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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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
MARIN SANITARY SERVICE 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1992

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

MARIN SANITARY SERVICE, INC.

1050 ANDERSEN DRIVE
SAN RAFAEL, CA 94901

2b Employer Identification Number (EIN)
94-1520192

2c Sponsor's telephone number
415-458-5516

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.	10/12/2012	KIM A. BLANTON
	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")
MARIN SANITARY SERVICE, INC.

1050 ANDERSEN DRIVE
SAN RAFAEL, CA 94901

3b Administrator's EIN
94-1520192

3c Administrator's telephone number
415-458-5516

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**	155
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**	145
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	9
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	157
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	157
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	146
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
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 2R 3D 2T

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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MARIN SANITARY SERVICE 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MARIN SANITARY SERVICE, INC.

D Employer Identification Number (EIN)
94-1520192

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

UNIFIED TRUST COMPANY, N.A.

61-1256314

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

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

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)

UNIFIED TRUST COMPANY, N.A.

61-1256314

(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?
24 13 15 17 28 37 65 50 63 60	CONTRACT ADMIN	33799	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

EPOCH CONSULTING GROUP

435 E STREET, SUITE B
SANTA ROSA, CA 95404

(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?
27 50	INVESTMENT ADVISOR	28119	Yes [ ] No [X]	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 [ ]

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)

(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
(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.	

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

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

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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MARIN SANITARY SERVICE 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MARIN SANITARY SERVICE, INC.

D Employer Identification Number (EIN)
94-1520192

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: UTC STABLE VALUE TRUST

b Name of sponsor of entity listed in (a): UNIFIED TRUST COMPANY, N.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)
61-1256314-008	C	3469042

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
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
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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MARIN SANITARY SERVICE 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MARIN SANITARY SERVICE, INC.

D Employer Identification Number (EIN)
94-1520192

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	16795	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	313460	373905
(9) Value of interest in common/collective trusts	1c(9)	2523300	3469042
(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)	7042537	6652811
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	665319	675545

		(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	10561411	11171303
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	10561411	11171303

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)	645594	
(B) Participants	2a(1)(B)	533526	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1179120
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)	21864	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		21864
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(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)		83230
(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)		-90195
c Other income	2c		-60033
d Total income. Add all **income** amounts in column (b) and enter total	2d		1133986
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	432938	
(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)		432938
f Corrective distributions (see instructions)	2f		23223
g Certain deemed distributions of participant loans (see instructions)	2g		6015
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	33799	
(3) Investment advisory and management fees	2i(3)	28119	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		61918
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		524094
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		609892
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: CSMM, AN ACCOUNTANCY CORPORATION (2) EIN: 14-1948067

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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MARIN SANITARY SERVICE 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MARIN SANITARY SERVICE, INC.

D Employer Identification Number (EIN)
94-1520192

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): 61-1381380

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 (include any prior year accumulated funding deficiency not waived) 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 or other authority 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. 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): _____

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):

MARIN SANITARY SERVICE
401(K) PLAN

FINANCIAL STATEMENTS

AND SUPPLEMENTARY SCHEDULE

YEARS ENDED DECEMBER 31, 2011 AND 2010

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CHIAO
SMITH
McMULLIN + McGUIRE

AN ACCOUNTANCY CORPORATION
CERTIFIED PUBLIC ACCOUNTANTS
AND FINANCIAL CONSULTANTS

INDEPENDENT AUDITORS' REPORT

The Trustees of Marin Sanitary Service
401(k) Plan

We were engaged to audit the financial statements of the Marin Sanitary Service 401(k) Plan as of December 31, 2011 and 2010, and for the years then ended and the supplementary schedule as of and for the year ended December 31, 2011, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's Trustees.

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, which was certified by Unified Trust Company, N.A., the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2011 and 2010 and for the years then ended that the information provided to the plan administrator by the custodian 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 schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the custodian, has been audited by us in accordance with the auditing standards generally accepted in the United States of America and, in our opinion, is 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.

CSM+M, An Accountancy Corporation

San Rafael, California
October 12, 2012

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FINANCIAL STATEMENTS

MARIN SANITARY SERVICE
401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2011 AND 2010

ASSETS	2011	2010
Investments, at fair value		
Registered investment companies	$ 6,652,812	$ 7,042,537
Guaranteed investment contract	3,667,123	2,603,274
Stocks	165,097	155,820
Cash	510,448	526,294
Total investments	10,995,480	10,327,925
Receivables		
Employer contributions	19,716	-
Notes receivable from participants	373,905	313,460
Total receivables	393,621	313,460
Total assets	11,389,101	10,641,385
LIABILITIES		
Excess contributions payable - participants	1,571	23,934
Operating liabilities	-	-
Total liabilities	1,571	23,934
Net assets reflecting all investments at fair value	11,387,530	10,617,451
Adjustment from fair value to contract value for fully benefit-responsive investment contract	(198,081)	(79,974)
Net assets available for benefits	$ 11,189,449	$ 10,537,477

See accompanying notes.

MARIN SANITARY SERVICE
401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2011 AND 2010

ADDITIONS TO NET ASSETS	2011	2010
Investment income		
Net appreciation (depreciation) in fair value of:		
Registered investment companies	$ (90,195)	$ 780,150
Common trust	83,230	102,176
Stocks	(61,265)	(6,891)
Dividends	1,232	85
Total investment income (loss)	(66,998)	875,520
Interest income from notes receivable from participants	21,864	25,789
Contributions		
Employer	665,666	603,957
Participants	555,533	445,242
Total contributions	1,221,199	1,049,199
	1,176,065	1,950,508
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	462,176	352,405
Plan administration fees	61,917	59,484
Total expenses	524,093	411,889
Net increase	651,972	1,538,619
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	10,537,477	8,998,858
End of year	$ 11,189,449	$ 10,537,477

See accompanying notes.

MARIN SANITARY SERVICE
401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2011 AND 2010

NOTE 1 – SUMMARY OF PLAN PROVISIONS

The following description of the Marin Sanitary Service 401(k) Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and is exempt from federal income tax under Section 501(a) of the Code, and from applicable state tax, as state law conforms to the Code. The Plan operates under a prototype plan of its administrator, Unified Trust Company, which has received a favorable opinion letter dated August 7, 2001. The Plan has been amended since receiving the opinion letter, including amendments effective during 2009 to conform the Plan to recent legislation. The Plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan is a defined contribution plan covering non-union employees of the Company. The Plan allows for participation upon hire. There is a one year eligibility requirement to apply for participation in profit sharing plan contributions. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Unified Trust Company, the custodian, holds the Plan's assets, together with the income therefrom, in accordance with an agreement. An administrative committee appointed by the Board of Directors of the Company administers the Plan.

Contributions – Under the 401(k) portion of the Plan, eligible employees may contribute up to statutorily permitted amounts of pretax annual compensation as defined in the Plan per Internal Revenue Code section 402(g). The maximum deferral was $16,500 for both 2011 and 2010. Individuals reaching the age of 50 during the year may defer an additional $5,500 as a "catch-up" contribution ($5,500 for 2010). Participants may also rollover distributions from other qualified defined benefit or contribution plans. Each year the Company contributes a matching contribution which for 2011 and 2010 was 100% of an employee's deferral up to 5% of their

NOTE 1 – SUMMARY OF PLAN PROVISIONS (CONT.)

Contributions (Cont.) – eligible wages. These contributions are allocated to participants based on their elective salary deferrals to the 401(k) plan. The Company, at its discretion, may also make profit sharing contributions each year that are allocated to participants based on their proportionate share of total compensation paid during the Plan year to all participants in the Plan. For 2011 and 2010, the profit sharing contribution was 5% of the employees' eligible wages.

Participant Accounts – Participants may direct contributions and any related earnings into 15 investment options in 1 percent increments. Participants may change their investment allocation as often as they wish.

Forfeiture Accounts – Forfeitures attributable to matching and profit sharing contributions are used to reduce employer contributions and plan administration fees. Unallocated forfeiture balances as of December 31, 2011 and 2010 were $1,338 and $38,811, respectively. In 2011 and 2010, the employer contributions were reduced by $7,447 and $8,892 from forfeitures. In 2011, plan administration fees were reduced by $39,139 from forfeitures.

Vesting – Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and profit sharing contribution portion of their accounts plus actual earnings thereon is based on years of continuous service.

A participant vests according to the following schedule:

Less than two years	0%
Two years	20%
Three years	40%
Four years	60%
Five years	80%
Six years	100%

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions and related employer contributions, as well as the participant's share of the Plan's income and any related administrative expenses.

NOTE 1 – SUMMARY OF PLAN PROVISIONS (CONT.)

Vesting (Cont.) – Allocations of income and expense are based on the proportion that each participant's account balance bears to the total of all participants' account balances. The Company pays other expenses related to administering the Plan.

Payment of Benefits – Upon retirement, termination of employment, death, or disability, vested benefits are paid to participants or their beneficiaries in a lump sum. If a participant is terminated for any reason other than death, total disability, or normal retirement, the vested portion of the participant's account balance becomes payable at the earliest administratively feasible date following separation from service. In addition, hardship distributions are permitted if certain criteria are met.

Notes Receivable from Participants – The Plan has a provision that allows a participant to borrow from their account a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. Loan terms range from one to five years. The loans are secured by the balance in the participant's account and bear interest at prime plus 1 percent. Interest rates ranged from 4.25% to 9.25% at December 31, 2011 and 2010, and principal and interest payments are made through payroll deductions. The Plan charges the participant's account a processing fee of $75 when the loan is funded and an annual fee of $75 to defray the cost of record keeping.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

Basis of Accounting – The financial statements of the Plan are prepared on the accrual method of accounting.

Investment Contracts – 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. As required by FASB ASC 962-325, *Plan Accounting – Defined Contribution Pension Plans*, the Statement of

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONT.)

Investment Contracts (Cont.) – 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. During 2010, the Plan adopted and retrospectively applied Accounting Standards Update 2010-25, *Plan Accounting Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans – a consensus of the FASB Emerging Issues Task Force*.

Other Investments – Common trusts, registered investment companies, and stocks are stated at fair value as determined by quoted market prices, which represents the net asset value of shares held by the Plan at year-end.

Income Recognition – Interest and dividend income are recorded as earned on the accrual basis.

Net Appreciation or Depreciation in Fair Value of Investments – Net realized and unrealized appreciation or depreciation are recorded in the accompanying Statement of Changes in Net Assets Available for Benefits as net appreciation or depreciation in fair value of investments.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document.

Income Taxes – Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdiction; however, there are currently no audits for any tax periods in

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONT.)

Income Taxes (Cont.) – progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2008.

Use of Estimates – The preparation of the financial statements in conformity with generally accepted accounting principles requires the Plan's Trustees to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from these estimates.

Payment of Benefits – Benefits are recorded when paid.

Reclassification – In order to conform to current year presentation certain amounts have been reclassified.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2011 AND 2010

NOTE 3 – INFORMATION CERTIFIED BY PLAN'S CUSTODIAN (UNAUDITED)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5(c) of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian has certified that the following data included in the accompanying financial statements and supplementary schedule is complete and accurate.

Investments at December 31, 2011 and 2010 that represent 5% or more of the Plan's net assets available for benefits had a value of at least $526,874 and $449,943, respectively.

	2011	2010
Investments in registered investment companies, at fair value:		
American Century Inflation Adj Bond	$ 475,567	$ 453,395
Dodge and Cox International Stock Fund	606,423	783,434
Growth Fund of America	-	924,686
Oakmark Equity and Income Fund	823,578	783,029
PIMCO Total Return Fund	1,471,085	1,494,351
T. Rowe Price New America Growth	875,876	-
Vanguard Index Value	-	1,017,987
Vanguard Value Index Signal Fund	1,044,294	-
Other investments	1,355,989	1,585,655
	6,652,812	7,042,537
Guaranteed investment contract		
UTC Stable Value Trust		
Fair value	3,667,123	2,603,274
Market value adjustment	(198,081)	(79,974)
Contract value	3,469,042	2,523,300
	$ 10,121,854	$ 9,565,837

NOTE 3 – INFORMATION CERTIFIED BY PLAN'S CUSTODIAN (CONT.) (UNAUDITED)

The investment income for the years ended December 31, 2011 and 2010 is as follows:

	2011	2010
Net appreciation (depreciation) in fair value of:		
Registered investment companies	$ (90,195)	$ 780,150
Collective trust	83,230	102,176
Stocks	(61,265)	(6,891)
Dividends	1,232	85
Loan interest	21,864	25,798
	$ (45,134)	$ 901,318

NOTE 4 – INVESTMENT CONTRACT WITH INSURANCE COMPANY

The guaranteed investment contract is known as the UTC Stable Value Trust (the Fund) which maintains contributions in a pooled account. The contract is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by UTC. The principal and accrued interest are guaranteed based on credited interest rates for participant-initiated withdrawals as long as the contract remains active. Interest is credited to the contract at interest rates that reflect the performance of the underlying portfolio. The rate resets quarterly and the minimum credited rate is 0%. The rate is reset by amortizing the difference between the market value of the portfolio and the guaranteed value over the weighted average duration of the Fund's investments. The contract is included in the statements of net assets available for benefits at fair value as determined using the market approach based on market prices of similar contracts.

The adjustment from fair value to contract value for the investment contract is based on the contract value as reported to the Plan by UTC. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. If the Plan were to withdraw from the contract either by terminating the Plan or terminating the investment, transactions would be executed at fair value. The Plan sponsor has not

NOTE 4 – INVESTMENT CONTRACT WITH INSURANCE COMPANY (CONT.)

expressed any intent to do either. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

The fair value of the investment contract at December 31, 2011 and 2010 was $3,667,123 and $2,603,274, respectively. The market value adjustment was ($198,081) for 2011 and ($79,974) for 2010. For the years ended December 31, 2011 and 2010, the average yield earned was 6.06% and the average yield credited to participants was 2.78% (2.97% for 2010). The average yield and crediting interest rates are updated quarterly and were approximately 4.33% and 4.48%, since inception, as of December 31, 2011 and 2010, respectively. See Note 3.

NOTE 5 – PARTICIPANT CONTRIBUTIONS

Contributions received from participants are net of payments of $1,571 and $23,394 made in 2012 and 2011, respectively, to certain active participants to return excess deferral contributions to them as required to satisfy the relevant nondiscrimination provisions of the Plan. These amounts are also included in the plan's statement of net assets available for benefits as excess contributions payable at December 31, 2011 and December 31, 2010.

NOTE 6 – RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of a guaranteed investment contract managed by Unified Trust Company. Unified Trust Company is the trustee of the Plan; therefore these transactions qualify as party-in-interest transactions. On March 15, 2010, the entire balance of $804,019 in the Plan's investment in the common/collective trust (also known as the UTC Large Cap Growth Equity Portfolio) was transferred into a mutual fund (Growth Fund of America).

NOTE 7 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits and changes in net assets available for benefits per the financial statements, to Schedule H of Form 5500 which is prepared by the Trustee on the modified cash basis of accounting:

December 31, 2011:

Net assets available for benefits per the financial statements	$ 11,189,449
Differences in:	
Investments	373,905
Receivables - contributions receivable from employer	(19,716)
Receivables - notes receivable from participants	(373,905)
Excess contributions payable December 31, 2011	
Participants	1,571
Net assets available for benefits per Schedule H of Form 5500	$ 11,171,304

Contributions per the financial statements	$ 1,221,199
Excess contributions payable at December 31, 2010	(23,934)
Contributions receivable at December 31, 2011	(19,716)
Excess contributions payable at December 31, 2011	1,571
Contributions per Schedule H of Form 5500	$ 1,179,120

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2011 AND 2010

NOTE 7 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 (CONT.)

December 31, 2010:

Net assets available for benefits per the financial statements	$ 10,537,477
Differences in:	
Investments	313,460
Receivables - notes receivable from participants	(313,460)
Excess contributions payable December 31, 2010	
Participants	23,934
Net assets available for benefits per Schedule H of Form 5500	$ 10,561,411

Contributions per the financial statements	$ 1,049,199
Contributions receivable at December 31, 2009	14,540
Excess contributions payable at December 31, 2010	23,934
Contributions per Schedule H of Form 5500	$ 1,087,673

NOTE 8 – FAIR VALUE MEASUREMENTS

The Plan applies the provisions of FASB ASC 820-10, *Fair value Measurements and Disclosures*, which establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and has the highest priority; Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable either directly or indirectly; Level 3 inputs consist of unobservable inputs in which there is little, if any, market activity for the asset at the measurement date, and are the lowest priority. The Plan measures fair value using Level 1, Level 2 and Level 3 inputs based on which input they deem provides the most reliable evidence of fair value.

		Fair Value Measurement Using:		
December 31, 2011	Fair Value	Fair Value Measurement Using Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered investment companies:				
American Century Inflation Adj Bond	$ 475,567	$ 475,567	-	-
Artisan Mid Cap Growth Fund	426,707	426,707	-	-
Columbia Acorn Fund Z	83,252	83,252	-	-
Columbia Mid Cap Index Z	288,731	288,731	-	-
Columbia Large Cap Index Z Fnd	56,595	56,595	-	-
Dodge and Cox International Stock	606,423	606,423	-	-
Nuveen Real Estate Securities Fund	251,499	251,499	-	-
Neuberger Berman Soc Res Inv	2,744	2,744	-	-
Oakmark Equity and Income Fund	823,578	823,578	-	-
PIMCO Total Return Fund	1,471,085	1,471,085	-	-
T. Rowe Price Mid Cap Value Fund	116,364	116,364	-	-
T. Rowe Price New America Growth	875,876	875,876	-	-
Vanguard Small Cap Value Index	130,097	130,097	-	-
Vanguard Value Index Signal Fund	1,044,294	1,044,294	-	-
Total registered investment companies	6,652,812	6,652,812	-	-

NOTE 8 – FAIR VALUE MEASUREMENTS (CONT.)

	Fair Value	Fair Value Measurement Using: Fair Value Measurement Using Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2011 (Cont.)				
Common stocks:				
Agnico Eagle Mines Ltd.	18,160	18,160	-	-
Central Fund of Canada	9,805	9,805	-	-
Goldcorp Inc.	44,250	44,250	-	-
Silver Wheaton Corp.	78,192	78,192	-	-
Yamana Gold Inc.	14,690	14,690	-	-
Total common stocks	165,097	165,097	-	-
Cash, primarily in brokerage account	510,448	510,448	-	-
Investment contract with insurance company	3,667,123	-	3,667,123	-
	$ 10,995,480	$ 7,328,357	$ 3,667,123	$ -
December 31, 2010				
Registered investment companies:				
American Century Inflation Adj Bond	$ 453,395	$ 453,395	-	-
Growth Fund of America	924,686	924,686	-	-
Artisan Mid Cap Growth Fund	428,524	428,524	-	-
Columbia Acorn Fund Z	134,312	134,312	-	-
Columbia Mid Cap Index Z	346,070	346,070	-	-
Columbia Large Cap Index Z Fnd	93,355	93,355	-	-
Dodge and Cox International Stock	783,434	783,434	-	-
First American REIT	251,289	251,289	-	-
Neuberger Berman Soc Res Inv	443	443	-	-
Oakmark Equity and Income Fund	783,029	783,029	-	-
PIMCO Total Return Fund	1,494,351	1,494,351	-	-
TRP Mid Cap Value Fund	163,208	163,208	-	-
Vanguard Index Value	1,017,987	1,017,987	-	-
Vanguard Sm Cap Index	168,454	168,454	-	-
Total registered investment companies	7,042,537	7,042,537	-	-

NOTE 8 – FAIR VALUE MEASUREMENTS (CONT.)

December 31, 2010 (Cont.)	Fair Value	Fair Value Measurement Using: Fair Value Measurement Using Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common stocks:				
Goldcorp Inc.	45,980	45,980	-	-
Kinross Gold Corp.	18,960	18,960	-	-
Silver Wheaton Corp.	78,080	78,080	-	-
Yamana Gold Inc.	12,800	12,800	-	-
Total common stocks	155,820	155,820	-	-
Cash, primarily in brokerage account	526,294	526,294	-	-
Investment contract with insurance company	2,603,274	-	2,603,274	-
	$ 10,327,925	$ 7,724,651	$ 2,603,274	$ -

During 2010 the Plan transferred $804,019 from a level 2 input investment into a level 1 input investment. Refer to Note 6 for additional information regarding the transaction.

NOTE 9 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 10 – 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. In the event of Plan termination, participants would become 100% vested in their employer contributions.

NOTE 11 – SUBSEQUENT EVENTS

Management has evaluated and reviewed subsequent events that would impact the financial statements for the year ended December 31, 2011 through the issuance date of the financial statements of October 12, 2012. Management has determined that there are no disclosures of subsequent events that would be required for the financial statements to be in conformity with generally accepted accounting principles.

SUPPLEMENTARY SCHEDULE

MARIN SANITARY SERVICE
401(K) PLAN
DECEMBER 31, 2011

EIN: 94-1520192
PLAN NUMBER: 002

SCHEDULE H, PART 4, ITEM 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a) Party in Interest	(b) Identity	(c) Description of Investment		(d) Cost	(e) Current Value
	American Century Inflation Adj Bond	Mutual Fund	37,328.69 sh		$ 475,567
	Artisan Mid Cap Growth Fund	Mutual Fund	12,958.01 sh		426,707
	Columbia Acorn Fund Z	Mutual Fund	3,020.75 sh		83,252
	Columbia Mid Cap Index Z	Mutual Fund	27,060.11 sh		288,731
	Columbia Large Cap Index Z Fnd	Mutual Fund	2,330.92 sh		56,595
	Dodge and Cox International Stock	Mutual Fund	20,739.49 sh		606,423
	Nuveen Real Estate Securities Fund	Mutual Fund	13,406.11 sh		251,499
	Neuberger Berman Soc Res Inv	Mutual Fund	111.49 sh		2,744
	Oakmark Equity and Income Fund	Mutual Fund	30,446.52 sh		823,578
	PIMCO Total Return Fund	Mutual Fund	135,334.37 sh		1,471,085
	T. Rowe Price Mid Cap Value Fund	Mutual Fund	5,440.09 sh		116,364
	T. Rowe Price New America Growth	Mutual Fund	27,534.61 sh		875,876
	Vanguard Small Cap Value Index	Mutual Fund	8,650.08 sh		130,097
	Vanguard Value Index Signal Fund	Mutual Fund	49,027.87 sh		1,044,294
*	UTC Stable Value Trust	Guaranteed Investment Contract	221,961.86 sh		3,469,042
	Agnico Eagle Mines Ltd.	Participant Directed Brokerage	500.00 sh		18,160
	Central Fund of Canada	Participant Directed Brokerage	500.00 sh		9,805
	Goldcorp Inc.	Participant Directed Brokerage	1,000.00 sh		44,250
	Silver Wheaton Corp.	Participant Directed Brokerage	2,700.00 sh		78,192
	Yamana Gold Inc.	Participant Directed Brokerage	1,000.00 sh		14,690
		Cash			510,448
		* Participant Loans-interest rates from 4.25% to 9.25%			373,905
					$ 11,171,304

Column (d): the cost is not presented as all the investments are participant directed.

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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for: ☐ a multiemployer plan; ☐ 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: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan Marin Sanitary Service 401(k) Plan

1b Three-digit plan number (PN) ▶ 002

01/01/1992

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

Marin Sanitary Service, Inc.

1050 Andersen Drive

San Rafael CA 94901

2b Employer Identification Number (EIN)
94-1520192

2c Sponsor's telephone number
(415) 458-5516

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	[signature]	D.9.12	MARSHALL SARKELA
	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") SAME	**3b** Administrator's EIN	
	3c Administrator's telephone number	

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**	155
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**	145
b Retired or separated participants receiving benefits	**6b**	3
c Other retired or separated participants entitled to future benefits	**6c**	9
d Subtotal. Add lines **6a, 6b,** and **6c.**	**6d**	157
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	157
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	146
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
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 2R 3D 2T

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	☐ Insurance	(1)	☐ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	(2)	☐ Code section 412(e)(3) insurance contracts
(3)	☒ Trust	(3)	☒ Trust
(4)	☐ General assets of the sponsor	(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		**b General Schedules**	
(1)	☒ **R** (Retirement Plan Information)	(1)	☒ **H** (Financial Information)
(2)	☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)	☐ **I** (Financial Information – Small Plan)
		(3)	☐ **A** (Insurance Information)
		(4)	☒ **C** (Service Provider Information)
(3)	☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)	☒ **D** (DFE/Participating Plan Information)
		(6)	☐ **G** (Financial Transaction Schedules)

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Marin Sanitary Service 401(k) Plan **EIN:** 94-1520192
Plan Sponsor's Name Marin Sanitary Service, 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
*	Unified Trust Company	UTC Stable Value Trust	3,319,929	3,469,042
	Nuveen	Nuveen Real Estate Securities Fund	230,889	251,499
	Neuberger Berman	Neuberger Berman Socially Responsible Inv.	2,803	2,744
	American Century Funds	American Century Inflation Adj. Bond	420,620	475,567
	PIMCO Funds	PIMCO Total Return Adm	1,449,008	1,471,085
	Dodge & Cox	Dodge & Cox International Stock Fund	676,500	606,423
	Columbia Funds	Columbia Large Cap Index Z Fund	58,222	56,595

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Marin Sanitary Service 401(k) Plan **EIN:** 94-1520192
Plan Sponsor's Name Marin Sanitary Service, 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
	Oakmark Funds	Oakmark Equity & Income	738,448	823,578
	Vanguard Funds	Vanguard Value Index Signal	1,090,419	1,044,294
	Artisan Funds	Artisan Mid Cap Inv	364,586	426,707
	Columbia Funds	Columbia Mid Cap Index Z	299,971	288,731
	T. Rowe Price	T. Rowe Price Mid-Cap Value	124,380	116,364
	Columbia Funds	Columbia Acorn Z	84,618	83,252
	Vanguard Funds	Vanguard Small Cap Value Index Inv	136,670	130,097

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Marin Sanitary Service 401(k) Plan **EIN:** 94-1520192
Plan Sponsor's Name Marin Sanitary Service, 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
	T. Rowe Price	T Rowe Price New America Growth	884,661	875,876
*	Participant Loans	Participant loans secured by vested account balances. Interest rate for loans issued in 2011 was 4.25%.	373,905	373,905
	TD Ameritrade	Participant Self-Directed Brokerage Accounts	675,545	675,545