

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.)	
	☒ a single-employer plan	☐ a DFE (specify) ____	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan NORTHEAST GREAT DANE EMPLOYEES' 401(K) PLAN AND TRUST	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 12/02/2017
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) NORTHEAST GREAT DANE LLC 315 SUNNYMEADE ROAD HILLSBOROUGH, NJ 08844	2b	Employer Identification Number (EIN) 82-3182927
		2c	Plan Sponsor's telephone number 908-359-9599
		2d	Business code (see instructions) 441228

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.	10/15/2020	FRANK KORN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address ☒ 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 NORTHEAST GREAT DANE, LLC c Plan Name NORTHEAST GREAT DANE LLC EMPLOYEES' 401K PLAN AND TRUST	4b EIN 82-3182927 4d PN 001
5 Total number of participants at the beginning of the plan year	5 174
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 168 6a(2) 176 6b 0 6c 8 6d 184 6e 0 6f 184 6g 102 6h 2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	---

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **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 NORTHEAST GREAT DANE EMPLOYEES' 401(K) PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEAST GREAT DANE LLC	D Employer Identification Number (EIN) 82-3182927

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 GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(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
84-0467907	68322	503918-01	80	01/01/2019	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

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

(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	

(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	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year.....	7b	1622372
c Additions: (1) Contributions deposited during the year.....	7c(1)	162831
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	19406
(4) Transferred from separate account.....	7c(4)	14774
(5) Other (specify below)	7c(5)	1995
▶ LOAN REPAYMENT(S), FORFEITURES		
(6) Total additions.....	7c(6)	199006
d Total of balance and additions (add lines 7b and 7c(6))	7d	1821378
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	180154
(2) Administration charge made by carrier	7e(2)	-629
(3) Transferred to separate account.....	7e(3)	94080
(4) Other (specify below)	7e(4)	0
▶		
(5) Total deductions.....	7e(5)	273605
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1547773

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)	0
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)	0
(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)	0
(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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 NORTHEAST GREAT DANE EMPLOYEES' 401(K) PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEAST GREAT DANE LLC	D Employer Identification Number (EIN) 82-3182927	

Part I	Service Provider Information (see instructions)
--------	---

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

KINSBRIDGE ADVISORS LLC

1455 BROAD STREET
SUITE 300
BLOOMFIELD, NJ 07003

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	16503	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FELDMAN BENEFIT SERVICES INC

871 MOUNTAIN AVENUE
SPRINGFIELD, NJ 07081

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	6088	Yes ☒ No ☐	Yes ☐ No ☒	2519	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 NORTHEAST GREAT DANE EMPLOYEES' 401(K) PLAN AND TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEAST GREAT DANE LLC	D Employer Identification Number (EIN) 82-3182927	

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	42854	49021
(2) Participant contributions.....	1b(2)	6734	22260
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2644	4635
(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)	98342	91149
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	4445998	4717393
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1619729	1543139
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	6216301 6427597
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6216301 6427597

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	49383
	(B) Participants	2a(1)(B)	408377
	(C) Others (including rollovers)	2a(1)(C)	786
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	458546
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	312746
	(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)	5053
	(F) Other	2b(1)(F)	3501
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	321300
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1331020
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1158578
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	172442
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	512829
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	512829

		(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)		
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1465117

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1237496	
(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)		1237496
f Corrective distributions (see instructions)	2f		4887
g Certain deemed distributions of participant loans (see instructions)	2g		3792
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	7646	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		7646
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1253821

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		211296
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: PKF O'CONNER DAVIES, LLP

(2) EIN: 27-1728945

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:

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.)

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.)

	Yes	No	Amount
4a	X		33131
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?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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 <u>NORTHEAST GREAT DANE EMPLOYEES' 401(K) PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NORTHEAST GREAT DANE LLC</u>	D Employer Identification Number (EIN) <u>82-3182927</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>84-0467907</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2019
v. 190130

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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 _____

**Northeast Great Dane Employees'
401(k) Plan and Trust**

Financial Statements

December 31, 2019 and 2018



Independent Auditors' Report

The Plan Administrator Northeast Great Dane Employees' 401(k) Plan and Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Northeast Great Dane Employees' 401(k) Plan and Trust (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Great-West Trust Company, LLC, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the custodian 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.

Other Matter

The supplemental Schedule H, Part IV, Line 4a – Schedule of Delinquent Participant Contributions and Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2019 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are 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 schedules.

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 schedules, other than that derived from the information certified by the custodian, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

PKF O'Connor Davies, LLP

October 12, 2020

Northeast Great Dane Employees' 401(k) Plan and Trust

Statements of Net Assets Available for Benefits

	December 31,	
	2019	2018
ASSETS		
Investments, at fair value	\$ 6,265,167	\$ 6,068,371
Receivables		
Participants' contributions	22,260	6,734
Employer contributions	49,021	42,854
Notes receivable from participants	91,149	98,342
Total Receivables	<u>162,430</u>	<u>147,930</u>
Total Assets	6,427,597	6,216,301
LIABILITIES	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u>\$ 6,427,597</u>	<u>\$ 6,216,301</u>

Northeast Great Dane Employees' 401(k) Plan and Trust

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31,	
	2019	2018
ADDITIONS		
Investment Income (Loss)		
Interest, dividends and capital gains	\$ 316,246	\$ 330,819
Net appreciation (depreciation) in fair value of investments	685,272	(723,764)
Total Investment Income (Loss)	<u>1,001,518</u>	<u>(392,945)</u>
Interest income on notes receivable from participants	<u>5,053</u>	<u>6,334</u>
Contributions		
Participants	408,377	381,813
Employer	49,383	47,374
Rollover	786	11,550
Total Contributions	<u>458,546</u>	<u>440,737</u>
Total Additions, Net of Investment Income	<u>1,465,117</u>	<u>54,126</u>
DEDUCTIONS		
Benefits paid to participants	1,242,383	722,038
Deemed distributions	3,792	8,386
Administrative expenses	7,646	3,185
Total Deductions	<u>1,253,821</u>	<u>733,609</u>
Net Increase (Decrease)	211,296	(679,483)
Transfer of assets	-	6,876,038
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>6,216,301</u>	<u>19,746</u>
End of year	<u>\$ 6,427,597</u>	<u>\$ 6,216,301</u>

See notes to financial statements

Northeast Great Dane Employees' 401(k) Plan and Trust

Notes to Financial Statements
December 31, 2019 and 2018

1. Plan Description

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

General

The Plan is a participant directed defined contribution plan which covers all nonunion employees of Northeast Great Dane (the "Company"). The Plan is administered by a third party and qualifies under Section 401(k) of the Internal Revenue Code ("IRC") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Transfer

The Company was acquired by Trudell Holdings, Inc. on December 2, 2017. Related to the acquisition, the Plan was created on December 2, 2017 and assets from the predecessor plan were transferred to the Plan on March 16, 2018.

Effective September 1, 2019 the Plan name was changed from Northeast Great Dane LLC Employees' 401(k) Plan and Trust to Northeast Great Dane Employees' 401(k) Plan and Trust.

Eligibility

An employee of the Company becomes an eligible participant in the Plan as of the first entry date following the date of employment, and the attainment of 21 years of age. There is no minimum service requirement to participate under the Plan. Once the participant satisfies the eligibility conditions, they will be eligible to participate under the Plan on the participant's entry date.

Contributions

An employee participating in the Plan may annually contribute through payroll deductions, amounts as determined by the Internal Revenue Service ("IRS") and may contribute amounts representing distributions from other qualified plans. Participant contributions may be deducted in "pre-tax" dollars for the 401(k) and "post-tax" dollars for the Roth 401(k). Additionally, participants age 50 or over may make an additional "catch-up" contribution as determined by the IRS. Participants direct the investment of their contributions into various investment options offered by the Plan. A participant may suspend contributions at any time, or may increase or decrease their level of participation at any time during the year.

The Company may make discretionary matching and profit sharing contributions to the Plan equal to a uniform percentage or dollar amount of all eligible participant's salary deferrals. For the 2019 and 2018 Plan years, the amount of the employer matching contributions was \$49,021 and \$42,854.

Northeast Great Dane Employees' 401(k) Plan and Trust

Notes to Financial Statements
December 31, 2019 and 2018

1. Plan Description (*continued*)

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of Company contributions and plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant compensation and account balances. Participants are entitled to the benefit that can be provided from the participant's vested account.

Vesting

A participant is 100% vested in their contributions plus any earnings thereon. Vesting is based on years of continuous service. The participants' vesting in the Company's discretionary matching and profit-sharing contributions will be determined in accordance to the following schedule:

<u>Years of Service</u>	<u>Vested Interest</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

A participant's vested interest in the Company's matching and profit-sharing contributions will be 100% under the following conditions:

- a) Death or disability of participant while employed by the Company
- b) Attainment by participant of his/her normal retirement age
- c) Plan termination

Investment Options

Upon enrollment in the Plan, participants may direct their elective contribution and Company contribution into various investment options offered by the Plan. Participants may change their investment options at any time.

Northeast Great Dane Employees' 401(k) Plan and Trust

Notes to Financial Statements
December 31, 2019 and 2018

1. Plan Description (*continued*)

Notes Receivable from Participants

Participants may borrow from their accounts a minimum amount of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. A participant may only have one loan outstanding at any time. Loans to participants are secured by the balance in the participant's account and bear an interest rate at commensurate with market rates for similar loans, as determined by the Plan administrator. Loans have various repayment terms generally limited to 5 years, unless that loan is used to purchase a principal residence, in which case, the loan must be repaid within a reasonable period of time. Principal and interest are paid ratably through biweekly payroll deductions.

Payment of Benefits

Participants are eligible to receive benefit payments when they terminate service or reach age 59 ½. On termination of service, a participant may elect to receive a distribution in the amount equal to the participant's vested interest in their account. Benefit payments are also permitted for death, disability and hardship. In-service withdrawals are limited to a minimum of \$1,000, one distribution per year and can only be made from accounts which are 100% vested.

Forfeitures

The forfeited, non-vested portion of a participant's account is lost upon termination of employment. Forfeited amounts are retained by the Plan and will first be used to pay any administrative expenses and any remaining forfeitures will be used to reduce future Company contributions. As of December 31, 2019 and 2018, forfeited non-vested accounts totaled \$4,635 and \$2,644. In 2019 and 2018, administrative expenses were reduced by \$764 and \$1,648 from forfeited non-vested accounts.

2. Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"), which requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Northeast Great Dane Employees' 401(k) Plan and Trust

Notes to Financial Statements
December 31, 2019 and 2018

2. Summary of Significant Accounting Policies *(continued)*

Fair Value Measurements

The Plan follows U.S. GAAP guidance on *Fair Value Measurements* which defines fair value and establishes a fair value hierarchy organized into three levels based on the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable and are used to the extent that observable inputs do not exist.

Investment Valuation and Income Recognition

Mutual funds held by the Plan are valued at fair value based on the daily closing price as reported by the funds. All of the mutual funds are open-ended and are registered with the Securities and Exchange Commission. These mutual funds are required to publish their daily net asset value and to transact at that price. The Key Guaranteed Portfolio Fund consists of investment-grade fixed annuities seeking to achieve consistent returns and is reported at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

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.

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

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Administrative Expenses

Certain expenses of the Plan are paid by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments.

Northeast Great Dane Employees' 401(k) Plan and Trust

Notes to Financial Statements
December 31, 2019 and 2018

2. Summary of Significant Accounting Policies (*continued*)

Subsequent Events

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through October 12, 2020, the date which the financial statements were available for issue.

Effective February 1, 2020, the Northeast Great Dane Employees' 401(k) Plan and Trust is merging into the Trudell Holdings, Inc. Retirement and Savings Plan.

3. Information Certified (*Unaudited*)

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Great-West Trust Company, LLC ("Great-West"), the custodian of the Plan, has certified to the completeness and accuracy of all the investments and notes receivables from participants reflected in the accompanying statement of net assets available for benefits as of December 31, 2019 and 2018, and the related investment activity and notes receivable from participants activity reflected in the statement of changes in net assets available for benefits for the years then ended, and the supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2019.

4. Investments

The following are the major categories of investments measured at fair value on a recurring basis at December 31, grouped by the fair value hierarchy:

	2019		
	Level 1	Level 2	Total
Mutual funds	\$ 4,717,393	\$ -	\$ 4,717,393
Fixed annuities*	-	1,547,774	1,547,774
	<u>\$ 4,717,393</u>	<u>\$ 1,547,774</u>	<u>\$ 6,265,167</u>
	2018		
	Level 1	Level 2	Total
Mutual funds	\$ 4,445,998	\$ -	\$ 4,445,998
Fixed annuities*	-	1,622,373	1,622,373
	<u>\$ 4,445,998</u>	<u>\$ 1,622,373</u>	<u>\$ 6,068,371</u>

*Participants transact at contract value and fair value is determined annually for financial statement reporting purposes only.

Northeast Great Dane Employees' 401(k) Plan and Trust

Notes to Financial Statements
December 31, 2019 and 2018

5. Key Guaranteed Portfolio Fund

The Key Guaranteed Portfolio Fund ("Fund") is a general account product offered through a group annuity contract and is fully benefit-responsive. Participant principal and interest are fully guaranteed by the entire general account assets of GWL&AC, the issuer of the Fund. Each quarter an interest rate is established for all money, regardless of when it was deposited. The credited interest rate may stay the same or change each quarter. Participants may transfer their account balances to any other investment option offered under the Plan with no restrictions or penalties. The credit risk of the issuer was evaluated by nationally recognized statistical rating agencies as follows: A.M. Best (A+), Moody's (Aa3), Standard and Poor's (AA), and Fitch(AA). These ratings were as of August 2020.

6. 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.

7. Tax Status

The Company has adopted a volume submitter prototype plan document which received an opinion letter from the Internal Revenue Service dated March 31, 2014, stating that the Plan is designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the letter; however, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine examination by taxing jurisdictions; however, there are currently no examination for any tax periods in progress.

8. Party-In-Interest Transactions

Certain investments of the Plan are managed by Great-West. Great-West is the custodian as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions under ERISA.

Participants who are active employees of the Plan may borrow from their accounts and such loans qualify as party-in-interest transactions under ERISA. These loans are recorded as notes receivable from participants on the statements of net assets available for benefits.

Northeast Great Dane Employees' 401(k) Plan and Trust

Notes to Financial Statements
December 31, 2019 and 2018

9. Prohibited Transactions

During the 2019 plan year, the Employer failed to remit to the Plan certain participants' contributions within the period described by the Department of Labor regulations. Delays in remitting these amounts to the Plan were due to an administrative oversight. The Employer has processed the necessary corrections to satisfy both the Department of Labor and IRS guidance for this matter.

10. Risks and Uncertainties

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

Subsequent to year end, the COVID-19 pandemic has resulted in substantial volatility in the global financial markets. As a result, the Plan's investments have incurred significant volatility in their fair value since December 31, 2019. Because the value of the Plan's investments have and will fluctuate in response to changing market conditions, the amount of losses, if any, that will be recognized in subsequent periods, cannot be determined.

* * * * *

**Northeast Great Dane Employees'
401(k) Plan and Trust**

Supplemental Schedules

December 31, 2019

Northeast Great Dane Employees' 401(k) Plan and Trust

Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions
December 31, 2019

EIN: 82-3182927

Plan #: 001

Check Here if Late Participant Loan Repayment are included	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
√	\$ -	\$ 33,131	\$ -	\$ -

See independent auditors' report

Northeast Great Dane Employees' 401(k) Plan and Trust

Schedule Pursuant to the Department of Labor Requirements
December 31, 2019

EIN: 82-3182927
Plan #: 001

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

		(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party		
	MUTUAL FUNDS	UNITS	
*	Great-West Lifetime 2035 Fund Svc	112,571	\$ 1,568,111
*	Great-West Lifetime 2025 Fund Svc	44,814	643,978
*	Great-West S&P 500 Index Fund Inv	20,948	503,794
*	Great-West Lifetime 2015 Fund Svc	29,778	407,369
	Great-West T Rowe Price Midcap Gr Fund I	8,101	249,761
*	T. Rowe Price Blue Chip Growth Adv	1,941	237,004
	PGIM Total Return Bond A	12,257	177,117
	Great-West International Index Fund Inv	12,988	154,823
	MFS Value Fund A	3,037	134,955
*	Delaware Small Cap Value A	1,333	81,428
	PGIM High-Yield A	14,576	81,334
	PIMCO Real Return A	6,347	71,345
	Invesco Oppenheimer Global A	686	65,780
	Baron Small Cap Fund Retail	1,831	53,766
	Cohen & Steers Real Estate Securities A	2,889	48,009
	American Funds New World Fund - R3	674	46,852
	American Century Core Plus A	3,768	41,038
*	Great-West Mid Cap Value Inv	2,885	36,297
	Great-West Lifetime 2045 Fund Svc	2,493	33,831
*	Vaneck CM Commodity Index A	5,422	24,994
*	Great-West Lifetime 2055 Fund Svc	1,425	23,702
	Templeton Global Total Return A	1,596	17,688
	Great-West Lifetime 2050 Fund Svc	445	5,192
*	Great-West Lifetime 2040 Service	460	5,174
*	Fidelity Advisor Balanced A	104	2,326
*	Great-West Lifetime 2030 Fund Svc	153	1,724
	Brandes International Equity A		1
	Total Mutual Funds		4,717,393
	FIXED ANNUITIES		
*	Key Guaranteed Portfolio Fund	1,547,774	1,547,774
	Total Investments		6,265,167
		The interest rate of these loans range from 4.75% to 6.50% with maturities through May 2024	
*	NOTES RECEIVABLE FROM PARTICIPANTS		91,149
			<u>\$ 6,356,316</u>

* Indicates a party-in-interest as defined by ERISA

See independent auditors' report

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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.)
- ☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
- ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here: ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
- ☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information**1a** Name of plan
Northeast Great Dane Employees' 401(k) Plan and Trust**1b** Three-digit plan number (PN) ▶ 001**1c** Effective date of plan
12/02/2017**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)
Northeast Great Dane LLC**2b** Employer Identification Number (EIN)
82-3182927**2c** Plan Sponsor's telephone number
908-359-9599

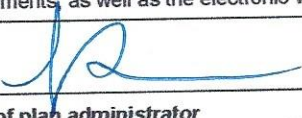
315 Sunnymead Road

2d Business code (see instructions)
441228

Hillsborough NJ 08844

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		10/15/2020	Frank Korn
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ 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 Northeast Great Dane, LLC

c Plan Name Northeast Great Dane LLC Employees' 401k Plan and Trust

4b EIN
82-3182927

4d PN

001

5 Total number of participants at the beginning of the plan year

5 174

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) 168

a(2) Total number of active participants at the end of the plan year

6a(2) 176

b Retired or separated participants receiving benefits

6b 0

c Other retired or separated participants entitled to future benefits

6c 8

d Subtotal. Add lines **6a(2)**, **6b**, and **6c**

6d 184

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

6e 0

f Total. Add lines **6d** and **6e**

6f 184

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

6g 102

h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested

6h 2

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)

7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3D

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

9a Plan funding arrangement (check all that apply)

- (1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust
(4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust
(4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information - Small Plan)
(3) ☒ 1 **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☐ **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 _____

Northeast Great Dane Employees' 401(k) Plan and Trust

Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions
December 31, 2019

EIN: 82-3182927

Plan #: 001

Check Here if Late Participant Loan Repayment are included	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
√	\$ -	\$ 33,131	\$ -	\$ -

See independent auditors' report

**Northeast Great Dane Employees'
401(k) Plan and Trust**

Financial Statements

December 31, 2019 and 2018



Independent Auditors' Report

The Plan Administrator Northeast Great Dane Employees' 401(k) Plan and Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Northeast Great Dane Employees' 401(k) Plan and Trust (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Great-West Trust Company, LLC, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the custodian 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.

Other Matter

The supplemental Schedule H, Part IV, Line 4a – Schedule of Delinquent Participant Contributions and Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2019 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are 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 schedules.

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 schedules, other than that derived from the information certified by the custodian, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

PKF O'Connor Davies, LLP

October 12, 2020

Northeast Great Dane Employees' 401(k) Plan and Trust

Statements of Net Assets Available for Benefits

	December 31,	
	2019	2018
ASSETS		
Investments, at fair value	\$ 6,265,167	\$ 6,068,371
Receivables		
Participants' contributions	22,260	6,734
Employer contributions	49,021	42,854
Notes receivable from participants	91,149	98,342
Total Receivables	162,430	147,930
Total Assets	6,427,597	6,216,301
LIABILITIES	-	-
Net Assets Available for Benefits	\$ 6,427,597	\$ 6,216,301

Northeast Great Dane Employees' 401(k) Plan and Trust

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31,	
	2019	2018
ADDITIONS		
Investment Income (Loss)		
Interest, dividends and capital gains	\$ 316,246	\$ 330,819
Net appreciation (depreciation) in fair value of investments	685,272	(723,764)
Total Investment Income (Loss)	<u>1,001,518</u>	<u>(392,945)</u>
Interest income on notes receivable from participants	<u>5,053</u>	<u>6,334</u>
Contributions		
Participants	408,377	381,813
Employer	49,383	47,374
Rollover	786	11,550
Total Contributions	<u>458,546</u>	<u>440,737</u>
Total Additions, Net of Investment Income	<u>1,465,117</u>	<u>54,126</u>
DEDUCTIONS		
Benefits paid to participants	1,242,383	722,038
Deemed distributions	3,792	8,386
Administrative expenses	7,646	3,185
Total Deductions	<u>1,253,821</u>	<u>733,609</u>
Net Increase (Decrease)	211,296	(679,483)
Transfer of assets	-	6,876,038
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>6,216,301</u>	<u>19,746</u>
End of year	<u>\$ 6,427,597</u>	<u>\$ 6,216,301</u>

See notes to financial statements

Northeast Great Dane Employees' 401(k) Plan and Trust

Notes to Financial Statements
December 31, 2019 and 2018

1. Plan Description

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

General

The Plan is a participant directed defined contribution plan which covers all nonunion employees of Northeast Great Dane (the "Company"). The Plan is administered by a third party and qualifies under Section 401(k) of the Internal Revenue Code ("IRC") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Transfer

The Company was acquired by Trudell Holdings, Inc. on December 2, 2017. Related to the acquisition, the Plan was created on December 2, 2017 and assets from the predecessor plan were transferred to the Plan on March 16, 2018.

Effective September 1, 2019 the Plan name was changed from Northeast Great Dane LLC Employees' 401(k) Plan and Trust to Northeast Great Dane Employees' 401(k) Plan and Trust.

Eligibility

An employee of the Company becomes an eligible participant in the Plan as of the first entry date following the date of employment, and the attainment of 21 years of age. There is no minimum service requirement to participate under the Plan. Once the participant satisfies the eligibility conditions, they will be eligible to participate under the Plan on the participant's entry date.

Contributions

An employee participating in the Plan may annually contribute through payroll deductions, amounts as determined by the Internal Revenue Service ("IRS") and may contribute amounts representing distributions from other qualified plans. Participant contributions may be deducted in "pre-tax" dollars for the 401(k) and "post-tax" dollars for the Roth 401(k). Additionally, participants age 50 or over may make an additional "catch-up" contribution as determined by the IRS. Participants direct the investment of their contributions into various investment options offered by the Plan. A participant may suspend contributions at any time, or may increase or decrease their level of participation at any time during the year.

The Company may make discretionary matching and profit sharing contributions to the Plan equal to a uniform percentage or dollar amount of all eligible participant's salary deferrals. For the 2019 and 2018 Plan years, the amount of the employer matching contributions was \$49,021 and \$42,854.

Northeast Great Dane Employees' 401(k) Plan and Trust

Notes to Financial Statements

December 31, 2019 and 2018

1. Plan Description (*continued*)

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of Company contributions and plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant compensation and account balances. Participants are entitled to the benefit that can be provided from the participant's vested account.

Vesting

A participant is 100% vested in their contributions plus any earnings thereon. Vesting is based on years of continuous service. The participants' vesting in the Company's discretionary matching and profit-sharing contributions will be determined in accordance to the following schedule:

<u>Years of Service</u>	<u>Vested Interest</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

A participant's vested interest in the Company's matching and profit-sharing contributions will be 100% under the following conditions:

- a) Death or disability of participant while employed by the Company
- b) Attainment by participant of his/her normal retirement age
- c) Plan termination

Investment Options

Upon enrollment in the Plan, participants may direct their elective contribution and Company contribution into various investment options offered by the Plan. Participants may change their investment options at any time.

Northeast Great Dane Employees' 401(k) Plan and Trust

Notes to Financial Statements
December 31, 2019 and 2018

1. Plan Description (*continued*)

Notes Receivable from Participants

Participants may borrow from their accounts a minimum amount of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. A participant may only have one loan outstanding at any time. Loans to participants are secured by the balance in the participant's account and bear an interest rate at commensurate with market rates for similar loans, as determined by the Plan administrator. Loans have various repayment terms generally limited to 5 years, unless that loan is used to purchase a principal residence, in which case, the loan must be repaid within a reasonable period of time. Principal and interest are paid ratably through biweekly payroll deductions.

Payment of Benefits

Participants are eligible to receive benefit payments when they terminate service or reach age 59 ½. On termination of service, a participant may elect to receive a distribution in the amount equal to the participant's vested interest in their account. Benefit payments are also permitted for death, disability and hardship. In-service withdrawals are limited to a minimum of \$1,000, one distribution per year and can only be made from accounts which are 100% vested.

Forfeitures

The forfeited, non-vested portion of a participant's account is lost upon termination of employment. Forfeited amounts are retained by the Plan and will first be used to pay any administrative expenses and any remaining forfeitures will be used to reduce future Company contributions. As of December 31, 2019 and 2018, forfeited non-vested accounts totaled \$4,635 and \$2,644. In 2019 and 2018, administrative expenses were reduced by \$764 and \$1,648 from forfeited non-vested accounts.

2. Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"), which requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Northeast Great Dane Employees' 401(k) Plan and Trust

Notes to Financial Statements
December 31, 2019 and 2018

2. Summary of Significant Accounting Policies *(continued)*

Fair Value Measurements

The Plan follows U.S. GAAP guidance on *Fair Value Measurements* which defines fair value and establishes a fair value hierarchy organized into three levels based on the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable and are used to the extent that observable inputs do not exist.

Investment Valuation and Income Recognition

Mutual funds held by the Plan are valued at fair value based on the daily closing price as reported by the funds. All of the mutual funds are open-ended and are registered with the Securities and Exchange Commission. These mutual funds are required to publish their daily net asset value and to transact at that price. The Key Guaranteed Portfolio Fund consists of investment-grade fixed annuities seeking to achieve consistent returns and is reported at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

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.

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

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Administrative Expenses

Certain expenses of the Plan are paid by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments.

Northeast Great Dane Employees' 401(k) Plan and Trust

Notes to Financial Statements
December 31, 2019 and 2018

2. Summary of Significant Accounting Policies (*continued*)

Subsequent Events

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through October 12, 2020, the date which the financial statements were available for issue.

Effective February 1, 2020, the Northeast Great Dane Employees' 401(k) Plan and Trust is merging into the Trudell Holdings, Inc. Retirement and Savings Plan.

3. Information Certified (*Unaudited*)

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Great-West Trust Company, LLC ("Great-West"), the custodian of the Plan, has certified to the completeness and accuracy of all the investments and notes receivables from participants reflected in the accompanying statement of net assets available for benefits as of December 31, 2019 and 2018, and the related investment activity and notes receivable from participants activity reflected in the statement of changes in net assets available for benefits for the years then ended, and the supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2019.

4. Investments

The following are the major categories of investments measured at fair value on a recurring basis at December 31, grouped by the fair value hierarchy:

	2019		
	Level 1	Level 2	Total
Mutual funds	\$ 4,717,393	\$ -	\$ 4,717,393
Fixed annuities*	-	1,547,774	1,547,774
	<u>\$ 4,717,393</u>	<u>\$ 1,547,774</u>	<u>\$ 6,265,167</u>
	2018		
	Level 1	Level 2	Total
Mutual funds	\$ 4,445,998	\$ -	\$ 4,445,998
Fixed annuities*	-	1,622,373	1,622,373
	<u>\$ 4,445,998</u>	<u>\$ 1,622,373</u>	<u>\$ 6,068,371</u>

*Participants transact at contract value and fair value is determined annually for financial statement reporting purposes only.

Northeast Great Dane Employees' 401(k) Plan and Trust

Notes to Financial Statements
December 31, 2019 and 2018

5. Key Guaranteed Portfolio Fund

The Key Guaranteed Portfolio Fund ("Fund") is a general account product offered through a group annuity contract and is fully benefit-responsive. Participant principal and interest are fully guaranteed by the entire general account assets of GWL&AC, the issuer of the Fund. Each quarter an interest rate is established for all money, regardless of when it was deposited. The credited interest rate may stay the same or change each quarter. Participants may transfer their account balances to any other investment option offered under the Plan with no restrictions or penalties. The credit risk of the issuer was evaluated by nationally recognized statistical rating agencies as follows: A.M. Best (A+), Moody's (Aa3), Standard and Poor's (AA), and Fitch(AA). These ratings were as of August 2020.

6. 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.

7. Tax Status

The Company has adopted a volume submitter prototype plan document which received an opinion letter from the Internal Revenue Service dated March 31, 2014, stating that the Plan is designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the letter; however, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine examination by taxing jurisdictions; however, there are currently no examination for any tax periods in progress.

8. Party-In-Interest Transactions

Certain investments of the Plan are managed by Great-West. Great-West is the custodian as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions under ERISA.

Participants who are active employees of the Plan may borrow from their accounts and such loans qualify as party-in-interest transactions under ERISA. These loans are recorded as notes receivable from participants on the statements of net assets available for benefits.

Northeast Great Dane Employees' 401(k) Plan and Trust

Notes to Financial Statements
December 31, 2019 and 2018

9. Prohibited Transactions

During the 2019 plan year, the Employer failed to remit to the Plan certain participants' contributions within the period described by the Department of Labor regulations. Delays in remitting these amounts to the Plan were due to an administrative oversight. The Employer has processed the necessary corrections to satisfy both the Department of Labor and IRS guidance for this matter.

10. Risks and Uncertainties

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

Subsequent to year end, the COVID-19 pandemic has resulted in substantial volatility in the global financial markets. As a result, the Plan's investments have incurred significant volatility in their fair value since December 31, 2019. Because the value of the Plan's investments have and will fluctuate in response to changing market conditions, the amount of losses, if any, that will be recognized in subsequent periods, cannot be determined.

* * * * *

**Northeast Great Dane Employees'
401(k) Plan and Trust**

Supplemental Schedules

December 31, 2019

Northeast Great Dane Employees' 401(k) Plan and Trust

Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions
December 31, 2019

EIN: 82-3182927

Plan #: 001

Check Here if Late Participant Loan Repayment are included	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
√	\$ -	\$ 33,131	\$ -	\$ -

See independent auditors' report

Northeast Great Dane Employees' 401(k) Plan and Trust

Schedule Pursuant to the Department of Labor Requirements
December 31, 2019

EIN: 82-3182927
Plan #: 001

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

		(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party		
	MUTUAL FUNDS	UNITS	
*	Great-West Lifetime 2035 Fund Svc	112,571	\$ 1,568,111
*	Great-West Lifetime 2025 Fund Svc	44,814	643,978
*	Great-West S&P 500 Index Fund Inv	20,948	503,794
*	Great-West Lifetime 2015 Fund Svc	29,778	407,369
	Great-West T Rowe Price Midcap Gr Fund I	8,101	249,761
*	T. Rowe Price Blue Chip Growth Adv	1,941	237,004
	PGIM Total Return Bond A	12,257	177,117
	Great-West International Index Fund Inv	12,988	154,823
	MFS Value Fund A	3,037	134,955
*	Delaware Small Cap Value A	1,333	81,428
	PGIM High-Yield A	14,576	81,334
	PIMCO Real Return A	6,347	71,345
	Invesco Oppenheimer Global A	686	65,780
	Baron Small Cap Fund Retail	1,831	53,766
	Cohen & Steers Real Estate Securities A	2,889	48,009
	American Funds New World Fund - R3	674	46,852
	American Century Core Plus A	3,768	41,038
*	Great-West Mid Cap Value Inv	2,885	36,297
	Great-West Lifetime 2045 Fund Svc	2,493	33,831
*	Vaneck CM Commodity Index A	5,422	24,994
*	Great-West Lifetime 2055 Fund Svc	1,425	23,702
	Templeton Global Total Return A	1,596	17,688
	Great-West Lifetime 2050 Fund Svc	445	5,192
*	Great-West Lifetime 2040 Service	460	5,174
*	Fidelity Advisor Balanced A	104	2,326
*	Great-West Lifetime 2030 Fund Svc	153	1,724
	Brandes International Equity A		1
	Total Mutual Funds		4,717,393
	FIXED ANNUITIES		
*	Key Guaranteed Portfolio Fund	1,547,774	1,547,774
	Total Investments		6,265,167
		The interest rate of these loans range from 4.75% to 6.50% with maturities through May 2024	
*	NOTES RECEIVABLE FROM PARTICIPANTS		91,149
			<u>\$ 6,356,316</u>

* Indicates a party-in-interest as defined by ERISA

See independent auditors' report