

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2009
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>NORTHEAST GREAT DANE EMPLOYEES' 401(K) PLAN AND TRUST PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>01/01/1995</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>LEUNER, INC.</u> <u>P. O. BOX 5847</u> <u>315 SUNNYMEADE ROAD</u> <u>HILLSBOROUGH, NJ 08844</u> <u>HILLSBOROUGH, NJ 08844</u>	2b Employer Identification Number (EIN) <u>13-1717375</u> 2c Sponsor's telephone number <u>908-359-9599</u> 2d Business code (see instructions) <u>441229</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.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/03/2010</u>	<u>LEUNER INC</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") LEUNER, INC. P. O. BOX 5847 HILLSBOROUGH, NJ 08844	3b Administrator's EIN 13-1717375 3c Administrator's telephone number 908-359-9599
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	198
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	66
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	26
d Subtotal. Add lines 6a , 6b , and 6c	6d	92
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	93
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	92
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	10

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2S 2T 3D

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A Name of plan NORTHEAST GREAT DANE EMPLOYEES' 401(K) PLAN AND TRUST PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LEUNER, INC.	D Employer Identification Number (EIN) 13-1717375

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 37	RECORDKEEPER	6359	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>NORTHEAST GREAT DANE EMPLOYEES' 401(K) PLAN AND TRUST PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LEUNER, INC.</u>	D Employer Identification Number (EIN) <u>13-1717375</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	40407	69886
	(9) Value of interest in common/collective trusts	1c(9)	838383	955768
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1499083	1970987
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2377873	2996641

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2377873	2996641
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	23552	
(B) Participants	2a(1)(B)	265383	
(C) Others (including rollovers)	2a(1)(C)	2302	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		291237
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	4081	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4081
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	29305	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		29305
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		42174
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		490988
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		857785

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	207137	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		207137
f Corrective distributions (see instructions)	2f		10619
g Certain deemed distributions of participant loans (see instructions).....	2g		14862
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	6399	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6399
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		239017

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		618768
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: WITHUM SMITH & BROWN

(2) EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>NORTHEAST GREAT DANE EMPLOYEES' 401(K) PLAN AND TRUST PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LEUNER, INC.</u>	D Employer Identification Number (EIN) <u>13-1717375</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

**NORTHEAST GREAT DANE EMPLOYEES'
401(k) PLAN AND TRUST PLAN**

Financial Statements

December 31, 2009 and 2008

With Independent Auditors' Report

Northeast Great Dane Employees' 401(k) Plan and Trust Plan
Table of Contents
December 31, 2009 and 2008

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WithumSmith+Brown
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Certified Public Accountants and Consultants

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Independent Auditors' Report

Additional Offices in New Jersey,
New York, Pennsylvania, Maryland
Florida, and Colorado

To the Management of,
Northeast Great Dane Employees' 401(k) Plan and Trust Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of Northeast Great Dane Employees' 401(k) Plan and Trust Plan (the "Plan") as of December 31, 2009 and 2008, the statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedule as of December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the trustee is complete and accurate.

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

A handwritten signature in blue ink that reads "WithumSmith+Brown, PC".

July 28, 2010

Northeast Great Dane Employees' 401(k) Plan and Trust Plan
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
Assets		
Investments at fair value:		
Shares in registered investment companies	\$ 1,970,987	\$ 1,499,083
Value of interests in common / collective trusts	955,768	838,383
Participants' loans	69,886	40,407
	<u>2,996,641</u>	<u>2,377,873</u>
Receivables:		
Employer's contribution	34,729	23,552
Total assets	<u>3,031,370</u>	<u>2,401,425</u>
Liabilities		
Due to participants for excess contributions	--	17,417
Prepaid employee contributions	--	5,999
Total liabilities	<u>--</u>	<u>23,416</u>
Net assets available for benefits at fair value	3,031,370	2,378,009
Adjustment from fair value to contract value for interest in collective trust relating to fully benefit-responsive investment contracts	<u>17,773</u>	<u>45,224</u>
Net assets available for benefits	<u>\$ 3,049,143</u>	<u>\$ 2,423,233</u>

The Notes to Financial Statements are an integral part of these statements.

Northeast Great Dane Employees' 401(k) Plan and Trust Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2009

Additions

Additions to net assets attributed to:	
Net appreciation in fair value of investments	\$ 490,987
Interest and dividend income	48,125
Total investment income	<u>539,112</u>
Contributions:	
Participants	271,382
Employer	34,729
Rollover	2,302
Total contributions	<u>308,413</u>
Total additions	847,525

Deductions

Deductions from net assets attributed to:	
Distributions to participants	200,339
Participant loans deemed distributions	14,877
Administrative fees	6,399
Total deductions	<u>221,615</u>
Net increase in net assets	625,910
Net assets available for benefits, beginning of year	<u>2,423,233</u>
Net assets available for benefits, end of year	<u><u>\$ 3,049,143</u></u>

The Notes to Financial Statements are an integral part of this statement.

Northeast Great Dane Employees' 401(k) Plan and Trust Plan
Notes to Financial Statements
December 31, 2009

1. Description of Plan

The following description of the Northeast Great Dane Employees' 401(k) Plan and Trust Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a participant directed defined contribution plan which covers all nonunion employees of Leuner, Inc. (d.b.a. Northeast Great Dane) (collectively known as "the Company" or "the Employer"). The Plan qualifies under Section 401(k) of the Internal Revenue Code and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was established for the purpose of providing eligible employees of the Company and their beneficiaries, funds for retirement.

Eligibility

An employee of the Company becomes an eligible participant in the Plan following their date of hire subject to the completion of 3 months of service during which 501 hours of service are completed, and the attainment of 21 years of age. Participants' entry dates for the Plan are the first day of each quarter of the Plan year.

Employee Contributions

An employee participating in the Plan may annually contribute through payroll deductions, amounts as determined by the Internal Revenue Service and may contribute amounts representing distributions from other qualified plans. Any participant, age 50 or over, may make an additional "catch-up" contribution as determined by the Internal Revenue Service. Participants direct the investment of their contributions into various investment options offered by the Plan. A participant may suspend contributions at any time, or may increase or decrease their level of participation on the first day of each quarter of the Plan year.

Employer Contributions

The Company makes matching contributions at a rate of 20% of the participant's contribution, to the extent that the employer contribution does not exceed 5% of employee compensation. The employer may also make discretionary profit-sharing contributions to the Plan to be allocated to all eligible participants. The allocation is based upon the ratio of the participant's compensation for the Plan year to the total compensation for the Plan year of all participants entitled to share in the contribution.

Participant Accounts

Individual accounts are established for each participant. Each participant's account is credited with the participant's pre-tax contributions and allocations of (a) the Company's contribution and (b) Plan earnings and (c) is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The participant's account is reduced by withdrawals, losses on investments, and any forfeitures. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately 100 percent vested in their contributions plus actual earnings thereon. Vesting in each participant's employer matching account, plus investment income earned thereon, is based on years of continuous service.

The vesting schedule related to employer matching is as follows:

<u>Years of Service</u>	<u>Percentage Vested</u>
Less than 2 years	-0-%
2 years, but less than 3	20%
3 years, but less than 4	40%
4 years, but less than 5	60%
5 years, but less than 6	80%
6 years or more	100%

Northeast Great Dane Employees' 401(k) Plan and Trust Plan
Notes to Financial Statements
December 31, 2009

Under the Plan, an employee who reaches a normal retirement date or postponed retirement, dies, or becomes permanently disabled, as defined in the Plan, becomes 100% vested in the amount allocated to his or her account balance. Upon termination of employment prior to normal retirement age, except by virtue of disability or death, the participant is entitled to his or her vested interest in the account.

Investment Options

Upon enrollment in the Plan, participants may direct their contributions in any of 28 investment options. All Plan assets are invested either in mutual funds, which are targeted to invest in government securities, fixed income securities, growth, value and/or international equity securities, or in a common collective trust.

Distributions and Withdrawals

Prior to age 59-1/2, distributions and withdrawals are not permitted from the Plan except in the instances of hardship, death, disability, or termination of employment. Hardship withdrawals must be submitted to the Plan administrator in writing and make the participant ineligible to contribute to the Plan for twelve months. After attaining age 59-1/2, participants may elect to withdraw an amount equal to any whole percentage not to exceed 100 percent of the participant's vested account for any reason. In the event of termination of employment, a participant shall receive, as a lump-sum distribution, their participant contributions and earnings thereon and vested Company contributions and earnings thereon.

Participant Loans

The Plan allows for loans to be extended to participants for financial hardship or financial needs. All loans are considered a direct investment of the participant and payments of principal and interest are credited to the participant's account. Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. Loans, which are secured by the participants' vested account balances, bear interest at a rate determined by the prevailing prime interest rate plus one percent. Loans have various repayment terms limited to 60 months or up to 15 years for the purchase of a primary residence with interest rates ranging from 4.25 percent to 9.75 percent at December 31, 2009. Principal and interest are paid ratably through weekly payroll deductions.

Plan Expenses

The Trustee's fees and other expenses relating to the administration of the Plan are either paid directly by the Plan Sponsor and are not included in the accompanying financial statements or are withdrawn from the forfeiture account. In 2009 and 2008, a portion of these fees were paid out of the forfeiture account and are included in administrative fees on the statement of changes in net assets. Fees relating to participant loans and other maintenance fees are paid by the Plan through participant deductions and are reflected as administrative expenses.

Transaction fees incurred by the trustee and registered investment companies are absorbed in investment income and are not readily determinable.

Forfeited Accounts

Forfeited non-vested accounts, which are available to offset future employer contributions or trustee fees, totaled \$3,705 and \$7,385 for the years ended December 31, 2009 and 2008, respectively. In 2009 and 2008, the Sponsor used \$1,000 and \$8,550, respectively, of forfeitures to pay plan expenses. Also, in 2009, the Sponsor used \$8,873 of forfeitures to pay the 2008 employer contribution. As a result, the employer's contribution receivable at December 31, 2008 and the employer contribution income for the year ended December 31, 2008 are reduced by \$8,873. No forfeitures were used in 2010 to pay the 2009 employer contribution.

Northeast Great Dane Employees' 401(k) Plan and Trust Plan
Notes to Financial Statements
December 31, 2009

2. Summary of Significant Accounting Policies

Basis of Accounting

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

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

Valuation of Investments and Income Recognition

Investments are stated at fair value at December 31, 2009 and 2008 based on quoted market prices, as reported by the trustee, Fidelity Management Trust Company. The Plan's interest in the collective trust is based on information reported by the investment advisor using the audited financial statements of the collective trust at year end. Participant loans receivable are valued at their outstanding balances which approximates fair value. 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. Fair value measurements are discussed in Note 3.

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

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and changes therein and disclosures of contingent assets and liabilities at the date of financial statements, and the reported amount of additions to and deductions from net assets during the reporting period. Accordingly, actual results may differ from these estimates.

Risks and Uncertainties

The Plan provides for participants with various investment options in registered investment companies and a common collective trust. All investment securities are exposed to some type of risk, including, but not limited to, exposure to changes in interest rates, market fluctuations, economic conditions, and currency devaluation. Due to the level of risk associated with certain investment securities, it is possible that changes in near term risk factors could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

3. Investments (Unaudited)

The following investments at December 31, represented 5 percent or more of the Plan's net assets:

	2009	2008
Fidelity Blue Chip Growth	\$ 193,999	\$ 149,079
Fidelity Diversified International Fund	230,328	176,319
Fidelity Managed Income Portfolio*	973,541	883,607

* This amount represents contract value for this investment.

Northeast Great Dane Employees' 401(k) Plan and Trust Plan
Notes to Financial Statements
December 31, 2009

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Registered investment companies	\$ 490,987
Common/collective trusts	--
	<u>\$ 490,987</u>

Fair Value Measurements

The Financial Accounting Standards Board established a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

- 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* – Observable inputs other than Level 1 prices, such quoted prices for similar assets or liabilities; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3* – Unobservable inputs that are supported by little or no market activity and that are financial instruments whose values are determined using pricing models, discounted cash flow methodologies or similar techniques, as well as instruments for which the determination of fair value requires significant judgment or estimation.

The asset 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for the Plan's assets measured at fair value. There have been no changes in the methodologies used for the periods presented in these financial statements.

Registered investment companies: The investments held by registered investment companies consist of shares of mutual funds and are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end.

Common collective trust: Contract value of the common collective trust represents contributions made under the contract, plus earnings, less Plan withdrawals and administrative expenses. Investments in wrapper contracts are at fair value, using a discounted cash flow model, which considers recent fee bids as determined by recognized dealers, discount rate and the duration of the underlying portfolio securities.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan 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.

The Plan has concluded that the disclosures related to participant loans are not considered significant to the fair value disclosure in the financial statements.

Northeast Great Dane Employees' 401(k) Plan and Trust Plan
Notes to Financial Statements
December 31, 2009

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

Assets at Fair Value at 2009:

	Level 1	Level 2	Level 3	Total
Registered investment companies				
Small Cap	\$ 78,956	\$ --	\$ --	\$ 78,956
Mid-Cap	341,371	--	--	341,371
Large Cap	771,086	--	--	771,086
International	230,328	--	--	230,328
Income	112,693	--	--	112,693
Retirement	52,886	--	--	52,886
Target date retirement funds	383,667	--	--	383,667
Common/collective trusts (a)	<u>--</u>	<u>973,541</u>	<u>--</u>	<u>973,541</u>
Total	<u>\$ 1,970,987</u>	<u>\$ 973,541</u>	<u>\$ --</u>	<u>\$ 2,944,528</u>

Assets at Fair Value at 2008:

	Level 1	Level 2	Level 3	Total
Registered investment companies				
Small Cap	\$ 12,294	\$ --	\$ --	\$ 12,294
Mid-Cap	280,440	--	--	280,440
Large Cap	612,869	--	--	612,869
International	176,319	--	--	176,319
Income	115,119	--	--	115,119
Retirement	41,155	--	--	41,155
Target date retirement funds	260,887	--	--	260,887
Common/collective trusts (a)	<u>--</u>	<u>883,607</u>	<u>--</u>	<u>883,607</u>
Total	<u>\$ 1,499,083</u>	<u>\$ 883,607</u>	<u>\$ --</u>	<u>\$ 2,382,690</u>

(a) The common/collective trusts are primarily invested in investment contracts (wrap contracts) issued by insurance companies and other financial institutions, fixed income securities and money market funds to provide daily liquidity.

4. Information Certified by Trustee (Unaudited)

No auditing procedures were performed by the independent public accountants as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA with respect to information certified as complete and accurate by the trustee. Based on information provided and certified by the trustee, there are no fixed income obligations, leases, or debt instruments in default or deemed uncollectible, as defined by ERISA, for the years ended December 31, 2009 and 2008.

Northeast Great Dane Employees' 401(k) Plan and Trust Plan
Notes to Financial Statements
December 31, 2009

The following information as of and for the year ended December 31, was obtained from data that has been prepared and certified to as complete and accurate by the trustee:

Investments at fair value:

	2009	2008
Investment in registered investment companies	<u>\$ 1,970,987</u>	<u>\$ 1,499,083</u>
Common / collective trusts at fair value	\$ 955,768	\$ 838,383
Adjustment from fair value to contract value	<u>17,773</u>	<u>45,224</u>
Common / collective trusts at contract value	<u>\$ 973,541</u>	<u>\$ 883,607</u>
Interest and dividend income	<u>\$ 48,125</u>	
Unrealized gains on investments	\$ 437,862	
Realized gains on investments	<u>53,125</u>	
Net appreciation in fair value of investments	<u>\$ 490,987</u>	

5. Plan Termination

The Company intends to continue the Plan indefinitely for the benefit of its employees, but reserves the right to modify, amend, or terminate the Plan at any time by resolution of its Board of Directors. In the event of termination of the Plan, all amounts credited to participants' accounts shall be 100 percent vested and non-forfeitable. All participants shall receive a total distribution of their accounts as described in the Plan. Any amount in the forfeiture account upon termination, which has not been applied to reduce the Company contribution, shall be allocated on a pro rata basis to the participants' accounts.

6. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008, that the Plan and 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 believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

7. Related Party Transactions

Certain Plan investments are shares of mutual funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Investment transaction fees incurred by the Plan are absorbed in investment income and are not readily determinable. The Plan incurred administrative fees in the amount of \$6,399 in the current year, of which \$1,000 was paid by the Plan Sponsor using funds from the forfeiture account and \$5,399 was paid by Plan participants.

Northeast Great Dane Employees' 401(k) Plan and Trust Plan
Notes to Financial Statements
December 31, 2009

8. Reconciliation of Financial Statements to Schedule H of Form 5500

The financial statements utilize the accrual basis of accounting, whereas Form 5500 is reported on the cash basis of accounting.

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 and 2008 to Schedule H of Form 5500:

	2009	2008
Net assets available for plan benefits per the financial statements	\$ 3,049,143	\$ 2,423,233
Contributions receivable	(34,729)	(23,552)
Adjustment from fair value to contract value for fully benefit responsive investment contracts	(17,773)	(45,224)
Due to participants for excess contributions	--	17,417
Prepaid employee contributions	<u>--</u>	<u>5,999</u>
Net assets available for benefits per Schedule H to the Form 5500	<u>\$ 2,996,641</u>	<u>\$ 2,377,873</u>

The following is a reconciliation of contributions received per the financial statements for the year ended December 31, 2009 to Schedule H of Form 5500:

	Employee Contribution	Employer Contribution	Investment Income (Loss)	Total Income (Loss)
Balance per the financial statement	\$ 273,684	\$ 34,729	\$ 539,113	\$ 847,526
Plus: prior year contributions receivable	--	23,552	--	23,552
Less: current year contributions receivable	--	(34,729)	--	(34,729)
Plus: net change in adjustment from fair value to contract value for fully benefit-responsive investment contracts	--	--	27,451	27,451
Less: prepaid employee contributions	(5,999)	--	--	(5,999)
Less: other adjustment	<u>--</u>	<u>--</u>	<u>(16)</u>	<u>(16)</u>
Balance per Schedule H of Form 5500	<u>\$ 267,685</u>	<u>\$ 23,552</u>	<u>\$ 566,548</u>	<u>\$ 857,785</u>

Contributions are recorded on Schedule H of Form 5500, on the cash basis, less amounts due to allocation of forfeitures subsequent to the Plan year-end.

9. Subsequent Events

Subsequent events were evaluated through July 28, 2010, which is the date the financial statements were available to be issued. Based on this evaluation, the Plan has determined that the following subsequent event has occurred:

On March 29, 2010, the Plan changed investment managers from Fidelity to Great-West Retirement Services, enabling participants to make Roth 401k contributions, should they decided to do so.

Supplementary Information

Northeast Great Dane Employees' 401(k) Plan and Trust Plan
Form 5500 – Schedule H Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2009

EIN - 13-1717375

PLAN #003

(c) Description of Investment Including Maturity Date Rate of Interest, Collateral, Par or Maturity Value (Units)					(e) Current Value
(a)	(b) Identity of Issuer		(d) Cost		
*	Fidelity Investments	Fidelity Fund	N/A	\$ 135,302	
*	Fidelity Investments	Fidelity Contrafund	N/A	105,616	
*	Fidelity Investments	Fidelity Growth Company Fund	N/A	91,954	
*	Fidelity Investments	Fidelity Investment Grade Bond Fund	N/A	112,693	
*	Fidelity Investments	Fidelity Value Fund	N/A	26,064	
*	Fidelity Investments	Fidelity Leveraged Company Stock Fund	N/A	76,895	
*	Fidelity Investments	Fidelity Blue Chip Growth Fund	N/A	193,999	
*	Fidelity Investments	Fidelity Low-Priced Stock Fund	N/A	85,894	
*	Fidelity Investments	Fidelity Growth Strategies Fund	N/A	91,063	
*	Fidelity Investments	Fidelity Diversified International Fund	N/A	230,328	
*	Fidelity Investments	Fidelity Export and Multinational Fund	N/A	71,683	
*	Fidelity Investments	Fidelity Mid-Cap Stock Fund	N/A	61,455	
*	Fidelity Investments	Fidelity Freedom Income Fund	N/A	52,885	
*	Fidelity Investments	Fidelity Freedom 2000 Fund	N/A	10,390	
*	Fidelity Investments	Fidelity Freedom 2010 Fund	N/A	106,739	
*	Fidelity Investments	Fidelity Freedom 2020 Fund	N/A	142,217	
*	Fidelity Investments	Fidelity Freedom 2030 Fund	N/A	78,556	
*	Fidelity Investments	Fidelity Small Cap Discovery Fund	N/A	78,956	
*	Fidelity Investments	Fidelity Managed Income Portfolio	N/A	973,541	
*	Fidelity Investments	Fidelity Freedom 2040 Fund	N/A	6,905	
*	Fidelity Investments	Fidelity Freedom 2005 Fund	N/A	278	
*	Fidelity Investments	Fidelity Freedom 2015 Fund	N/A	1,161	
*	Fidelity Investments	Fidelity Freedom 2025 Fund	N/A	21,597	
*	Fidelity Investments	Fidelity Freedom 2035 Fund	N/A	2,296	
*	Fidelity Investments	Fidelity Freedom 2045 Fund	N/A	864	
*	Fidelity Investments	Fidelity Freedom 2050 Fund	N/A	12,665	
*	Fidelity Investments	Spartan U.S. Equity Index Fund	N/A	115,980	
*	Fidelity Investments	Fidelity Large Cap Value Fund	N/A	56,552	
	Total Registered Investment Companies			2,944,528	
*	Participant Loans	Participant Loans with maturities ranging from one to five years at interest rates of 4.25% - 9.75%.		69,886	
	TOTAL			\$ 3,014,414	

(a) Any line with an * in column (a) represents a transaction with a person known to be a party-in-interest to the Plan.

N/A - Cost values are not required.

(e) All the above amounts are at fair value with the exception of the Fidelity Managed Income Portfolio value, which is shown at contract value.

