per fund position
GMLAVRX	GM Lord Abbett Fundamental Equity R3	12 dollars per fund position
ODMAX	Oppenheimer Developing Markets Fd A	12 dollars per fund position
OIBAX	Oppenheimer International Bond Fund A	12 dollars per fund position
OPGSX	Oppenheimer Gold & Special Minerals Fd A	12 dollars per fund position
LEXNX	ING GNMA Income Fund Class A	N/A
FLSTX	Fidelity Advisor Leveraged Comp Stock T	12 dollars per fund position

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e) Formula Description

Plan Name: BURRTEC RETIREMENT SAVINGS PLAN

Plan Number: 039159

Broker Dealer: Merrill Lynch

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus
GMOIBAX	GM Oppenheimer International Bond Fund A	12 dollars per fund position
GMLEXNX	GM ING GNMA Income Fund Class A	N/A
IARAX	Invesco Advisor Real Estate Fund A	12 dollars per fund position
ATIAX	Invesco Trimark Small Company Fund A	12 dollars per fund position
RWICX	American Funds Capital World Growth R3	12 dollars per fund position
TEDIX	Franklin Mutual Global Discovery Fund A	12 dollars per fund position
MDGCX	BlackRock Global SmallCap Fund Inc.	12 dollars per fund position
PTTAX	PIMCO Total Return Fund A	12 dollars per fund position
FRSTX	Franklin Strategic Income Fund A	12 dollars per fund position
GSSDX	Goldman Sachs Short Duration Govt Fd A	12 dollars per fund position
WASYX	Ivy Asset Strategy Fund Y	12 dollars per fund position
LAVRX	Lord Abbett Fundamental Equity R3	12 dollars per fund position
MLRTX	Mainstay Large Cap Growth Fund Class R2	12 dollars per fund position
IGNAX	Ivy Global Natural Resources A	N/A
RERCX	American Funds Europacific Growth R3	12 dollars per fund position

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name BURRTEC RETIREMENT SAVINGS PLAN **EIN:** 95-3396612
Plan Sponsor's Name BURRTEC WASTE INDUSTRIES, INC **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	BlackRock	BlackRock Global Allocation Fund Inc.	0	4,942,543
	BlackRock	BlackRock S & P 500 Index Fund	0	191,320
	PIMCO	PIMCO Long Term US Govt Fund A	0	135,158
	Merrill Lynch	ML Retirement Preservation Trust	0	7,195,168
	Merrill Lynch	GM ML Retirement Preservation Trust	0	291,990
	Eaton Vance	Eaton Vance Large-Cap Value Fund A	0	246,420
	Eaton Vance	GM Eaton Vance Large-Cap Value Fund A	0	77

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name BURRTEC RETIREMENT SAVINGS PLAN **EIN:** 95-3396612
Plan Sponsor's Name BURRTEC WASTE INDUSTRIES, INC **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Invesco	Invesco Advisor Real Estate Fund A	0	26,438
	Invesco	Invesco Trimark Small Company Fund A	0	638,828
	American Funds	American Funds Capital World Growth R3	0	725
	American Funds	American Funds Europacific Growth R3	0	257,071
	BlackRock	BlackRock Global SmallCap Fund Inc.	0	341
	Fidelity	Fidelity Advisor Leveraged Comp Stock T	0	1,074,726
	Franklin	Franklin Strategic Income Fund A	0	44,538

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name BURRTEC RETIREMENT SAVINGS PLAN **EIN:** 95-3396612
Plan Sponsor's Name BURRTEC WASTE INDUSTRIES, INC **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Goldman Sachs	Goldman Sachs Short Duration Govt Fd A	0	45,459
	Ivy	Ivy Asset Strategy Fund Y	0	464,849
	Mainstay	Mainstay Large Cap Growth Fund Class R2	0	207,139
	MFS	MFS Govt Securities Fund A	0	429,434
	PIMCO	PIMCO Total Return Fund A	0	363,657
	Franklin	Franklin Mutual Global Discovery Fund A	0	9,827
	Oppenheimer	Oppenheimer Gold & Special Minerals Fd A	0	21,971

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name BURRTEC RETIREMENT SAVINGS PLAN **EIN:** 95-3396612
Plan Sponsor's Name BURRTEC WASTE INDUSTRIES, INC **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer International Bond Fund A	0	6,732
	Oppenheimer	Oppenheimer Developing Markets Fd A	0	34,800
	Lord Abbet	GM Lord Abbett Fundamental Equity R3	0	4,383,234
	Fidelity Advisor	GM Fidelity Advisor Leveraged Co. Stock	0	2,130,489
	Invesco	GM Invesco Trimark Small Company Fund A	0	1,111,500
	American Funds	GM American Funds Europacific Growth R3	0	1,736,374
	BlackRock	GM BlackRock Global SmallCap Fund In	0	873,125

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name BURRTEC RETIREMENT SAVINGS PLAN **EIN:** 95-3396612
Plan Sponsor's Name BURRTEC WASTE INDUSTRIES, INC **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	GM Oppenheimer Developing Mkts Fd A	0	336,522
	Goldman Sachs	GM Goldman Sachs Short Duration Govt A	0	1,719,864
	MFS	GM MFS Govt Securities Fund A	0	1,913,744
	PIMCO	GM PIMCO Total Return Fund A	0	2,595,782
	Franklin	GM Franklin Strategic Income Fund A	0	1,774,090
	Oppenheimer	GM Oppenheimer International Bond Fund A	0	1,396,057
	Participants Loan Account	Various Rates and maturities	0	5,175,974

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name BURRTEC RETIREMENT SAVINGS PLAN **EIN:** 95-3396612
Plan Sponsor's Name BURRTEC WASTE INDUSTRIES, INC **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Frontier Trust Company	Contribution Account	0	1