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 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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [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
MODERN DISPOSAL SERVICES, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1995

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

MODERN DISPOSAL SERVICES, INC.

4746 MODEL CITY ROAD
MODEL CITY, NY 14107

2b Employer Identification Number (EIN)
16-0875858

2c Plan Sponsor's telephone number
716-692-1272

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.	10/11/2018	DAVID KYSER
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	468
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	405
a(2) Total number of active participants at the end of the plan year	**6a(2)**	363
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	71
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	434
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	434
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	319
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
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 Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
MODERN DISPOSAL SERVICES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MODERN DISPOSAL SERVICES, INC.

D Employer Identification Number (EIN)
16-0875858

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).. . . . . ☐ 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

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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)

LYTLE INVESTMENTS

101 LANG BOULEVARD
GRAND ISLAND, NY 14072

16-1245939

(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	INVESTMENT ADVISOR	63114	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

REED-RAMSEY, INC.

1315 W. 22ND STREET
SUITE 205
OAK BROOK, IL 60523

36-6079566

(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	RECORDKEEPER	15426	Yes [X] No [ ]	Yes [ ] No [X]	21235	Yes [ ] No [X]

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

TD AMERITRADE TRUST COMPANY

PO BOX 17748
DENVER, CO 80217

20-0937408

(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?
19	CUSTODIAN	0	Yes [X] No [ ]	Yes [ ] No [X]	11773	Yes [ ] No [X]

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)

NOWICKI AND COMPANY, LLP

490 CENTER ROAD
SUITE 300
WEST SENECA, NY 14224

16-1491885

(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?
10	AUDITOR	7275	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 [ ]

(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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
MODERN DISPOSAL SERVICES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MODERN DISPOSAL SERVICES, INC.

D Employer Identification Number (EIN)
16-0875858

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: MORLEY STABLE VALUE II

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

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)
93-6274329-001	C	3132190

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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
MODERN DISPOSAL SERVICES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MODERN DISPOSAL SERVICES, INC.

D Employer Identification Number (EIN)
16-0875858

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	25122	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4798	0
(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)	260963	266792
(9) Value of interest in common/collective trusts	1c(9)	3522550	3132190
(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)	14986089	16289367
(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	18799522	19688349
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	21	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	21	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	18799501	19688349

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)	335643	
	(B) Participants	2a(1)(B)	957489	
	(C) Others (including rollovers)	2a(1)(C)	33354	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1326486
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)	10612	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		10612
	(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)	869962	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		869962
	(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
	(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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		44479
(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)		1956331
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4207870
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3232308	
(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)		3232308
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)	23601	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	63113	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		86714
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3319022
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		888848
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: NOWICKI AND COMPANY, LLP **(2)** EIN: 16-1491885

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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	

			Yes	No	Amount
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? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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 sections 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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
MODERN DISPOSAL SERVICES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MODERN DISPOSAL SERVICES, INC.

D Employer Identification Number (EIN)
16-0875858

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): 20-0937408

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 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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 0.0% 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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Modern Disposal Services, Inc.
401(k) Plan

Financial Statements

December 31, 2017

MODERN DISPOSAL SERVICES, INC. 401(k) PLAN

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Form 5500 Schedule H, Part IV, Line 4i - Schedule of Assets Held for Investment at End of Year	12

NOWICKI & COMPANY
CPAS & BUSINESS ADVISORS

Raymond M. Nowicki, CPA
Managing Partner

Paul E. Kiel, CPA
Partner

Laura M. Geiger, CPA
Partner

Erin C. Kropski, CPA
Manager

Christopher R. Bussick, CPA
Manager

Christopher F. Finnegan, CPA
Manager

Amy E. Ballachino, CPA
Manager

Jill M. Gish
Administrator

INDEPENDENT AUDITOR'S REPORT

To the Trustees of the
Modern Disposal Services, Inc. 401(k) Plan
Model City, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Modern Disposal Services, Inc. 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 5, which was certified by TD Ameritrade Trust Company, 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 trustee as of and for the years ended December 31, 2017 and 2016, that the information provided to the Plan administrator by the custodian is complete and accurate.

490 Center Rd. - Suite 300 | West Seneca, NY 14224 | P 716.681.6367 | F 716.681.6711 | WWW.NOWICKICO.COM

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets held for investment at end of year is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

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 auditing standards generally accepted 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.



West Seneca, NY
October 4, 2018

MODERN DISPOSAL SERVICES, INC. 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2017 and 2016

ASSETS

	2017	2016
Investments at Fair Value	$ 16,289,367	$ 15,011,211
Investments at Contract Value	3,132,190	3,522,550
Receivables		
Employer's Contribution	-	4,798
Notes Receivable From Participants	266,792	260,963
Total Receivables	266,792	265,761
Total Assets	19,688,349	18,799,522
Liabilities		
Participant Advance on Loan Payment	-	21
Net Assets Available for Plan Benefits	$ 19,688,349	$ 18,799,501

See Independent Auditor's Report and Notes to Financial Statements

MODERN DISPOSAL SERVICES, INC. 401(k) PLAN

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2017

Additions to Net Assets Attributed to:	
Investment Income:	
Net Appreciation in Fair Value of Investments	$ 2,000,810
Dividends	869,962
	2,870,772
Interest Income on Notes Receivable from Participants	10,612
	2,881,384
Contributions:	
Participants	957,489
Employer's	335,643
Rollovers	33,354
	1,326,486
Total Additions	4,207,870
Deductions from Net Assets Attributed to:	
Benefits Paid to Participants	3,232,308
Professional Fees	23,601
Investment Advisory Fees	63,113
Total Deductions	3,319,022
Net Increase	888,848
Net Assets Available for Benefits:	
Beginning of Year	18,799,501
End of Year	$ 19,688,349

See Independent Auditor's Report and Notes to Financial Statements

NOTE 1 - Description of the Plan

The following description of the Modern Disposal Services, Inc. 401(k) Plan ("the 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 a defined contribution plan covering all employees of Modern Disposal Services, Inc., Lewiston Trucking, Inc., Modern Landfill, Inc., Modern Recycling, Inc., Natural Environmental, Inc., H2GRO LLC and Buffalo Recycling Enterprises, LLC (the Participating Companies) who have completed one year of service and attained age twenty-one. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to 75% of their compensation on a pre-tax basis, as defined in the Plan. Those who have attained age 50 before the close of the Plan year are eligible to make catch-up contributions. Participants may also make rollover contributions to the Plan. Participants direct their contributions into various investment options offered by the Plan.

The Participating Companies provide matching contributions based on a discretionary percentage allocated proportionate to the participant's elective deferral. In 2016, the plan was restated (see Note 8) and effective April 1, 2016, the matching contribution was changed to 50% of the participant's elective deferral up to 6% of their compensation. Matching true-up contributions are also calculated at the end of each plan year. For the year ended December 31, 2017, the plan trustees elected not to do a matching true-up contribution.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Participating Companies' matching contributions, if any, and plan earnings and charged with an allocation of administrative expenses. 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.

Vesting

Participants are immediately vested in all contributions withheld from employees plus actual earnings thereon. Vesting in the Participating Companies' contribution portion of their accounts is based upon years of service. A participant is 100% vested after three years of credited service or upon death (if an employee). No vesting occurs during the first two years of service.

NOTE 1 - Description of the Plan (Continued)

Forfeitures

Forfeitures of participants unvested employer matching contributions and earnings thereon are first applied to reduce administrative expenses of the Plan and any remaining amounts are applied against employer matching contributions. There were $444 of forfeitures in 2017 that were applied against administrative expenses.

Operating Expenses

In the year ended December 31, 2017, none of the Plan's administrative expenses were paid by any of the Participating Companies.

Notes Receivable from Participants

Participants may borrow from their fund accounts (subject to limited uses as described in the Plan) a minimum of $1,000 up to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at prime rate plus 1% as established by the trustee. All loans are required to be repaid within five years, unless such loan is for the purchase of a participant's primary residence, in which case the loan must be repaid within ten years from the date of the loan. Principal and interest is paid ratably through weekly payroll deductions. A loan becomes immediately due and payable upon a Participant's termination of employment, or death.

Benefit Payments

A participant undergoing certain types of financial hardship, as defined by the Plan, may request the Plan administrator to distribute all or a portion of the participant's deferral contributions.

On termination of service or retirement, lump sum payments are available under the Plan, or participant's may elect distributions under a systematic withdrawal plan (installments). If a participant's account balance is less than or equal to $5,000, distribution may be made to the participant as soon as reasonably practicable following his termination in a lump sum payment. A participant who becomes disabled, as defined in the Plan, is eligible for disability retirement.

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 be entitled to the full amount in their accounts as of the date of termination, regardless of the percent they are vested at the time of termination.

NOTE 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued interest.

Estimates

The preparation of financial statements in conformity with accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for the Morley Stable Value Fund, which is reported at contract 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 3 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the 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.

Payment of Benefits

Benefits are recorded when paid.

Recent Accounting Pronouncements

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NOTE 4 - Contract Value Measured Investments

The Morley Stable Value Fund is a stable value investment (common collective trust fund) which invests in conventional and synthetic investment contracts issued by life insurance companies, banks and other financial institutions and short term investments. The fund is classified as investments at contract value for the financial statements. There is no public market for the fund. The fair value of the funds conventional investment contracts are determined using a discounted cash flow methodology where the individual contract cash flows are discounted at the prevailing interpolated yield curve rate as of year-end. The synthetic investment contracts include domestic and foreign fixed income securities and investments in investment companies or collective investment trusts. When available, the fair value of securities is based on quoted prices of identical assets in active markets. When quoted prices are not available, they are obtained from third party pricing methodologies utilizing observable market information. The average yield earned by the Plan from the Morley Stable Value Fund was 1.35% and 1.22% for the years ended December 31, 2017 and 2016, respectively.

NOTE 5 - Investments (Unaudited)

The following information (which comprises all the investments held in the Plan) included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared by Reed-Ramsey, Inc., the Plan's recordkeeper, and TD Ameritrade Trust Company, the Plan's custodian. The fair and contract value of the Plan's investments at December 31, 2017 and 2016 are as follows:

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	2017	2016	Fund Type
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Total Mutual Funds	16,289,367	15,011,211	
Total Investments at Fair Market Value	16,289,367	15,011,211	
Contract Value Investment			
Morley Stable Value Fund	3,132,190	3,522,550	Stable Value
Total Investments	$ 19,421,557	$ 18,533,761	

Note 5 - Investments (Unaudited) - Continued

Investment Income for the year ending December 31, 2017 is composed of the following:

Realized Gain on Sale of Investments	$ 774,245
Unrealized Gain on Investments	1,226,565
Dividends	869,962
	$ 2,870,772

Included in the net realized and unrealized gain on the sale of investments is a realized gain of $5,086 and an unrealized gain of $39,394 from the Morley Stable Value Fund which is based on the contract value of the investment.

Certified Investments

The investments and notes receivable from participants held at December 31, 2017 and 2016, net appreciation (depreciation) in fair value of investments, dividends and interest for the year ended December 31, 2017, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by TD Ameritrade Trust Company, the Plan's custodian.

NOTE 6 - Related Party Transactions

The Plan receives services from a third party administrator, an asset custodian, an investment advisor and a certified public accounting firm that qualify as party-in-interest transactions. The asset custodian and third party administrator have an expense offset arrangement whereby the custodian pays the third party administrator a service fee credit directly from the revenue administrative fee they receive from qualifying investment funds The fees paid by the Plan in 2017 for these services amounted to $86,714 which are net of a credit of $21,235 from the asset custodian to the third party administrator.

In January 2018, the Plan changed their third party administrator, asset custodian and investment advisor.

NOTE 7 - Net Assets Allocated to Terminated Participants

Amounts allocated to participants who have retired or were terminated from the Plan were approximately $1,777,596 and $1,754,385, for the years ended December 31, 2017 and December 31, 2016, respectively.

NOTE 8 - Tax Status

From January 1, 2011 until March 31, 2016 the Plan adopted the Datair Mass-Submitter Prototype Non-Standardized Cash or Deferred Profit Sharing Plan. The prototype plan obtained its Internal Revenue Service (IRC) determination letter January 31, 2006. Although the Plan has been amended since adoption, the Plan's administrator and tax counsel believe that the Plan was designed and operated in compliance with the applicable requirements of the IRC.

On March 31, 2016, the Plan adopted the CCH Incorporated DBA FTWilliam.com Volume Submitter Profit Sharing Plan with CODA (cash or deferred arrangement). The CCH Incorporated DBA FTWilliam.com plan received an Internal Revenue Service determination letter March 31, 2014 in which they stated that the plan is acceptable under section 401 of the Internal Revenue Code for use by employers for the benefit of their employees. The Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and the related trust is tax-exempt.

Effective April 1, 2016 there was a restatement of the previously-adopted Plan. The only change to the Plan was that the employer matching contribution was changed to 50% of the participant's elective deferral of the first 6% of eligible compensation (from the first 10%). Participant contributions in excess of 6% of eligible compensation are not considered for matching employer contributions.

The Plan files an annual Federal Form 5500 which is subject to audit. The tax years that remain subject to examination are 2014 through 2017. The Plan trustees believe that there are no tax exposures.

NOTE 9 - Risks and Uncertainties

The Plan participants invest in various investment securities (mutual funds and a stable value fund). These investments 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 - Evaluation of Subsequent Events

Management has evaluated subsequent events through October 04, 2018, the date which the financial statements were available to be issued.

MODERN DISPOSAL SERVICES, INC. 401(k) PLAN

EIN: 16-0875858 PLAN NUMBER 001

Form 5500 Schedule H, Part IV, Line 4i - Schedule of Assets Held for Investment at End of Year

(a)	(b) Identity of Issue, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Artisan Funds	Artisan International Value Investor Cl A		$ 1,086,346
	Blackrock Funds	Blackrock Health Sciences Op I		1,457,957
	DoubleLine Funds	Doubleline Total Return Bond Fund Class		266,583
	Fidelity Funds	Fidelity Select Energy Portfolio		389,392
	First Eagle Funds	First Eagle Gold Fund Class I		136,907
	FPA Funds	FPA Crescent Portfolio		458,144
	Franklin Funds	Franklin Utilities Fund R6		606,505
	Mairs & Power	Mairs & Power Growth Fund		448,994
	Nuveen Funds	Nuveen Real Estate Securities Fund		894,389
	Oppenheimer Funds	Oppenheimer Developing Markets Class Y		190,110
	PIMCO Investments	Pimco Foreign Bond USD Hedged Inst		160,024
	T Rowe Price	T Rowe Price Global Technology Fund		1,657,235
	T Rowe Price	T Rowe Price New Horizons		1,697,425
	Vanguard Funds	Vanguard Equity Income Fund Admiral		147,083
	Vanguard Funds	Vanguard Financials Index- Admiral		244,388
	Vanguard Funds	Vanguard Growth Index- Admiral		758,525
	Vanguard Funds	Vanguard Inflation Protected Securities		248,412
	Vanguard Funds	Vanguard Large Cap Index Fund Admiral		448,329
	Vanguard Funds	Vanguard Strategic Equity Fund		672,059
	Vanguard Funds	Vanguard Total International Stock Index		290,339
	Vanguard Funds	Vanguard Total Stock Market Index- Admiral		1,001,597
	Vanguard Funds	Vanguard Wellesley Income Fund Admiral		3,028,624
	Union Bond & Tr Co	Morley Stable Value Fund (at Contract Value)		3,132,190
				19,421,557
*	Participant Loans	Interest Rates are all Prime Plus 1%		266,792
	Total Assets Held for Investment at December 31, 2017			$ 19,688,349

* - Parties-in-Interest

Note: Column (d) is blank as all investments are participant directed.

Modern Disposal Services, Inc.
401(k) Plan

Financial Statements

December 31, 2017

MODERN DISPOSAL SERVICES, INC. 401(k) PLAN

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NOWICKI & COMPANY
CPAS & BUSINESS ADVISORS

Raymond M. Nowicki, CPA
Managing Partner

Paul E. Kiel, CPA
Partner

Laura M. Geiger, CPA
Partner

Erin C. Kropski, CPA
Manager

Christopher R. Bussick, CPA
Manager

Christopher F. Finnegan, CPA
Manager

Amy E. Ballachino, CPA
Manager

Jill M. Gish
Administrator

INDEPENDENT AUDITOR'S REPORT

To the Trustees of the
Modern Disposal Services, Inc. 401(k) Plan
Model City, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Modern Disposal Services, Inc. 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 5, which was certified by TD Ameritrade Trust Company, 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 trustee as of and for the years ended December 31, 2017 and 2016, that the information provided to the Plan administrator by the custodian is complete and accurate.

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Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets held for investment at end of year is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

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 auditing standards generally accepted 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.



West Seneca, NY
October 4, 2018

MODERN DISPOSAL SERVICES, INC. 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2017 and 2016

ASSETS

	2017	2016
Investments at Fair Value	$ 16,289,367	$ 15,011,211
Investments at Contract Value	3,132,190	3,522,550
Receivables		
Employer's Contribution	-	4,798
Notes Receivable From Participants	266,792	260,963
Total Receivables	266,792	265,761
Total Assets	19,688,349	18,799,522
Liabilities		
Participant Advance on Loan Payment	-	21
Net Assets Available for Plan Benefits	$ 19,688,349	$ 18,799,501

See Independent Auditor's Report and Notes to Financial Statements

MODERN DISPOSAL SERVICES, INC. 401(k) PLAN

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2017

Additions to Net Assets Attributed to:	
Investment Income:	
Net Appreciation in Fair Value of Investments	$ 2,000,810
Dividends	869,962
	2,870,772
Interest Income on Notes Receivable from Participants	10,612
	2,881,384
Contributions:	
Participants	957,489
Employer's	335,643
Rollovers	33,354
	1,326,486
Total Additions	4,207,870
Deductions from Net Assets Attributed to:	
Benefits Paid to Participants	3,232,308
Professional Fees	23,601
Investment Advisory Fees	63,113
Total Deductions	3,319,022
Net Increase	888,848
Net Assets Available for Benefits:	
Beginning of Year	18,799,501
End of Year	$ 19,688,349

See Independent Auditor's Report and Notes to Financial Statements

NOTE 1 - Description of the Plan

The following description of the Modern Disposal Services, Inc. 401(k) Plan ("the 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 a defined contribution plan covering all employees of Modern Disposal Services, Inc., Lewiston Trucking, Inc., Modern Landfill, Inc., Modern Recycling, Inc., Natural Environmental, Inc., H2GRO LLC and Buffalo Recycling Enterprises, LLC (the Participating Companies) who have completed one year of service and attained age twenty-one. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to 75% of their compensation on a pre-tax basis, as defined in the Plan. Those who have attained age 50 before the close of the Plan year are eligible to make catch-up contributions. Participants may also make rollover contributions to the Plan. Participants direct their contributions into various investment options offered by the Plan.

The Participating Companies provide matching contributions based on a discretionary percentage allocated proportionate to the participant's elective deferral. In 2016, the plan was restated (see Note 8) and effective April 1, 2016, the matching contribution was changed to 50% of the participant's elective deferral up to 6% of their compensation. Matching true-up contributions are also calculated at the end of each plan year. For the year ended December 31, 2017, the plan trustees elected not to do a matching true-up contribution.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Participating Companies' matching contributions, if any, and plan earnings and charged with an allocation of administrative expenses. 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.

Vesting

Participants are immediately vested in all contributions withheld from employees plus actual earnings thereon. Vesting in the Participating Companies' contribution portion of their accounts is based upon years of service. A participant is 100% vested after three years of credited service or upon death (if an employee). No vesting occurs during the first two years of service.

NOTE 1 - Description of the Plan (Continued)

Forfeitures

Forfeitures of participants unvested employer matching contributions and earnings thereon are first applied to reduce administrative expenses of the Plan and any remaining amounts are applied against employer matching contributions. There were $444 of forfeitures in 2017 that were applied against administrative expenses.

Operating Expenses

In the year ended December 31, 2017, none of the Plan's administrative expenses were paid by any of the Participating Companies.

Notes Receivable from Participants

Participants may borrow from their fund accounts (subject to limited uses as described in the Plan) a minimum of $1,000 up to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at prime rate plus 1% as established by the trustee. All loans are required to be repaid within five years, unless such loan is for the purchase of a participant's primary residence, in which case the loan must be repaid within ten years from the date of the loan. Principal and interest is paid ratably through weekly payroll deductions. A loan becomes immediately due and payable upon a Participant's termination of employment, or death.

Benefit Payments

A participant undergoing certain types of financial hardship, as defined by the Plan, may request the Plan administrator to distribute all or a portion of the participant's deferral contributions.

On termination of service or retirement, lump sum payments are available under the Plan, or participant's may elect distributions under a systematic withdrawal plan (installments). If a participant's account balance is less than or equal to $5,000, distribution may be made to the participant as soon as reasonably practicable following his termination in a lump sum payment. A participant who becomes disabled, as defined in the Plan, is eligible for disability retirement.

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 be entitled to the full amount in their accounts as of the date of termination, regardless of the percent they are vested at the time of termination.

NOTE 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued interest.

Estimates

The preparation of financial statements in conformity with accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for the Morley Stable Value Fund, which is reported at contract 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 3 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the 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.

Payment of Benefits

Benefits are recorded when paid.

Recent Accounting Pronouncements

In July 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-12, "Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient."

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The investments and notes receivable from participants held at December 31, 2017 and 2016, net appreciation (depreciation) in fair value of investments, dividends and interest for the year ended December 31, 2017, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by TD Ameritrade Trust Company, the Plan's custodian.

NOTE 6 - Related Party Transactions

The Plan receives services from a third party administrator, an asset custodian, an investment advisor and a certified public accounting firm that qualify as party-in-interest transactions. The asset custodian and third party administrator have an expense offset arrangement whereby the custodian pays the third party administrator a service fee credit directly from the revenue administrative fee they receive from qualifying investment funds The fees paid by the Plan in 2017 for these services amounted to $86,714 which are net of a credit of $21,235 from the asset custodian to the third party administrator.

In January 2018, the Plan changed their third party administrator, asset custodian and investment advisor.

NOTE 7 - Net Assets Allocated to Terminated Participants

Amounts allocated to participants who have retired or were terminated from the Plan were approximately $1,777,596 and $1,754,385, for the years ended December 31, 2017 and December 31, 2016, respectively.

NOTE 8 - Tax Status

From January 1, 2011 until March 31, 2016 the Plan adopted the Datair Mass-Submitter Prototype Non-Standardized Cash or Deferred Profit Sharing Plan. The prototype plan obtained its Internal Revenue Service (IRC) determination letter January 31, 2006. Although the Plan has been amended since adoption, the Plan's administrator and tax counsel believe that the Plan was designed and operated in compliance with the applicable requirements of the IRC.

On March 31, 2016, the Plan adopted the CCH Incorporated DBA FTWilliam.com Volume Submitter Profit Sharing Plan with CODA (cash or deferred arrangement). The CCH Incorporated DBA FTWilliam.com plan received an Internal Revenue Service determination letter March 31, 2014 in which they stated that the plan is acceptable under section 401 of the Internal Revenue Code for use by employers for the benefit of their employees. The Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and the related trust is tax-exempt.

Effective April 1, 2016 there was a restatement of the previously-adopted Plan. The only change to the Plan was that the employer matching contribution was changed to 50% of the participant's elective deferral of the first 6% of eligible compensation (from the first 10%). Participant contributions in excess of 6% of eligible compensation are not considered for matching employer contributions.

The Plan files an annual Federal Form 5500 which is subject to audit. The tax years that remain subject to examination are 2014 through 2017. The Plan trustees believe that there are no tax exposures.

NOTE 9 - Risks and Uncertainties

The Plan participants invest in various investment securities (mutual funds and a stable value fund). These investments 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 - Evaluation of Subsequent Events

Management has evaluated subsequent events through October 04, 2018, the date which the financial statements were available to be issued.

MODERN DISPOSAL SERVICES, INC. 401(k) PLAN

EIN: 16-0875858 PLAN NUMBER 001

Form 5500 Schedule H, Part IV, Line 4i - Schedule of Assets Held for Investment at End of Year

(a)	(b) Identity of Issue, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Artisan Funds	Artisan International Value Investor Cl A		$ 1,086,346
	Blackrock Funds	Blackrock Health Sciences Op I		1,457,957
	DoubleLine Funds	Doubleline Total Return Bond Fund Class		266,583
	Fidelity Funds	Fidelity Select Energy Portfolio		389,392
	First Eagle Funds	First Eagle Gold Fund Class I		136,907
	FPA Funds	FPA Crescent Portfolio		458,144
	Franklin Funds	Franklin Utilities Fund R6		606,505
	Mairs & Power	Mairs & Power Growth Fund		448,994
	Nuveen Funds	Nuveen Real Estate Securities Fund		894,389
	Oppenheimer Funds	Oppenheimer Developing Markets Class Y		190,110
	PIMCO Investments	Pimco Foreign Bond USD Hedged Inst		160,024
	T Rowe Price	T Rowe Price Global Technology Fund		1,657,235
	T Rowe Price	T Rowe Price New Horizons		1,697,425
	Vanguard Funds	Vanguard Equity Income Fund Admiral		147,083
	Vanguard Funds	Vanguard Financials Index- Admiral		244,388
	Vanguard Funds	Vanguard Growth Index- Admiral		758,525
	Vanguard Funds	Vanguard Inflation Protected Securities		248,412
	Vanguard Funds	Vanguard Large Cap Index Fund Admiral		448,329
	Vanguard Funds	Vanguard Strategic Equity Fund		672,059
	Vanguard Funds	Vanguard Total International Stock Index		290,339
	Vanguard Funds	Vanguard Total Stock Market Index- Admiral		1,001,597
	Vanguard Funds	Vanguard Wellesley Income Fund Admiral		3,028,624
	Union Bond & Tr Co	Morley Stable Value Fund (at Contract Value)		3,132,190
				19,421,557
*	Participant Loans	Interest Rates are all Prime Plus 1%		266,792
	Total Assets Held for Investment at December 31, 2017			$ 19,688,349

* - Parties-in-Interest

Note: Column (d) is blank as all investments are participant directed.