

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <h1 style="text-align: center;">2024</h1>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

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)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>NATIONAL WASTE SERVICE LLC CASH BALANCE PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>002</u>
<b>2a</b> 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) <u>NATIONAL WASTE SERVICE LLC</u>  <u>1 JEM CT</u> <u>1 JEM CT</u> <u>BAY SHORE, NY 11706-1050</u> <u>BAY SHORE, NY 11706-1050</u>	<b>1c</b> Effective date of plan <u>01/01/2021</u>  <b>2b</b> Employer Identification Number (EIN) <u>52-2304567</u>  <b>2c</b> Plan Sponsor's telephone number <u>631-242-0300</u>  <b>2d</b> Business code (see instructions) <u>562000</u>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2025	BILL LEONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	117
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	105
	<b>6a(2)</b>	111
	<b>6b</b>	0
	<b>6c</b>	17
	<b>6d</b>	128
	<b>6e</b>	1
	<b>6f</b>	129
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		2
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
3B 3D 1A 1C

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>NATIONAL WASTE SERVICE LLC CASH BALANCE PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NATIONAL WASTE SERVICE LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>52-2304567</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>12</u> Day <u>31</u> Year <u>2024</u>		
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>		<u>3249261</u>
<b>b</b> Actuarial value .....	<b>2b</b>		<u>3249261</u>
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>0</u>	<u>0</u>	<u>0</u>
<b>b</b> For terminated vested participants .....	<u>20</u>	<u>113867</u>	<u>113867</u>
<b>c</b> For active participants .....	<u>108</u>	<u>2534203</u>	<u>2534203</u>
<b>d</b> Total .....	<u>128</u>	<u>2648070</u>	<u>2648070</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>		<u>4.72 %</u>
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>		<u>975312</u>
<b>b</b> Expected plan-related expenses .....	<b>6b</b>		<u>0</u>
<b>c</b> Target normal cost .....	<b>6c</b>		<u>975312</u>

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>			
	Signature of actuary	<u>08/07/2025</u>	Date
	<u>BILL CAVOORIS</u>	<u>23-04362</u>	Most recent enrollment number
	<u>CAVOORIS CONSULTING GROUP</u>	<u>631-584-5624</u>	Telephone number (including area code)
	<u>19 WILLOW RIDGE DRIVE SMITHTOWN, NY 11787</u>		
	Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>0.00</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		478048
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.00</u> % .....		23902
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		501950
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	111.75 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	111.75 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	119.68 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
08/06/2025	800000						
			<b>Totals ▶</b>	<b>18(b)</b>	800000	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 778634
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 2
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information		
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	975312	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	601191	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	374121	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	374121	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	778634	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	404513	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>NATIONAL WASTE SERVICE LLC CASH BALANCE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NATIONAL WASTE SERVICE LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>52-2304567</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1000000	800000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	98415	368614
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	1251507	2161021
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	591482	719626
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	2941404	4049261
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	2941404	4049261

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	800000	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		800000
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	79333	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		79333
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	293332	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		1172665

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	32932	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		32932
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	31876	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		31876
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		64808

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1107857
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		92000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 559300.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>NATIONAL WASTE SERVICE LLC CASH BALANCE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NATIONAL WASTE SERVICE LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>52-2304567</b>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**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..... 

<b>1</b>		<b>0</b>
----------	--	----------

**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): \_\_\_\_\_

**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..... 

<b>3</b>		<b>4</b>
----------	--	----------

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q704856A.

**NATIONAL WASTE SERVICE LLC**  
**CASH BALANCE PLAN**  
**FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

NATIONAL WASTE SERVICE LLC  
CASH BALANCE PLAN

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## Independent Auditors' Report

To the Plan Administrator of  
National Waste Service LLC Cash Balance Plan

### ***Opinion***

We have audited the accompanying financial statements of National Waste Service LLC Cash Balance Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of accumulated plan benefits and net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in accumulated plan benefits and net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the accumulated plan benefits and net assets available for benefits of National Waste Service LLC Cash Balance Plan as of December 31, 2024 and 2023, and the changes in its accumulated plan benefits and its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of National Waste Service LLC Cash Balance Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about National Waste Service LLC Cash

Balance Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### ***Auditors' Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of National Waste Service LLC Cash Balance Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about National Waste Service LLC Cash Balance Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

***Supplemental Schedules Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

*Bacchioni & Company, CPAs, P. C.*

Garden City, New York  
October 7, 2025

NATIONAL WASTE SERVICE LLC CASH BALANCE PLAN  
STATEMENTS OF ACCUMULATED PLAN BENEFITS AND  
NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2024 AND 2023

	2024	2023
<i>Accumulated Plan Benefits</i>		
Actuarial present value of vested benefits:		
Participants currently receiving payments	\$ -	\$ -
Other participants	3,597,011	2,410,918
Actuarial present value of nonvested benefits	26,371	18,233
Total actuarial present value of accumulated plan benefits	3,623,382	2,429,151
<i>Net Assets Available for Benefits</i>		
<i>Assets:</i>		
Investments, at fair value:		
Cash and money market fund	368,614	98,415
Mutual funds	188,815	172,509
Exchange traded funds	530,811	418,973
Equities	2,161,021	1,251,507
Total investments, at fair value	3,249,261	1,941,404
Receivable:		
Employer contribution receivable	800,000	1,000,000
Total assets	4,049,261	2,941,404
Net assets available for benefits	4,049,261	2,941,404
Excess of net assets available for benefits over actuarial present value of accumulated plan benefits	\$ 425,879	\$ 512,253

The accompanying notes are an integral part of these financial statements.

NATIONAL WASTE SERVICE LLC CASH BALANCE PLAN  
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS  
AND NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
<i>Net Increase in Actuarial Present Value of Accumulated Plan Benefits</i>		
Increase (decrease) during the year attributable to:		
Benefits accumulated	\$ 975,314	\$ 875,571
Increase for interest due to the decrease in the discount period	115,385	71,420
Benefits paid	(32,932)	-
Change in actuarial assumptions	140,079	(21,112)
Non-vested terminated participants	(3,615)	(5,799)
Net increase	\$ 1,194,231	\$ 920,080
 <i>Net Increase in Net Assets Available for Benefits</i>		
Investment income (loss):		
Net appreciation in fair value of investments	293,332	64,175
Dividends	79,333	47,550
	372,665	111,725
Contributions:		
Employer	800,000	1,000,000
	800,000	1,000,000
Total additions	1,172,665	1,111,725
Deductions:		
Benefits paid	32,932	-
Administrative expenses	31,876	13,247
Total deductions	64,808	13,247
Net increase	1,107,857	1,098,478
 (Decrease) Increase in excess of net assets available for benefits over actuarial present value of accumulated plan benefits	(86,374)	178,398
 Excess of net assets available for benefits over actuarial present value of accumulated plan benefits:		
Beginning of year	512,253	333,855
End of year	\$ 425,879	\$ 512,253

The accompanying notes are an integral part of these financial statements.

NATIONAL WASTE SERVICE LLC CASH BALANCE PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the National Waste Service LLC Cash Balance Plan (the "Plan"), is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

- A. General – The Plan is a defined benefit pension plan covering the employees of National Waste Service LLC, the Plan sponsor, not excluded by class. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").
- B. Pension Benefits – To participate in the Plan, an employee must have attained age 21 and completed at least one year of service (1,000 hours in a 12-month period), and not be a member of an excluded class (i.e., Union Employees or Non-Resident Aliens). Employees other than those identified as eligible in the Plan document are not permitted to participate. Eligible employees enter the Plan on the next January 1 or July 1 following satisfaction of these requirements.

Under the Plan's provisions, each participant's benefit is determined using a cash balance formula. The participant's benefit is expressed as a Hypothetical Account Balance that grows with employer contributions and annual interest credits as defined in the Plan. Upon reaching the normal retirement age of 62, the participant is entitled to an annual pension benefit based on the value of the vested accrued benefit in their Hypothetical Account, converted to an annuity under the Plan's actuarial equivalence rules.

If a participant terminates employment prior to retirement, disability, or death, the participant is entitled to the vested portion of their accrued benefit. The Plan provides for a 3-year cliff vesting schedule, under which a participant becomes 100% vested in employer contributions after three years of service.

Benefits are payable for the life of the participant and may also be received in the form of a joint and survivor annuity.

- C. Distribution of Vested Accrued Benefits – In the event of a mandatory distribution greater than \$1,000 that is made in accordance with provisions of the Plan providing for an automatic distribution to a participant without the participants consent, if the participant does not elect to have such distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or to receive the distribution directly in an immediate single sum payment, the plan administrator will pay the distribution in a direct rollover to an individual retirement plan designated by the plan administrator.
- D. Late Retirement Benefit – If such a participant elects to defer commencement of his normal retirement benefit beyond the participants' normal retirement date, the late retirement benefit shall be payable on his actual retirement date.
- E. Death and Disability Benefits – If an active participant dies before retirement, disability, or termination of employment, the participant's beneficiary is entitled to receive a death benefit equal to the Actuarial Equivalent of 100% of the participant's vested accrued benefit, determined

NATIONAL WASTE SERVICE LLC CASH BALANCE PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF PLAN (Continued)

as of the date of death, payable in accordance with the qualified preretirement survivor annuity provisions of the Plan.

The Plan does not provide separate disability benefits. If an active participant becomes disabled, the participant is entitled only to the vested accrued benefit earned to the date of disability, determined under the same terms as any other participant.

- F. Forfeitures – On termination of service, the unvested portion of a participant’s company contribution account is forfeited. All forfeitures arising for any reason shall be used to reduce the employer’s contribution to the Plan. If a benefit is forfeited because the beneficiary cannot be found, such benefit will be reinstated if a claim is made by the participant or beneficiary. At December 31, 2024 and 2023 there were no forfeited non-vested accounts.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- A. Basis of Accounting – The financial statements of the Plan are presented on the accrual basis of accounting.
- B. Use of Estimates – The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.
- C. Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 5 for a 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 (depreciation) includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

- D. Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Benefits under the Plan are accumulated based on employees’ compensation during each year of credited service. The accumulated plan benefits for active employees are based on average

NATIONAL WASTE SERVICE LLC CASH BALANCE PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

salary during the highest three consecutive years of employment (excluding years prior to the year of entry) as of the valuation date. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are attributable to employee service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined by an independent actuary and represents the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2024 and 2023 were (a) life expectancy of participants (417(e) Mortality Tables, were used), (b) retirement age assumptions (the assumed average retirement age was 65), and (c) investment return. The 2024 and 2023 valuations assumed an average rate of return of 4.75% and 5%, respectively.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

- E. Payment of Benefits – Benefit payments to participants are recorded upon distribution.
- F. Administrative Expenses – The Plan’s administrative expenses are paid by either the Plan or the Plan’s sponsor, as provided by the Plan document.
- G. Subsequent Events - The Plan’s management evaluated subsequent events through October 7, 2025 the date these financial statements were available to be issued and determined there were no subsequent events requiring disclosure.

NOTE 3 – FUNDING POLICY

The contributions of the Plan sponsor are designed to fund the Plan’s current service costs on a current basis. The amounts contributed to the Plan are determined on a basis of: (a) annual actuarial valuations of the Plan by an independent consulting actuary; (b) the maximum amount permitted by law or regulation as a federal income tax deduction; (c) the minimum amount certified by the actuary as necessary during any plan year to avoid an accumulated funding deficiency as defined by ERISA. The minimum required contribution for the Plan year ended December 31, 2024 and 2023 was \$374,121 and \$505,021, respectively. The minimum required contribution is a term defined in the law. It does not represent the minimum contribution required to satisfy the funding requirement. Rather, it may be satisfied through any combination of Company contributions, or use of advanced contributions in either the funding standard carryover balance or prefunding balance. The Plan sponsor contributed \$800,000 and \$1,000,000 to the Plan for the Plan years ended December 31, 2024 and 2023, respectively. Although it has not expressed any intention to do so, the Plan sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

NATIONAL WASTE SERVICE LLC CASH BALANCE PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

NOTE 4 – PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- A. Benefits attributable to employee contributions, taking into account those paid out before termination.
- B. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- C. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
- D. All other vested benefits (that is, vested benefits not insured by the PBGC).
- E. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE 5 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

*Level 1*

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

*Level 2*

Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted

NATIONAL WASTE SERVICE LLC CASH BALANCE PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

NOTE 5 – FAIR VALUE MEASUREMENTS *(Continued)*

prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3*

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

*Money market funds:* Valued at the net asset value of shares held by the Plan at year end.

*Mutual Funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Exchange Traded Funds:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Equities:* Valued at the closing price reported on the active market on which the individual securities are traded. If not traded on active market, valued by third-party pricing sources or appraisers.

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

Assets at Fair Value as of December 31, 2024:

<u>Assets</u>	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and money market fund	\$ 368,614	\$ 368,614	\$ -	\$ -
Mutual funds	188,815	188,815	-	-
Exchange traded funds	530,811	530,811	-	-
Equities	2,161,021	2,161,021	-	-
<b>Total investments at fair value</b>	<b>\$ 3,249,261</b>	<b>\$ 3,249,261</b>	<b>\$ -</b>	<b>\$ -</b>

NATIONAL WASTE SERVICE LLC CASH BALANCE PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

NOTE 5 – FAIR VALUE MEASUREMENTS  
*(Continued)*

Assets at Fair Value as of December 31, 2023:

<u>Assets</u>	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and money market fund	\$ 98,415	\$ 98,415	\$ -	\$ -
Mutual funds	172,509	172,509	-	-
Exchange traded funds	418,973	418,973	-	-
Equities	1,251,507	1,251,507	-	-
Total investments at fair value	<u>\$ 1,941,404</u>	<u>\$ 1,941,404</u>	<u>\$ -</u>	<u>\$ -</u>

*Changes in fair value levels:* The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net (depreciation) appreciation in fair value of investments in the statements of changes in net assets available for benefits.

NOTE 6 – PARTY-IN-INTEREST TRANSACTIONS

The Plan has certain investments managed by LPL Financial, the custodian, therefore these transactions qualify as party-in-interest transactions. LPL Financial provides investment advisory services to the plan which qualify as party-in-interest transactions. Fees paid by the Plan to LPL Financial for investment advisory and administrative services for the years ended December 31, 2024 and 2023 amounted to \$31,876 and \$13,247 respectively. Cavoris Consulting Group provides actuarial services, as defined by the Plan, which also qualify as party-in-interest transactions. Actuary service fees are paid by the Plan sponsor.

NOTE 7 – 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 the amounts reported in the statements of net assets available for benefits.

NATIONAL WASTE SERVICE LLC CASH BALANCE PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

NOTE 7 – RISKS AND UNCERTAINTIES *(Continued)*

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change.

Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

NOTE 8 – PLAN AMENDMENT

Effective October 15, 2024, the Plan was amended to comply with provisions of the SECURE Act and SECURE 2.0 Act, as well as related IRS regulations and guidance. The amendment addresses items such as required minimum distributions, in-service distributions, overpayment recovery, and rollover provisions. The amendment did not have a material effect on the accompanying financial statements.

NOTE 9 – TAX STATUS

The Internal Revenue Service has determined and informed the company by letter dated February 28, 2023, that the Plan and the related trust are designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). The Plan has been amended since receiving the determination letter. However, the Plan administrator and Plan’s actuary believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service (IRS). The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, the Plan has maintained its tax-exempt status and there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

NOTE 10 – FIDELITY BONDING

The Employee Retirement Income Security Act of 1974 (ERISA) requires that every person who handles plan funds be bonded to protect the plan against loss due to fraud or dishonesty. The amount of the bond must be at least 10% of plan assets as of the beginning of the plan year, subject to a minimum of \$1,000 and a maximum of \$500,000 (\$1,000,000 if the plan holds employer securities).

As of December 31, 2024, the Plan maintained a fidelity bond in the amount of \$92,000. Based on plan assets of \$1,941,404 at the beginning of the year, ERISA required bond coverage of at least \$194,140. Accordingly, the fidelity bond coverage was less than the amount required by ERISA. Subsequent to year-end, the Plan obtained fidelity bond coverage in the amount of \$500,000, effective in 2025.

NATIONAL WASTE SERVICE LLC CASH BALANCE PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

Employer Identification No. 52-2304567  
Plan No. 002

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
Abbvie Inc.	Equities; 500 Shares	\$ 74,733	\$ 88,850	
Adobe Inc.	Equities; 200 Shares	103,838	88,936	
Alphabet Inc. Cl C	Equities; 514 Shares	83,247	97,886	
Altria Group Inc.	Equities; 610 Shares	25,180	31,897	
Apple Inc.	Equities; 500 Shares	89,875	125,210	
Broadcom Inc.	Equities; 600 Shares	26,982	139,104	
Chevron Corp.	Equities; 175 Shares	25,296	25,347	
Home Depot Inc.	Equities; 300 Shares	102,039	116,697	
JP Morgan Chase & Co.	Equities; 419 Shares	68,273	100,438	
Keysight Technologies Inc.	Equities; 500 Shares	73,336	80,315	
Lockheed Martin Corp.	Equities; 65 Shares	25,309	31,586	
Mastercard Inc. Cl A	Equities; 100 Shares	52,983	52,657	
Microsoft Corp.	Equities; 223 Shares	79,279	93,995	
Morgan Stanley	Equities; 315 Shares	25,158	39,602	
MSCI Inc. Class A	Equities; 100 Shares	52,771	60,001	
Nvidia Corp.	Equities; 2,000 Shares	189,604	268,580	
Oracle Corp.	Equities; 500 Shares	84,995	83,320	
Public Service Enter Gr Inc.	Equities; 440 Shares	25,097	37,176	
Qualcomm Inc.	Equities; 750 Shares	118,575	115,215	
Salesforce Inc.	Equities; 290 Shares	80,144	96,956	
Servicenow Inc.	Equities; 90 Shares	55,366	95,411	
Tesla Inc.	Equities; 300 Shares	81,403	121,152	
Unitedhealth Group Inc.	Equities; 150 Shares	77,967	75,879	
Visa Inc. Cl A	Equities; 300 Shares	95,670	94,812	
Blackrock Health Sciences	Mutual Fund; 650 Shares	24,466	24,655	
Eaton Vance Tax Mgd Dives	Mutual Fund; 3,000 Shares	32,535	44,850	
Eaton Vance Tax Mgd Gbl	Mutual Fund; 7,000 Shares	51,950	57,190	
First Trust Rising Div Achiev	Exchange Traded Fund; 3,000 Shares	158,092	177,420	
Flaherty & Crumrine PFD	Mutual Fund; 4,000 Shares	59,527	62,120	
Ishares JPM High Yd Bond	Exchange Traded Fund; 775 Shares	25,056	29,435	
Ishares 5-10 Yr Inves C Bond	Exchange Traded Fund; 520 Shares	25,104	26,785	
Ishares 10 Yr Invest C Bond	Exchange Traded Fund; 520 Shares	25,079	25,688	
Ishares 0-5 Yr Hi Yd C Bond	Exchange Traded Fund; 625 Shares	25,010	26,631	
Spdr Corp Bond ETF	Exchange Traded Fund; 900 Shares	25,200	25,776	
Spdr Hi Yd Bond ETF	Exchange Traded Fund; 1,150 Shares	25,185	26,991	
Spdr Bloomberg Baclays	Exchange Traded Fund; 1,050 Shares	25,092	26,513	
Spdr S&P 500 ETF	Exchange Traded Fund; 150 Shares	63,794	87,912	
Vaneck JPM Emerging Mkts	Exchange Traded Fund; 1,100 Shares	22,236	25,421	
Vanguard Interm Corp Bd	Exchange Traded Fund; 330 Shares	24,948	26,488	
Vanguard Total Intl Bond	Exchange Traded Fund; 525 Shares	24,962	25,750	

See independent auditors' report.

NATIONAL WASTE SERVICE LLC CASH BALANCE PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - (Continued)  
DECEMBER 31, 2024

Employer Identification No. 52-2304567  
Plan No. 002

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current Value
JP Morgan US Govt MM Fund		Money Market Fund	367,207	367,207
* LPL Financial		Cash	1,407	1,407
Total investments, at fair value			<u>\$ 2,723,970</u>	<u>\$ 3,249,261</u>

\* Denotes party in interest.

See independent auditors' report.

NATIONAL WASTE SERVICE LLC CASH BALANCE PLAN  
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
DECEMBER 31, 2024

Employer Identification No. 52-2304567  
Plan No. 002

(a)	(b)	(c)		(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Number of Purchase Transactions	Purchase Price	Number of Sales Transactions	Selling Price	Lease Rental	Expense Incurred With Transaction	Current Value of Asset on Transaction Date	Net Gain (Loss)
JP Morgan US Govt MM Fund	Money market fund	93	\$ 1,238,884			-	-	\$ 1,238,884	-
JP Morgan US Govt MM Fund	Money market fund	-	-	14	984,218	-	-	984,218	-

Each entry represents a series of transactions in securities of the same issue in excess of 5% of the current value of plan assets at the beginning of the plan year.

\* Denotes party in interest.

# Account Statement Q4 2024

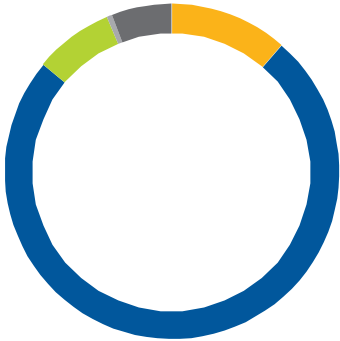
October 01, 2024–December 31, 2024

Account Ending in (6643)

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## Asset Allocation

Asset Allocation data reflects the breakdown of assets in your accounts, including the assets held within any mutual funds and ETFs. The amounts may differ from asset values shown elsewhere in the statement.



Asset Type	Asset Value	%
Cash*	\$369,697.67	11.38%
Equities	\$2,425,911.30	74.66%
Fixed Income	\$247,249.27	7.61%
Other	\$17,585.00	0.54%
Undefined	\$188,817.81	5.81%
<b>Total</b>	<b>\$3,249,261.05</b>	<b>100.00%</b>

\*\$368,614.20 held as liquid cash and equivalents; any remainder is embedded in investment products such as mutual funds and ETFs.

## EXPLORE MORE



Sign in to Account View by scanning the code above.

## Account Holdings

### Cash and Cash Equivalents

Description	Interest/Dividend Paid 12/01 - 12/31	Interest/Dividend Rate <sup>2</sup>	Current Balance
Cash			\$1,407.10
<b>Money Market Funds</b>			
JPMorgan U.S. Government Money Market Fund - Investor Shares	\$3,527.49	4.18%	\$367,207.10
<b>Total Money Market Funds</b>			\$367,207.10
<b>Total Cash and Cash Equivalents</b>			<b>\$368,614.20</b>

<sup>2</sup> Bank Deposit Sweep interest is the current rate. Money Market Sweep dividend is a 30-day yield.

## Account Holdings continued

### Equities and Options

Visit our digital client experience to see lot level details, average cost per share, current market values and more.

Security ID / Description	Quantity Price	Market Value	Est Annual Income <sup>a</sup> Est 30-Day Yield <sup>a</sup>
ABBV ABBVIE INC <sub>C</sub>	500.000 \$177.7000	\$88,850.00	\$3,280.00 3.69%
ADBE ADOBE INC <sub>C</sub>	200.000 \$444.6800	\$88,936.00	
GOOG ALPHABET INC CL C <sub>C</sub>	514.000 \$190.4400	\$97,886.16	\$411.00 0.42%
MO ALTRIA GROUP INC <sub>C</sub>	610.000 \$52.2900	\$31,896.90	\$2,488.00 7.80%
AAPL APPLE INC <sub>C</sub>	500.000 \$250.4200	\$125,210.00	\$500.00 0.40%
AVGO BROADCOM INC <sub>C</sub>	600.000 \$231.8400	\$139,104.00	\$1,272.00 0.91%
CVX CHEVRON CORP <sub>C</sub>	175.000 \$144.8400	\$25,347.00	\$1,141.00 4.50%
HD HOME DEPOT INC <sub>C</sub>	300.000 \$388.9900	\$116,697.00	\$2,700.00 2.31%
JPM JPMORGAN CHASE & CO <sub>C</sub>	419.000 \$239.7100	\$100,438.49	\$2,095.00 2.09%
KEYS KEYSIGHT TECHNOLOGIES INC <sub>C</sub>	500.000 \$160.6300	\$80,315.00	
LMT LOCKHEED MARTIN CORP <sub>C</sub>	65.000 \$485.9400	\$31,586.10	\$858.00 2.72%
MA MASTERCARD INC CL A <sub>C</sub>	100.000 \$526.5700	\$52,657.00	\$304.00 0.58%
MSFT MICROSOFT CORP <sub>C</sub>	223.000 \$421.5000	\$93,994.50	\$740.00 0.79%
MS MORGAN STANLEY <sub>C</sub>	315.000 \$125.7200	\$39,601.80	\$1,165.00 2.94%
MSCI MSCI INC CLASS A <sub>C</sub>	100.000 \$600.0100	\$60,001.00	\$640.00 1.07%
NVDA NVIDIA CORP <sub>C</sub>	2,000.000 \$134.2900	\$268,580.00	\$80.00 0.03%

Account Holdings continued on next page →

<sup>a</sup> Refer to the statement message titled ESTIMATED ANNUAL INCOME (EAI) AND ESTIMATED YIELD (EY) for information on how this figure is calculated.

## Account Holdings continued

### Equities and Options continued

Security ID / Description	Quantity Price	Market Value	Est Annual Income <sup>a</sup> Est 30-Day Yield <sup>a</sup>
ORCL ORACLE CORP <sub>C</sub>	500.000 \$166.6400	\$83,320.00	\$800.00 0.96%
PEG PUBLIC SERVICE ENTERPRISE GROUP INC <sub>C</sub>	440.000 \$84.4900	\$37,175.60	\$1,056.00 2.84%
QCOM QUALCOMM INC <sub>C</sub>	750.000 \$153.6200	\$115,215.00	\$2,550.00 2.21%
CRM SALESFORCE INC <sub>C</sub>	290.000 \$334.3300	\$96,955.70	\$464.00 0.48%
NOW SERVICENOW INC <sub>C</sub>	90.000 \$1,060.1200	\$95,410.80	
TSLA TESLA INC <sub>C</sub>	300.000 \$403.8400	\$121,152.00	
UNH UNITEDHEALTH GROUP INC <sub>C</sub>	150.000 \$505.8600	\$75,879.00	\$1,260.00 1.66%
V VISA INC CL A <sub>C</sub>	300.000 \$316.0400	\$94,812.00	\$708.00 0.75%
<b>Total</b>		<b>\$2,161,021.05</b>	<b>\$24,512.00</b>

<sup>c</sup> Dividends and/or capital gains distributed by this security will be distributed as cash.

## Mutual Funds, Publicly Traded Funds and Interval Funds

Visit our digital client experience to see lot level details, average cost per share, current market values and more.

Security ID / Description	Quantity Price	Market Value	Est Annual Income <sup>a</sup> Est 30-Day Yield <sup>a</sup>
BME BLACKROCK HEALTH SCIENCES TRUST	650.000 \$37.9300	\$24,654.50	\$2,044.00 8.29%
ETY EATON VANCE TAX MANAGED DIVERSIFIED EQUITY INCOME FUND	3,000.000 \$14.9500	\$44,850.00	\$2,898.00 6.46%
EXG EATON VANCE TAX MANAGED GLBL DIVERSIFIED EQUITY INCOME FUND	7,000.000 \$8.1700	\$57,190.00	\$5,516.00 9.65%
RDVY FIRST TRUST RISING DIVIDEND ACHIEVERS ETF	3,000.000 \$59.1400	\$177,420.00	\$3,057.00 1.72%

Account Holdings continued on next page →

<sup>a</sup> Refer to the statement message titled ESTIMATED ANNUAL INCOME (EAI) AND ESTIMATED YIELD (EY) for information on how this figure is calculated.

## Account Holdings continued

### Mutual Funds, Publicly Traded Funds and Interval Funds continued

Security ID / Description	Quantity Price	Market Value	Est Annual Income <sup>a</sup> Est 30-Day Yield <sup>a</sup>
FFC FLAHERTY & CRUMRINE PFD & INCOME SECURITIES FUND INC	4,000.000 \$15.5300	\$62,120.00	\$4,242.00 6.83%
EMHY ISHARES JPMORGAN EM HIGH YIELD BOND ETF	775.000 \$37.9800	\$29,434.50	\$1,945.00 6.61%
IGIB ISHARES 5-10 YEAR INVESTMENT GRADE CORP BOND ETF	520.000 \$51.5100	\$26,785.20	\$1,077.00 4.02%
IGLB ISHARES 10+ YEAR INVESTMENT GRADE CORP BOND ETF	520.000 \$49.4000	\$25,688.00	\$1,311.00 5.10%
SHYG ISHARES 0-5 YR HIGH YIELD CORP BOND ETF	625.000 \$42.6100	\$26,631.25	\$1,844.00 6.93%
SPBO SPDR CORP BOND ETF	900.000 \$28.6400	\$25,776.00	\$1,266.00 4.91%
SPHY SPDR HIGH YIELD BOND ETF	1,150.000 \$23.4700	\$26,990.50	\$1,997.00 7.40%
SJNK SPDR BLOOMBERG BARCLAYS SHORT TERM HIGH YIELD BOND ETF	1,050.000 \$25.2500	\$26,512.50	\$1,924.00 7.26%
SPY SPDR S&P 500 ETF	150.000 \$586.0800	\$87,912.00	\$1,050.00 1.20%
EMLC VANECK JPM EMERGING MKTS LOCAL CURRENCY BOND NEW ETF	1,100.000 \$23.1100	\$25,421.00	\$1,660.00 6.53%
VCIT VANGUARD INTERMEDIATE TERM CORP BOND ETF	330.000 \$80.2700	\$26,489.10	\$1,167.00 4.41%
BNDX VANGUARD TOTAL INTL BOND INDEX ETF	525.000 \$49.0500	\$25,751.25	\$592.00 2.30%
<b>Total</b>		<b>\$719,625.80</b>	<b>\$33,590.00</b>

## Total Account Holdings

	Market Value	Est Annual Income
	<b>\$3,249,261.05</b>	<b>\$58,102.00</b>

<sup>a</sup> Refer to the statement message titled ESTIMATED ANNUAL INCOME (EAI) AND ESTIMATED YIELD (EY) for information on how this figure is calculated.

**NATIONAL WASTE SERVICE LLC**  
**CASH BALANCE PLAN**

**II. Actuarial Method and Assumptions**

**Actuarial Method:** the method prescribed by the Pension Protection Act includes the determination of the Normal Cost using the Accrued Benefit Cost Method.

<b>Interest:</b>	<b>IRC 430</b>	<b>IRC 404</b>
Segment 1:	4.75%	4.02%
Segment 2:	4.87%	4.73%
Segment 3:	5.59%	4.75%

Or 5% pre and 5% post retirement, if resulting present value of benefits is greater.

**Mortality:** 417(e) Applicable Mortality Table

**Turnover:** none

**Salary scale:** none

**Retirement age:** age 65 or after 5 years of participation

**Expense loading:** none

**Asset valuation:** market value

**NATIONAL WASTE SERVICE LLC**  
**CASH BALANCE PLAN**

**I. Summary of Plan Provisions**

**Eligibility:** Employees enter the plan on the January 1 or July 1 coincident with or next following the later of the completion of 1 year of service and the attainment of age 21.

**Considered Compensation:** Gross W-2 wages for the plan year.

**Normal Retirement Date:** The participant's 65th birthday or after 5 years of participation, if later.

**Annual Contribution Credits:**

Group A: William Leone, Joseph Leone, and Richard Leone: 70% of considered compensation.

Group B, other Highly Compensated Employees: 3% of considered compensation.

Group C, other eligible employees: 3% of considered compensation.

**Interest Credit:** 4.75% annually, prorated to date of distribution.

**Accrued Benefit:** The hypothetical account balance determined by contribution and interest credits payable as a lump sum, or as the actuarial equivalent life or Qualified Joint & Survivor Annuity.

**Vesting:**

Less than 3 years of service: 0%

3+ years of service: 100%

**Pre-retirement Death Benefit:** Value of the accrued benefit, fully vested.

**Post-retirement Death Benefit:** Normal form is a straight life annuity with various actuarially equivalent options available, including the Qualified Joint and Survivor Annuity.

**Effective Date of Plan:** January 1, 2021.

# National Waste Management Service LLC Cash Balance Plan

## Schedule Sb, Line 26a

Attained Years of credited service

Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
Under 25		2								
25 to 29		1	2							
30 to 34		6	3							
35 to 39		3	2	1						
40 to 44		9	3	2	1	1				
45 to 49		8	4	2						
50 to 54		8	4	4	1	2				
55 to 59		13	4	4	3	2				
60 to 64		8	4	2	1	1				
65 to 69		5	1			1				
70+			1	1		3				

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024


▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>NATIONAL WASTE SERVICE LLC CASH BALANCE PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NATIONAL WASTE SERVICE LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>52-2304567</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>3249261</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>3249261</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>0</u>	<u>0</u>
	<b>b</b> For terminated vested participants .....	<u>20</u>	<u>113867</u>
	<b>c</b> For active participants .....	<u>108</u>	<u>2534203</u>
	<b>d</b> Total .....	<u>128</u>	<u>2648070</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>4.72 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>975312</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>0</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>975312</u>

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	 Signature of actuary	<u>08/07/2025</u> Date
	<u>BILL CAVOORIS</u> Type or print name of actuary	<u>23-04362</u> Most recent enrollment number
	<u>CAVOORIS CONSULTING GROUP</u> Firm name	<u>631-584-5624</u> Telephone number (including area code)
	<u>19 WILLOW RIDGE DRIVE</u> <u>SMITHTOWN, NY 11787</u>  Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions