Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
NORTHSIDE COLLISION, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1993

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

8025 BREWERTON ROAD
ROUTE 11
CICERO, NY 13039

2b Employer Identification Number (EIN) 16-1232515

2c Plan Sponsor's telephone number 315-699-3148

2d Business code (see instructions) 811120

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2020	SCOTT JONES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2020	SCOTT JONES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	145
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	102
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	93
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	36
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	129
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	129
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	100
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
NORTHSIDE COLLISION, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHSIDE COLLISION, INC.

D Employer Identification Number (EIN)
16-1232515

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EQUITABLE

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
	00000		129	06/18/2019	12/31/2019

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
14890	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DAVID WALKER, CFP
120 MADISON STREET, SUITE 1900
SYRACUSE, NY 13202-2825

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
7445		BROKER COMMISSIONS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DAVID F CANINO, DHFC, CLU
120 MADISON STREET
SYRACUSE, NY 13202-2825

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
7445		BROKER COMMISSIONS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	109618
5	Current value of plan's interest under this contract in separate accounts at year end	5	2783828

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ AS STATED BY CARRIER

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
NORTHSIDE COLLISION, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHSIDE COLLISION, INC.

D Employer Identification Number (EIN)
16-1232515

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-3646501	86375		0	01/01/2019	06/17/2019

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
4910	583

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AXA NETWORK, LLC

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
4910		BROKER COMMISSION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
OMEGA, INC.

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	583	TPA FEE	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ AS STATED BY CARRIER

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
NORTHSIDE COLLISION, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
16-1232515

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

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MONEY MARKET

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

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)
13-5570651-000	P	12999

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INFLATION-PROTECTED SECURITIES

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

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)
13-5570651-000	P	3343

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA WORLD EX US GOVT. FXD IND. I

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

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)
13-5570651-000	P	740

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD VIF TOTAL BOND

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

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)
13-5570651-000	P	45309

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD VIF HIGH YIELD BOND

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

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)
13-5570651-000	P	1037

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY GROWTH INV

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

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)
13-5570651-000	P	1123222

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY CONSRV GR INV

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

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)
13-5570651-000	P	223648

a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD LIFESTRATEGY INCOME INV		
b Name of sponsor of entity listed in (a):	AXA EQUITABLE		
c EIN-PN 13-5570651-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	192007
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD LIFESTRATEGY MOD GR. INV		
b Name of sponsor of entity listed in (a):	AXA EQUITABLE		
c EIN-PN 13-5570651-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	308825
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD TARGET RETIREMENT 2030		
b Name of sponsor of entity listed in (a):	AXA EQUITABLE		
c EIN-PN 13-5570651-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2868
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD TARGET RETIREMENT 2060		
b Name of sponsor of entity listed in (a):	AXA EQUITABLE		
c EIN-PN 13-5570651-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2144
a Name of MTIA, CCT, PSA, or 103-12 IE:	ISHARES S&P 500 INDEX K		
b Name of sponsor of entity listed in (a):	AXA EQUITABLE		
c EIN-PN 13-5570651-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	652799
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD GROWTH INDEX ADM		
b Name of sponsor of entity listed in (a):	AXA EQUITABLE		
c EIN-PN 13-5570651-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	22428
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD VALUE INDEX ADM		
b Name of sponsor of entity listed in (a):	AXA EQUITABLE		
c EIN-PN 13-5570651-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	703
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD MID-CAP GROWTH INDEX ADM		
b Name of sponsor of entity listed in (a):	AXA EQUITABLE		
c EIN-PN 13-5570651-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	29126
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD MID CAP INDEX ADM		
b Name of sponsor of entity listed in (a):	AXA EQUITABLE		
c EIN-PN 13-5570651-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	86849
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD SMALL CAP GROWTH INDEX ADM		
b Name of sponsor of entity listed in (a):	AXA EQUITABLE		
c EIN-PN 13-5570651-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	31802

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INTERNATIONAL GROWTH ADM

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

c EIN-PN 13-5570651-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37049

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN UTILITIES R6

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

c EIN-PN 13-5570651-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6919

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

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

c EIN-PN 13-5570651-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109618

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
NORTHSIDE COLLISION, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHSIDE COLLISION, INC.

D Employer Identification Number (EIN)
16-1232515

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	25180	30989
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	8250	
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)	8250	82773
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2588614	2783828
(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)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	951	109618
(15) Other	1c(15)	171759	215748

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2803004	3222956
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2803004	3222956

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)	30989	
	(B) Participants	2a(1)(B)	227602	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		258591
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)	2322	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2322
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(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)		
	(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		500685
(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)		0
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		761598
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	327683	
(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)		327683
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	13963	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		13963
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		341646
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		419952
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) ☐ Unmodified **(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: BONADIO & CO., LLP **(2)** EIN: 16-1131146

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		300000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
NORTHSIDE COLLISION, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHSIDE COLLISION, INC.

D Employer Identification Number (EIN)
16-1232515

Part I Distributions

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

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

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

EIN(s): 31-5570651

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

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

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

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

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

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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_____

NORTHSIDE COLLISION, INC.
401(K) PROFIT SHARING PLAN

Financial Statements as of
December 31, 2019 and 2018
Together with
Independent Auditor's Report

Bonadio & Co., LLP
Certified Public Accountants

Bonadio & Co., LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

October 7, 2020

To the Plan Administrator
Northside Collision, Inc. 401(k) Profit Sharing Plan:

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Northside Collision, Inc. 401(k) Profit Sharing Plan, which comprise the statement of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

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

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by John Hancock Life Insurance Company of New York and AXA Equitable Life Insurance Company, the custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that AXA Equitable Life Insurance Company held the Plan's investment assets and executed investment transactions from June 4, 2019 to December 31, 2019, and that John Hancock Life Insurance Company of New York held the Plan's investment assets and executed investment transaction for the period January 1, 2019 to June 3, 2019. The Plan administrator has obtained certifications from the custodians as of and for the year ended December 31, 2019, that the information provided to the Plan administrator by the custodians is complete and accurate.

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

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(Continued)

Other Matter
The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2019, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations
The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians, 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.

Report on Compiled 2018 Financial Statement
Plan management is responsible for the accompanying financial statement of Northside Collision, Inc. 401(k) Profit Sharing Plan, which comprises the statement of net assets available for benefits as of December 31, 2018 and the related notes to the financial statement in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statement nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by plan management. We do not express an opinion, a conclusion, nor provide any assurance on this financial statement.

NORTHSIDE COLLISION, INC. 401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

	2019 (Audited)	2018 (Compiled)
INVESTMENTS:		
Pooled separate accounts, at fair value	$ 2,783,828	$ 2,589,565
Self-directed brokerage account, at fair value	215,748	171,759
Guaranteed interest account, at contract value	109,618	-
Total investments	3,109,194	2,761,324
RECEIVABLES		
Notes receivable from participants	82,773	8,250
Company contribution	30,989	25,180
Other	-	8,250
Total receivables	113,762	41,680
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,222,956	$ 2,803,004

The accompanying notes are an integral part of these statements.

NORTHSIDE COLLISION, INC. 401(K) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2019

ADDITIONS:	
Investment income:	
Interest and dividend income	$ 5,051
Net appreciation in fair value of investments	495,634
Total investment income	500,685
Interest income on notes receivable from participants	2,322
Contributions:	
Company	30,989
Participant	227,602
Total contributions	258,591
Total additions	761,598
DEDUCTIONS:	
Benefits paid to participants	327,683
Administrative expenses	13,963
Total deductions	341,646
CHANGES TO NET ASSETS AVAILABLE FOR BENEFITS	419,952
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	2,803,004
NET ASSETS AVAILABLE FOR BENEFITS - end of year	$ 3,222,956

The accompanying notes are an integral part of these statements.

1. DESCRIPTION OF PLAN

The following description of Northside Collision, Inc. 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Northside Collision, Inc. (the "Company"), who meet certain eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility

Employees are eligible to begin salary deferrals and receive discretionary company match or profit sharing contributions after the attainment of age 18 and having completed one year of service. The discretionary Company match and profit sharing feature of the Plan also requires employees to have at least 1,000 hours of service in the Plan year and to be employed with the Company as of the last day of the Plan year.

Contributions

Each year, participants may contribute a percentage of their pre-tax annual compensation, as defined by the Plan, subject to maximum limitations established by the Internal Revenue Code. In addition, participants have the option to elect to have after-tax contributions made to the Plan. After-tax contributions are included in a participant's taxable gross income for the year in which the contribution is made. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Discretionary Company match and profit sharing contributions may be made at the option of the Company's management. Contributions are subject to certain limitations. Company match contributions were $30,989 in 2019. No discretionary profit sharing contributions were made in 2019.

Participant Accounts

Each participant's account is credited with the participant's contribution, allocation of any discretionary contributions, Plan earnings/losses and charged with an allocation of administrative and investment expenses. Allocations are based on participant compensation or account balance, as defined by the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. DESCRIPTION OF PLAN (Continued)

Vesting

Participants are immediately vested in their contributions plus actual earnings/losses thereon. Vesting in the Company's discretionary match and profit sharing contribution portion of their accounts plus actual earnings thereon is based on years of continuous service as follows:

Years of Service	Percent Vested
Less than 2	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 or more	100%

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount.

Benefit payments from the Plan will be made in a lump sum distribution if the balance is less than $1,000 and the participant does not direct the Plan otherwise.

Hardship withdrawals are permitted in the event of immediate and heavy financial need after the participant has exhausted all participant loan efforts. Participants may elect to receive a hardship withdrawal in an amount equal to the value of their elective deferral contributions.

In-service withdrawals are permitted for participants that are ager 59 ½ or older.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum amount equal to the lesser of $50,000 or one-half of the participant's vested account balance, subject to certain conditions as defined in the Plan agreement. The loan and interest thereon shall be repaid over a period not to exceed sixty months (except for certain residential loans which can extend up to fifteen years). The loans are secured by the balance in the participant's account and bear interest at the prime rate. Interest rates on outstanding loans range from 4.25% to 5.5% at December 31, 2019. Principal and interest are paid ratably through payroll deductions.

Investment Options

Investments are held within various investment options maintained by AXA Equitable. Contributions are invested, at the discretion of the participant, in one or a combination of available investment options.

Forfeited Accounts

At December 31, 2019, forfeited non-vested accounts totaled $5,814. There were no forfeited non-vested accounts at December 31, 2018. These accounts are used to reduce administrative expense or future Company contributions. In 2019, there were no forfeited amounts used to reduce administrative expenses or Company contributions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting in accordance with accounting principles general accepted in the United States of America.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for the guaranteed interest account, which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributed to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were initiate permitted transactions under the terms of the plan.

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

Risks and Uncertainties

Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is at least reasonably possible that changes in risks in the near-term would materially affect participant account balances and the amounts reported in the statements of net assets available for benefits.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2019 and 2018. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Company absorbs reasonable expenses incurred in the administration of the Plan that include accounting and legal fees. Expenses related to certain participant transactions, such as fees related to distributions and participant loans, are deducted from the participant's accounts as the transactions occur.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurement - Definition and Hierarchy
Financial Accounting Standards Board (FASB) *Accounting Standard Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the 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 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy under FASB ASC 820 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 prices that are observable for the asset or liability;
    - 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 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.

A description of where the Plan's investments fall within the ASC 820 hierarchy is provided in Note 3. There were no transfers between levels of the fair value hierarchy during 2019 or 2018.

Use of Estimates
The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from these estimates.

3. FAIR VALUE MEASUREMENTS

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, 2019 and 2018.

- *Self-directed brokerage account*: valued at the aggregate value of the investments held. Money market accounts are valued at cost plus accrued interest. Mutual funds are valued at the daily closing price as reported by the fund.

The following is a description of the valuation methodology used for assets for which fair values are estimated using the net asset value (NAV) practical expedient:

- *Pooled separate accounts*: valued at net asset value of units held by the Plan, based on the accumulated values of the underlying investments. Unit values are determined daily based on the net asset value of the quoted market prices of the underlying investment, the fund's dividends and the contracts separate account charges.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's fair value measurement at December 31, 2019 and 2018.

Fair value measurement at December 31, 2019:

	Level 1	Level 2	Level 3	Total
Self-directed brokerage account	$ 215,748	$ -	$ -	$ 215,748
Investments using NAV as practical expedient (a)				2,783,828
Total investments				$ 2,999,576

Fair value measurement at December 31, 2018 (compiled):

	Level 1	Level 2	Level 3	Total
Self-directed brokerage account	$ 171,759	$ -	$ -	$ 171,759
Investments using NAV as practical expedient (a)				2,589,565
Total investments				$ 2,761,324

3. FAIR VALUE MEASUREMENTS (continued)

(a) In accordance with Subtopic 820-10 certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Investments measured Using the Net Asset Value Per Share Practical Expedient
The following table summarizes investments measured at fair value based on net asset value (NAVs) per share practical expedient as of December 31, 2019 and 2018.

Investment	2019 Fair Value	2018 Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
AXA Pooled Separate Accounts	$ 2,783,828	$ -	$ -	Daily	None
John Hancock Pooled Separate Accounts	$ -	$ 2,589,565	$ -	Daily	None

4. INVESTMENTS

The Plan administrator has received a certification from John Hancock Life Insurance Company of New York and AXA Equitable Life Insurance Company, the custodians of the Plan, that states that the following information is complete and accurate as of and for the year ended December 31, 2019.

Statements of net assets available for benefits:	
Pooled separate accounts, at fair value	$ 2,783,828
Guaranteed interest account, at contract value	$ 109,618
Notes receivable from participants	$ 82,773
Statements of changes in net assets available for benefits:	
Interest and dividend income	$ 1,152
Net appreciation in fair value of investments	$ 461,788
Interest income on notes receivable from participants	$ 2,322
Schedule of Assets (Held at End of Year)	Schedule I

5. GUARANTEED INCOME FUND WITH INSURANCE COMPANY

In 2019, the Plan is invested in a fully benefit-responsive income contract with AXA Equitable Life Insurance (AXA). AXA maintains the contributions in a general account. The account is credited with earnings on the credited interest rate and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

5. GUARANTEED INCOME FUND WITH INSURANCE COMPANY (continued)

Because the guaranteed interest contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the contract. Contract value, as reported by AXA, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative fees. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value to any fund with no restrictions.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the contract at December 31, 2019 was $109,618. The crediting interest rate is based on a contractually guaranteed interest rate that may not be less than one percent. Such interest rates are reviewed on an annual basis for resetting.

Generally there are no events that could limit the ability of the Plan to transact at contract value. At December 31, 2019 there are no unfunded commitments and investments are redeemed on a daily basis.

6. PARTY-IN-INTEREST TRANSACTIONS

Fees paid to John Hancock Life Insurance Company of New York and AXA Equitable Life Insurance Company, the custodians and record-keepers of the Plan, for administrative services amounted to $13,963 for the year ended December 31, 2019 and qualifies as party-in-interest transactions.

In addition, the Plan issues notes receivable to participants, which are secured by the balances in the participants' account. Therefore, these related transactions qualify as party-in-interest transactions.

7. INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated March 31, 2014, that the "Prototype Non-standardized Profit Sharing Plan with CODA" is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since the date of the letter, the plan administrator and the Plan's legal counsel believe that that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

8. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

9. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 7, 2020, which is the date the financial statements were available to be issued.

The United States is presently in the midst of a national health emergency related to a virus, commonly known as Novel Coronavirus (COVID-19). The overall consequences of COVID-19 on a national, regional and local level are unknown, but it has the potential to result in a significant economic impact. The impact on this situation on the Plan and its future results and financial position is not presently determinable.

The Plan has implemented certain requirements by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act). The optional features within these acts are currently being assessed but have not been implemented to date. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

NORTHSIDE COLLISION, INC. 401(K) PROFIT SHARING PLAN

EIN #16-1232515
PLAN #001, FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2019

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	EQ / Money Market Fund	Pooled Separate Account	**	$ 12,999
*	Franklin Utilities R6	Pooled Separate Account	**	6,920
*	Vanguard Small Cap Grth Index Adm	Pooled Separate Account	**	31,803
*	Vanguard VIF Total Bond Mkt Idx	Pooled Separate Account	**	45,309
*	Vanguard VIF High Yield Bond	Pooled Separate Account	**	1,037
*	Vanguard Value Index Adm	Pooled Separate Account	**	704
*	Vanguard Target Retirement 2060	Pooled Separate Account	**	2,145
*	Vanguard Target Retirement 2030	Pooled Separate Account	**	2,869
*	Vanguard Mid-Cap Growth Index Adm	Pooled Separate Account	**	29,127
*	Vanguard Mid-Cap Index Adm	Pooled Separate Account	**	86,850
*	Vanguard International Growth Adm	Pooled Separate Account	**	37,049
*	Vanguard Growth Index Adm	Pooled Separate Account	**	22,428
*	DFA World Ex Us Govnm't Fxd Inc	Pooled Separate Account	**	740
*	DFA Inflation-Protected Securities I	Pooled Separate Account	**	3,344
*	iShares S&P 500 Index K	Pooled Separate Account	**	652,799
*	Vanguard Lifestrategy Growth Inv	Pooled Separate Account	**	1,123,223
*	Vanguard Lifestrategy Cnsrv Gr Inv	Pooled Separate Account	**	223,649
*	Vanguard Lifestrategy Income Inv	Pooled Separate Account	**	192,007
*	Vanguard Lifestrategy Mod Gr Inv	Pooled Separate Account	**	308,826
*	Guaranteed Interest Option	Other	**	109,618
	Self-Directed Brokerage Acct	Other	**	215,748
*	Participant Loans	4.25% - 5.5%	-	82,773
				$ 3,191,967

* Indicates a party-in-interest to the Plan
** Costs omitted for investments that are participant-directed

The accompanying notes are an integral part of this schedule.

NORTHSIDE COLLISION, INC.
401(K) PROFIT SHARING PLAN

Financial Statements as of
December 31, 2019 and 2018
Together with
Independent Auditor's Report

Bonadio & Co., LLP
Certified Public Accountants

Bonadio & Co., LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

October 7, 2020

To the Plan Administrator
Northside Collision, Inc. 401(k) Profit Sharing Plan:

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Northside Collision, Inc. 401(k) Profit Sharing Plan, which comprise the statement of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

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

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by John Hancock Life Insurance Company of New York and AXA Equitable Life Insurance Company, the custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that AXA Equitable Life Insurance Company held the Plan's investment assets and executed investment transactions from June 4, 2019 to December 31, 2019, and that John Hancock Life Insurance Company of New York held the Plan's investment assets and executed investment transaction for the period January 1, 2019 to June 3, 2019. The Plan administrator has obtained certifications from the custodians as of and for the year ended December 31, 2019, that the information provided to the Plan administrator by the custodians is complete and accurate.

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

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(Continued)

Other Matter
The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2019, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations
The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians, 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.

Report on Compiled 2018 Financial Statement
Plan management is responsible for the accompanying financial statement of Northside Collision, Inc. 401(k) Profit Sharing Plan, which comprises the statement of net assets available for benefits as of December 31, 2018 and the related notes to the financial statement in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statement nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by plan management. We do not express an opinion, a conclusion, nor provide any assurance on this financial statement.

NORTHSIDE COLLISION, INC. 401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

	2019 (Audited)	2018 (Compiled)
INVESTMENTS:		
Pooled separate accounts, at fair value	$ 2,783,828	$ 2,589,565
Self-directed brokerage account, at fair value	215,748	171,759
Guaranteed interest account, at contract value	109,618	-
Total investments	3,109,194	2,761,324
RECEIVABLES		
Notes receivable from participants	82,773	8,250
Company contribution	30,989	25,180
Other	-	8,250
Total receivables	113,762	41,680
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,222,956	$ 2,803,004

The accompanying notes are an integral part of these statements.

NORTHSIDE COLLISION, INC. 401(K) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2019

ADDITIONS:	
Investment income:	
Interest and dividend income	$ 5,051
Net appreciation in fair value of investments	495,634
Total investment income	500,685
Interest income on notes receivable from participants	2,322
Contributions:	
Company	30,989
Participant	227,602
Total contributions	258,591
Total additions	761,598
DEDUCTIONS:	
Benefits paid to participants	327,683
Administrative expenses	13,963
Total deductions	341,646
CHANGES TO NET ASSETS AVAILABLE FOR BENEFITS	419,952
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	2,803,004
NET ASSETS AVAILABLE FOR BENEFITS - end of year	$ 3,222,956

The accompanying notes are an integral part of these statements.

1. DESCRIPTION OF PLAN

The following description of Northside Collision, Inc. 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Northside Collision, Inc. (the "Company"), who meet certain eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility

Employees are eligible to begin salary deferrals and receive discretionary company match or profit sharing contributions after the attainment of age 18 and having completed one year of service. The discretionary Company match and profit sharing feature of the Plan also requires employees to have at least 1,000 hours of service in the Plan year and to be employed with the Company as of the last day of the Plan year.

Contributions

Each year, participants may contribute a percentage of their pre-tax annual compensation, as defined by the Plan, subject to maximum limitations established by the Internal Revenue Code. In addition, participants have the option to elect to have after-tax contributions made to the Plan. After-tax contributions are included in a participant's taxable gross income for the year in which the contribution is made. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Discretionary Company match and profit sharing contributions may be made at the option of the Company's management. Contributions are subject to certain limitations. Company match contributions were $30,989 in 2019. No discretionary profit sharing contributions were made in 2019.

Participant Accounts

Each participant's account is credited with the participant's contribution, allocation of any discretionary contributions, Plan earnings/losses and charged with an allocation of administrative and investment expenses. Allocations are based on participant compensation or account balance, as defined by the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. DESCRIPTION OF PLAN (Continued)

Vesting

Participants are immediately vested in their contributions plus actual earnings/losses thereon. Vesting in the Company's discretionary match and profit sharing contribution portion of their accounts plus actual earnings thereon is based on years of continuous service as follows:

Years of Service	Percent Vested
Less than 2	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 or more	100%

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount.

Benefit payments from the Plan will be made in a lump sum distribution if the balance is less than $1,000 and the participant does not direct the Plan otherwise.

Hardship withdrawals are permitted in the event of immediate and heavy financial need after the participant has exhausted all participant loan efforts. Participants may elect to receive a hardship withdrawal in an amount equal to the value of their elective deferral contributions.

In-service withdrawals are permitted for participants that are ager 59 ½ or older.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum amount equal to the lesser of $50,000 or one-half of the participant's vested account balance, subject to certain conditions as defined in the Plan agreement. The loan and interest thereon shall be repaid over a period not to exceed sixty months (except for certain residential loans which can extend up to fifteen years). The loans are secured by the balance in the participant's account and bear interest at the prime rate. Interest rates on outstanding loans range from 4.25% to 5.5% at December 31, 2019. Principal and interest are paid ratably through payroll deductions.

Investment Options

Investments are held within various investment options maintained by AXA Equitable. Contributions are invested, at the discretion of the participant, in one or a combination of available investment options.

Forfeited Accounts

At December 31, 2019, forfeited non-vested accounts totaled $5,814. There were no forfeited non-vested accounts at December 31, 2018. These accounts are used to reduce administrative expense or future Company contributions. In 2019, there were no forfeited amounts used to reduce administrative expenses or Company contributions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting in accordance with accounting principles general accepted in the United States of America.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for the guaranteed interest account, which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributed to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were initiate permitted transactions under the terms of the plan.

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

Risks and Uncertainties

Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is at least reasonably possible that changes in risks in the near-term would materially affect participant account balances and the amounts reported in the statements of net assets available for benefits.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2019 and 2018. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Company absorbs reasonable expenses incurred in the administration of the Plan that include accounting and legal fees. Expenses related to certain participant transactions, such as fees related to distributions and participant loans, are deducted from the participant's accounts as the transactions occur.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurement - Definition and Hierarchy
Financial Accounting Standards Board (FASB) *Accounting Standard Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the 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 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy under FASB ASC 820 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 prices that are observable for the asset or liability;
    - 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 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.

A description of where the Plan's investments fall within the ASC 820 hierarchy is provided in Note 3. There were no transfers between levels of the fair value hierarchy during 2019 or 2018.

Use of Estimates
The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from these estimates.

3. FAIR VALUE MEASUREMENTS

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, 2019 and 2018.

- *Self-directed brokerage account*: valued at the aggregate value of the investments held. Money market accounts are valued at cost plus accrued interest. Mutual funds are valued at the daily closing price as reported by the fund.

The following is a description of the valuation methodology used for assets for which fair values are estimated using the net asset value (NAV) practical expedient:

- *Pooled separate accounts*: valued at net asset value of units held by the Plan, based on the accumulated values of the underlying investments. Unit values are determined daily based on the net asset value of the quoted market prices of the underlying investment, the fund's dividends and the contracts separate account charges.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's fair value measurement at December 31, 2019 and 2018.

Fair value measurement at December 31, 2019:

	Level 1	Level 2	Level 3	Total
Self-directed brokerage account	$ 215,748	$ -	$ -	$ 215,748
Investments using NAV as practical expedient (a)				2,783,828
Total investments				$ 2,999,576

Fair value measurement at December 31, 2018 (compiled):

	Level 1	Level 2	Level 3	Total
Self-directed brokerage account	$ 171,759	$ -	$ -	$ 171,759
Investments using NAV as practical expedient (a)				2,589,565
Total investments				$ 2,761,324

3. FAIR VALUE MEASUREMENTS (continued)

(a) In accordance with Subtopic 820-10 certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Investments measured Using the Net Asset Value Per Share Practical Expedient
The following table summarizes investments measured at fair value based on net asset value (NAVs) per share practical expedient as of December 31, 2019 and 2018.

Investment	2019 Fair Value	2018 Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
AXA Pooled Separate Accounts	$ 2,783,828	$ -	$ -	Daily	None
John Hancock Pooled Separate Accounts	$ -	$ 2,589,565	$ -	Daily	None

4. INVESTMENTS

The Plan administrator has received a certification from John Hancock Life Insurance Company of New York and AXA Equitable Life Insurance Company, the custodians of the Plan, that states that the following information is complete and accurate as of and for the year ended December 31, 2019.

Statements of net assets available for benefits:	
Pooled separate accounts, at fair value	$ 2,783,828
Guaranteed interest account, at contract value	$ 109,618
Notes receivable from participants	$ 82,773
Statements of changes in net assets available for benefits:	
Interest and dividend income	$ 1,152
Net appreciation in fair value of investments	$ 461,788
Interest income on notes receivable from participants	$ 2,322
Schedule of Assets (Held at End of Year)	Schedule I

5. GUARANTEED INCOME FUND WITH INSURANCE COMPANY

In 2019, the Plan is invested in a fully benefit-responsive income contract with AXA Equitable Life Insurance (AXA). AXA maintains the contributions in a general account. The account is credited with earnings on the credited interest rate and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

5. GUARANTEED INCOME FUND WITH INSURANCE COMPANY (continued)

Because the guaranteed interest contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the contract. Contract value, as reported by AXA, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative fees. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value to any fund with no restrictions.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the contract at December 31, 2019 was $109,618. The crediting interest rate is based on a contractually guaranteed interest rate that may not be less than one percent. Such interest rates are reviewed on an annual basis for resetting.

Generally there are no events that could limit the ability of the Plan to transact at contract value. At December 31, 2019 there are no unfunded commitments and investments are redeemed on a daily basis.

6. PARTY-IN-INTEREST TRANSACTIONS

Fees paid to John Hancock Life Insurance Company of New York and AXA Equitable Life Insurance Company, the custodians and record-keepers of the Plan, for administrative services amounted to $13,963 for the year ended December 31, 2019 and qualifies as party-in-interest transactions.

In addition, the Plan issues notes receivable to participants, which are secured by the balances in the participants' account. Therefore, these related transactions qualify as party-in-interest transactions.

7. INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated March 31, 2014, that the "Prototype Non-standardized Profit Sharing Plan with CODA" is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since the date of the letter, the plan administrator and the Plan's legal counsel believe that that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

8. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

9. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 7, 2020, which is the date the financial statements were available to be issued.

The United States is presently in the midst of a national health emergency related to a virus, commonly known as Novel Coronavirus (COVID-19). The overall consequences of COVID-19 on a national, regional and local level are unknown, but it has the potential to result in a significant economic impact. The impact on this situation on the Plan and its future results and financial position is not presently determinable.

The Plan has implemented certain requirements by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act). The optional features within these acts are currently being assessed but have not been implemented to date. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

NORTHSIDE COLLISION, INC. 401(K) PROFIT SHARING PLAN

EIN #16-1232515
PLAN #001, FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2019

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	EQ / Money Market Fund	Pooled Separate Account	**	$ 12,999
*	Franklin Utilities R6	Pooled Separate Account	**	6,920
*	Vanguard Small Cap Grth Index Adm	Pooled Separate Account	**	31,803
*	Vanguard VIF Total Bond Mkt Idx	Pooled Separate Account	**	45,309
*	Vanguard VIF High Yield Bond	Pooled Separate Account	**	1,037
*	Vanguard Value Index Adm	Pooled Separate Account	**	704
*	Vanguard Target Retirement 2060	Pooled Separate Account	**	2,145
*	Vanguard Target Retirement 2030	Pooled Separate Account	**	2,869
*	Vanguard Mid-Cap Growth Index Adm	Pooled Separate Account	**	29,127
*	Vanguard Mid-Cap Index Adm	Pooled Separate Account	**	86,850
*	Vanguard International Growth Adm	Pooled Separate Account	**	37,049
*	Vanguard Growth Index Adm	Pooled Separate Account	**	22,428
*	DFA World Ex Us Govnm't Fxd Inc	Pooled Separate Account	**	740
*	DFA Inflation-Protected Securities I	Pooled Separate Account	**	3,344
*	iShares S&P 500 Index K	Pooled Separate Account	**	652,799
*	Vanguard Lifestrategy Growth Inv	Pooled Separate Account	**	1,123,223
*	Vanguard Lifestrategy Cnsrv Gr Inv	Pooled Separate Account	**	223,649
*	Vanguard Lifestrategy Income Inv	Pooled Separate Account	**	192,007
*	Vanguard Lifestrategy Mod Gr Inv	Pooled Separate Account	**	308,826
*	Guaranteed Interest Option	Other	**	109,618
	Self-Directed Brokerage Acct	Other	**	215,748
*	Participant Loans	4.25% - 5.5%	-	82,773
				$ 3,191,967

* Indicates a party-in-interest to the Plan
** Costs omitted for investments that are participant-directed

The accompanying notes are an integral part of this schedule.

NORTHSIDE COLLISION, INC.
401(K) PROFIT SHARING PLAN

Financial Statements as of
December 31, 2019 and 2018
Together with
Independent Auditor's Report

Bonadio & Co., LLP
Certified Public Accountants

Bonadio & Co., LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

October 7, 2020

To the Plan Administrator
Northside Collision, Inc. 401(k) Profit Sharing Plan:

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Northside Collision, Inc. 401(k) Profit Sharing Plan, which comprise the statement of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

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

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by John Hancock Life Insurance Company of New York and AXA Equitable Life Insurance Company, the custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that AXA Equitable Life Insurance Company held the Plan's investment assets and executed investment transactions from June 4, 2019 to December 31, 2019, and that John Hancock Life Insurance Company of New York held the Plan's investment assets and executed investment transaction for the period January 1, 2019 to June 3, 2019. The Plan administrator has obtained certifications from the custodians as of and for the year ended December 31, 2019, that the information provided to the Plan administrator by the custodians is complete and accurate.

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

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(Continued)

Other Matter
The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2019, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations
The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians, 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.

Report on Compiled 2018 Financial Statement
Plan management is responsible for the accompanying financial statement of Northside Collision, Inc. 401(k) Profit Sharing Plan, which comprises the statement of net assets available for benefits as of December 31, 2018 and the related notes to the financial statement in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statement nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by plan management. We do not express an opinion, a conclusion, nor provide any assurance on this financial statement.

NORTHSIDE COLLISION, INC. 401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

	2019 (Audited)	2018 (Compiled)
INVESTMENTS:		
Pooled separate accounts, at fair value	$ 2,783,828	$ 2,589,565
Self-directed brokerage account, at fair value	215,748	171,759
Guaranteed interest account, at contract value	109,618	-
Total investments	3,109,194	2,761,324
RECEIVABLES		
Notes receivable from participants	82,773	8,250
Company contribution	30,989	25,180
Other	-	8,250
Total receivables	113,762	41,680
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,222,956	$ 2,803,004

The accompanying notes are an integral part of these statements.

NORTHSIDE COLLISION, INC. 401(K) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2019

ADDITIONS:	
Investment income:	
Interest and dividend income	$ 5,051
Net appreciation in fair value of investments	495,634
Total investment income	500,685
Interest income on notes receivable from participants	2,322
Contributions:	
Company	30,989
Participant	227,602
Total contributions	258,591
Total additions	761,598
DEDUCTIONS:	
Benefits paid to participants	327,683
Administrative expenses	13,963
Total deductions	341,646
CHANGES TO NET ASSETS AVAILABLE FOR BENEFITS	419,952
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	2,803,004
NET ASSETS AVAILABLE FOR BENEFITS - end of year	$ 3,222,956

The accompanying notes are an integral part of these statements.

1. DESCRIPTION OF PLAN

The following description of Northside Collision, Inc. 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Northside Collision, Inc. (the "Company"), who meet certain eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility

Employees are eligible to begin salary deferrals and receive discretionary company match or profit sharing contributions after the attainment of age 18 and having completed one year of service. The discretionary Company match and profit sharing feature of the Plan also requires employees to have at least 1,000 hours of service in the Plan year and to be employed with the Company as of the last day of the Plan year.

Contributions

Each year, participants may contribute a percentage of their pre-tax annual compensation, as defined by the Plan, subject to maximum limitations established by the Internal Revenue Code. In addition, participants have the option to elect to have after-tax contributions made to the Plan. After-tax contributions are included in a participant's taxable gross income for the year in which the contribution is made. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Discretionary Company match and profit sharing contributions may be made at the option of the Company's management. Contributions are subject to certain limitations. Company match contributions were $30,989 in 2019. No discretionary profit sharing contributions were made in 2019.

Participant Accounts

Each participant's account is credited with the participant's contribution, allocation of any discretionary contributions, Plan earnings/losses and charged with an allocation of administrative and investment expenses. Allocations are based on participant compensation or account balance, as defined by the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. DESCRIPTION OF PLAN (Continued)

Vesting

Participants are immediately vested in their contributions plus actual earnings/losses thereon. Vesting in the Company's discretionary match and profit sharing contribution portion of their accounts plus actual earnings thereon is based on years of continuous service as follows:

Years of Service	Percent Vested
Less than 2	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 or more	100%

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount.

Benefit payments from the Plan will be made in a lump sum distribution if the balance is less than $1,000 and the participant does not direct the Plan otherwise.

Hardship withdrawals are permitted in the event of immediate and heavy financial need after the participant has exhausted all participant loan efforts. Participants may elect to receive a hardship withdrawal in an amount equal to the value of their elective deferral contributions.

In-service withdrawals are permitted for participants that are ager 59 ½ or older.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum amount equal to the lesser of $50,000 or one-half of the participant's vested account balance, subject to certain conditions as defined in the Plan agreement. The loan and interest thereon shall be repaid over a period not to exceed sixty months (except for certain residential loans which can extend up to fifteen years). The loans are secured by the balance in the participant's account and bear interest at the prime rate. Interest rates on outstanding loans range from 4.25% to 5.5% at December 31, 2019. Principal and interest are paid ratably through payroll deductions.

Investment Options

Investments are held within various investment options maintained by AXA Equitable. Contributions are invested, at the discretion of the participant, in one or a combination of available investment options.

Forfeited Accounts

At December 31, 2019, forfeited non-vested accounts totaled $5,814. There were no forfeited non-vested accounts at December 31, 2018. These accounts are used to reduce administrative expense or future Company contributions. In 2019, there were no forfeited amounts used to reduce administrative expenses or Company contributions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting in accordance with accounting principles general accepted in the United States of America.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for the guaranteed interest account, which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributed to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were initiate permitted transactions under the terms of the plan.

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

Risks and Uncertainties

Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is at least reasonably possible that changes in risks in the near-term would materially affect participant account balances and the amounts reported in the statements of net assets available for benefits.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2019 and 2018. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Company absorbs reasonable expenses incurred in the administration of the Plan that include accounting and legal fees. Expenses related to certain participant transactions, such as fees related to distributions and participant loans, are deducted from the participant's accounts as the transactions occur.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurement - Definition and Hierarchy
Financial Accounting Standards Board (FASB) *Accounting Standard Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the 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 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy under FASB ASC 820 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 prices that are observable for the asset or liability;
    - 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 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.

A description of where the Plan's investments fall within the ASC 820 hierarchy is provided in Note 3. There were no transfers between levels of the fair value hierarchy during 2019 or 2018.

Use of Estimates
The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from these estimates.

3. FAIR VALUE MEASUREMENTS

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, 2019 and 2018.

- *Self-directed brokerage account*: valued at the aggregate value of the investments held. Money market accounts are valued at cost plus accrued interest. Mutual funds are valued at the daily closing price as reported by the fund.

The following is a description of the valuation methodology used for assets for which fair values are estimated using the net asset value (NAV) practical expedient:

- *Pooled separate accounts*: valued at net asset value of units held by the Plan, based on the accumulated values of the underlying investments. Unit values are determined daily based on the net asset value of the quoted market prices of the underlying investment, the fund's dividends and the contracts separate account charges.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's fair value measurement at December 31, 2019 and 2018.

Fair value measurement at December 31, 2019:

	Level 1	Level 2	Level 3	Total
Self-directed brokerage account	$ 215,748	$ -	$ -	$ 215,748
Investments using NAV as practical expedient (a)				2,783,828
Total investments				$ 2,999,576

Fair value measurement at December 31, 2018 (compiled):

	Level 1	Level 2	Level 3	Total
Self-directed brokerage account	$ 171,759	$ -	$ -	$ 171,759
Investments using NAV as practical expedient (a)				2,589,565
Total investments				$ 2,761,324

3. FAIR VALUE MEASUREMENTS (continued)

(a) In accordance with Subtopic 820-10 certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Investments measured Using the Net Asset Value Per Share Practical Expedient
The following table summarizes investments measured at fair value based on net asset value (NAVs) per share practical expedient as of December 31, 2019 and 2018.

Investment	2019 Fair Value	2018 Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
AXA Pooled Separate Accounts	$ 2,783,828	$ -	$ -	Daily	None
John Hancock Pooled Separate Accounts	$ -	$ 2,589,565	$ -	Daily	None

4. INVESTMENTS

The Plan administrator has received a certification from John Hancock Life Insurance Company of New York and AXA Equitable Life Insurance Company, the custodians of the Plan, that states that the following information is complete and accurate as of and for the year ended December 31, 2019.

Statements of net assets available for benefits:	
Pooled separate accounts, at fair value	$ 2,783,828
Guaranteed interest account, at contract value	$ 109,618
Notes receivable from participants	$ 82,773
Statements of changes in net assets available for benefits:	
Interest and dividend income	$ 1,152
Net appreciation in fair value of investments	$ 461,788
Interest income on notes receivable from participants	$ 2,322
Schedule of Assets (Held at End of Year)	Schedule I

5. GUARANTEED INCOME FUND WITH INSURANCE COMPANY

In 2019, the Plan is invested in a fully benefit-responsive income contract with AXA Equitable Life Insurance (AXA). AXA maintains the contributions in a general account. The account is credited with earnings on the credited interest rate and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

5. GUARANTEED INCOME FUND WITH INSURANCE COMPANY (continued)

Because the guaranteed interest contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the contract. Contract value, as reported by AXA, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative fees. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value to any fund with no restrictions.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the contract at December 31, 2019 was $109,618. The crediting interest rate is based on a contractually guaranteed interest rate that may not be less than one percent. Such interest rates are reviewed on an annual basis for resetting.

Generally there are no events that could limit the ability of the Plan to transact at contract value. At December 31, 2019 there are no unfunded commitments and investments are redeemed on a daily basis.

6. PARTY-IN-INTEREST TRANSACTIONS

Fees paid to John Hancock Life Insurance Company of New York and AXA Equitable Life Insurance Company, the custodians and record-keepers of the Plan, for administrative services amounted to $13,963 for the year ended December 31, 2019 and qualifies as party-in-interest transactions.

In addition, the Plan issues notes receivable to participants, which are secured by the balances in the participants' account. Therefore, these related transactions qualify as party-in-interest transactions.

7. INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated March 31, 2014, that the "Prototype Non-standardized Profit Sharing Plan with CODA" is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since the date of the letter, the plan administrator and the Plan's legal counsel believe that that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

8. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

9. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 7, 2020, which is the date the financial statements were available to be issued.

The United States is presently in the midst of a national health emergency related to a virus, commonly known as Novel Coronavirus (COVID-19). The overall consequences of COVID-19 on a national, regional and local level are unknown, but it has the potential to result in a significant economic impact. The impact on this situation on the Plan and its future results and financial position is not presently determinable.

The Plan has implemented certain requirements by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act). The optional features within these acts are currently being assessed but have not been implemented to date. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

NORTHSIDE COLLISION, INC. 401(K) PROFIT SHARING PLAN

EIN #16-1232515
PLAN #001, FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2019

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	EQ / Money Market Fund	Pooled Separate Account	**	$ 12,999
*	Franklin Utilities R6	Pooled Separate Account	**	6,920
*	Vanguard Small Cap Grth Index Adm	Pooled Separate Account	**	31,803
*	Vanguard VIF Total Bond Mkt Idx	Pooled Separate Account	**	45,309
*	Vanguard VIF High Yield Bond	Pooled Separate Account	**	1,037
*	Vanguard Value Index Adm	Pooled Separate Account	**	704
*	Vanguard Target Retirement 2060	Pooled Separate Account	**	2,145
*	Vanguard Target Retirement 2030	Pooled Separate Account	**	2,869
*	Vanguard Mid-Cap Growth Index Adm	Pooled Separate Account	**	29,127
*	Vanguard Mid-Cap Index Adm	Pooled Separate Account	**	86,850
*	Vanguard International Growth Adm	Pooled Separate Account	**	37,049
*	Vanguard Growth Index Adm	Pooled Separate Account	**	22,428
*	DFA World Ex Us Govnm't Fxd Inc	Pooled Separate Account	**	740
*	DFA Inflation-Protected Securities I	Pooled Separate Account	**	3,344
*	iShares S&P 500 Index K	Pooled Separate Account	**	652,799
*	Vanguard Lifestrategy Growth Inv	Pooled Separate Account	**	1,123,223
*	Vanguard Lifestrategy Cnsrv Gr Inv	Pooled Separate Account	**	223,649
*	Vanguard Lifestrategy Income Inv	Pooled Separate Account	**	192,007
*	Vanguard Lifestrategy Mod Gr Inv	Pooled Separate Account	**	308,826
*	Guaranteed Interest Option	Other	**	109,618
	Self-Directed Brokerage Acct	Other	**	215,748
*	Participant Loans	4.25% - 5.5%	-	82,773
				$ 3,191,967

* Indicates a party-in-interest to the Plan
** Costs omitted for investments that are participant-directed

The accompanying notes are an integral part of this schedule.