

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan SHAFFER DISTRIBUTING COMPANY EMPLOYEES PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1981
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) SHAFFER DISTRIBUTING COMPANY 1100 W. THIRD AVE PO BOX 12427 COLUMBUS, OH 43212	2b Employer Identification Number (EIN) 31-4304446 2c Sponsor's telephone number 614-421-6800 2d Business code (see instructions) 454210

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.	06/21/2010	PAUL WESTBROCK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SHAFFER DISTRIBUTING COMPANY 1100 W. THIRD AVE PO BOX 12427 COLUMBUS, OH 43212	3b Administrator's EIN 31-4304446 3c Administrator's telephone number 614-421-6800
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	137
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	109
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	14
d Subtotal. Add lines 6a , 6b , and 6c	6d	123
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	123
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	121
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	10

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

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

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ 0 **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan SHAFFER DISTRIBUTING COMPANY EMPLOYEES PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SHAFFER DISTRIBUTING COMPANY		D Employer Identification Number (EIN) 31-4304446

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FIFTH THIRD BANK

5050 KINGSLEY DR.
MD 1MOB2D
CINCINNATI, OH 45263

31-1051736

(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?
21	BANK, TRUST COMPANY	50561	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

(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
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan SHAFFER DISTRIBUTING COMPANY EMPLOYEES PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SHAFFER DISTRIBUTING COMPANY	D Employer Identification Number (EIN) 31-4304446	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1362	1615
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	175000	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	28347	24391
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2194760	1749762
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1156238	1458928
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	66006	72477
(B) Common	1c(4)(B)	2922071	4081930
(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)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6543784	7389103

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	6543784	7389103
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7625	
(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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7625

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	16801	
(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)		16801

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1038096	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1038096

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(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		1062522

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	166642	
(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)		166642
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	50561	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		50561
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		217203

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		845319
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: HIRTH, NORRIS & GARRISON LLP

(2) EIN: 31-1158484

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SHAFFER DISTRIBUTING COMPANY
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS

* * * * *

DECEMBER 31, 2009 AND 2008

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Partners
JAMES E. NORRIS, CPA
JODI L. GARRISON, CPA
TIMOTHY R. HARRIS, CPA

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Shaffer Distributing Company
Employees' Profit Sharing Plan and Trust

We were engaged to audit the financial statements of Shaffer Distributing Company Employees' Profit Sharing Plan and Trust as of December 31, 2009 and 2008, and for the years then ended, and the supplemental schedules as of and for the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management.

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

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

Hirth Norris & Garrison, LLP

Grove City, Ohio
June 9, 2010



SHAFFER DISTRIBUTING COMPANY
EMPLOYEES' PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ASSETS		
Cash	\$ 1,615	\$ 1,362
Assets held for investment purposes at fair value as determined by the Plan's investment trustee:		
Exchange traded funds and mutual funds	2,737,979	2,489,614
Fixed income securities		
U.S. Government	0	203,224
Other bonds and notes	1,049,734	953,014
Common stocks	3,502,907	2,627,217
Preferred stocks	72,477	66,006
Total investments	<u>7,363,097</u>	<u>6,339,075</u>
Receivables:		
Accrued interest and dividends	24,391	28,347
Employer contribution	<u>0</u>	<u>175,000</u>
	7,389,103	6,543,784
LIABILITIES	<u>0</u>	<u>0</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>\$ 7,389,103</u>	<u>\$ 6,543,784</u>

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

SHAFER DISTRIBUTING COMPANY
EMPLOYEES' PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
INCREASES		
Employer contribution	\$ 0	\$ 175,000
Investment income		
Interest and dividends	140,135	192,075
Realized and unrealized gains and losses	<u>922,387</u>	<u>(1,679,750)</u>
Total Increases (decreases)	<u>1,062,522</u>	<u>(1,312,675)</u>
DECREASES		
Benefits paid	166,642	212,836
Investment advisory and management fees	<u>50,561</u>	<u>55,226</u>
Total Decreases	<u>217,203</u>	<u>268,062</u>
CHANGE IN NET ASSETS DURING THE YEAR	845,319	(1,580,737)
NET ASSETS AVAILABLE FOR BENEFITS – Beginning of year	<u>6,543,784</u>	<u>8,124,521</u>
NET ASSETS AVAILABLE FOR BENEFITS – End of year	<u>\$ 7,389,103</u>	<u>\$ 6,543,784</u>

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

SHAFFER DISTRIBUTING COMPANY
EMPLOYEES' PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The Shaffer Distributing Company Employees' Profit Sharing Plan and Trust (Plan), is a defined contribution profit sharing plan which was formed, effective January 1, 1981, for the purpose of providing retirement benefits to employees of the Shaffer Distributing Company (Plan sponsor). Participants and others should refer to the Plan document and summary plan description (SPD) for a more complete description of the Plan's provisions.

Eligibility

An employee is eligible to participate upon completion of six months service (1,000 hours). Participation commences effective on the first day of the Plan year following the date an employee first becomes eligible. Employees who are considered leased employees or are covered by a collective bargaining agreement are not eligible to participate.

Contributions

Each year, the Plan sponsor, at the discretion of its officers and directors, may make a contribution to the Plan. Such contribution will be allocated to each eligible employee's account as follows:

- (1) A dollar amount equal to 5.7% of the sum of each Participant's total Compensation plus Excess Compensation shall be allocated to each Participant's Account. If the Employer does not contribute such amount for all participants, each Participant will be allocated a share of the contribution in the same proportion that the Participant's total Compensation plus the Participant's total Excess Compensation (compensation in excess of the Social Security wage base in effect for the year) for the Plan Year bears to the total Compensation plus the total Excess Compensation of all Participants for that year.
- (2) The balance of the Employer contributions over the amount allocated above, if any, shall be allocated to each Participant's Account in the same proportion that the Participant's total Compensation for the Plan Year bears to the total Compensation of all Participants for such year.

Participant Accounts

Each participant's account is credited with an allocation of (a) the Plan sponsor's contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit of which a participant is entitled is the benefit that can be provided from the participant's vested account.

SHAFFER DISTRIBUTING COMPANY
EMPLOYEES' PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE RETIREMENT PLAN (Continued)

Vesting

Participants vest in their account balances based on the following schedule:

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

Payment of Benefits

On termination of service due to death, disability or retirement, unless otherwise elected a participant will receive his or her vested balance in the form of a joint and survivor annuity. For termination of service to due to other reasons, a participant may receive the vested value of his or her account as a lump sum distribution.

Forfeited Accounts

At December 31, 2009 and 2008, forfeited nonvested accounts totaled \$9,241 and \$9,392 respectively. This amount will be reallocated in the future to participants in the same manner as Plan sponsor contributions. In 2009 and 2008 forfeitures of \$9,424 and \$25,509 respectively were reallocated to participants' accounts.

NOTE 2 - ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Estimates

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

Investment Valuation and Income Recognition

The Plan's investment's are stated at fair value as determined by the investment trustee. If available, the investment trustee uses quoted market prices to value the Plan's investments.

Purchases and sales of securities are recorded on a trade date basis. Interest and income is recognized as earned and dividends are recognized on the ex-dividend date.

SHAFFER DISTRIBUTING COMPANY
EMPLOYEES' PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

NOTE 2 - ACCOUNTING POLICIES (Continued)

Payment of Benefits and Expenses

Benefits and Plan investment management expenses are recognized when paid.

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. Investments that represent 5% or more of the Plan's net assets are separately identified.

		Fair Value Measurements at Reporting Date Using:		
		Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<u>Fair Value</u>			
<u>December 31, 2009</u>				
Exchange Traded Funds and Mutual Funds				
Fifth Third Prime Money Market Fund	\$ 1,749,762	\$ 1,749,762		
Other exchange traded and mutual funds	988,217	988,217		
Fixed income securities	1,049,734	1,049,734		
Common stocks	3,502,907	3,502,907		
Preferred stocks	72,477	72,477		
Total	<u>\$ 7,363,097</u>	<u>\$ 7,363,097</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>December 31, 2008</u>				
Exchange Traded Funds and Mutual Funds				
Fifth Third Prime Money Market Fund	\$ 2,194,760	\$ 2,194,760		
Other exchange traded and mutual funds	294,854	294,854		
Fixed income securities	1,156,238	1,156,238		
Common stocks	2,627,217	2,627,217		
Preferred stocks	66,006	66,006		
Total	<u>\$ 6,339,075</u>	<u>\$ 6,339,075</u>	<u>\$ 0</u>	<u>\$ 0</u>

SFAS No. 157, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

SHAFFER DISTRIBUTING COMPANY
EMPLOYEES' PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

Level 1 Inputs

Quoted market prices in active markets for the identical asset (e.g., a price for which a share of a widely held publicly traded stock would sell).

Level 2 Inputs

Quoted market prices in active markets for similar assets or quoted market prices for identical or similar assets in markets that are not active.

Level 3 Inputs

Unobserved inputs for the asset; these would be based on the reporting entity's assumptions of how other market participants would value the asset.

NOTE 4 - INFORMATION SUPPLIED BY PLAN TRUSTEE

All information included in the accompanying financial statements and schedules, except employer profit sharing contributions and investment management fees have been prepared by or summarized from reports prepared by Fifth Third Bank, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Trustee that such information is complete and accurate.

NOTE 5 - PLAN TERMINATION

Although it has not indicated an intent to do so, the Plan sponsor has the right to terminate the Plan. In the event of Plan termination, participant's accounts will be distributed in accordance with the Employee Retirement Income Security Act of 1974.

NOTE 6 - INCOME TAX STATUS

The Internal Revenue Service has ruled that the Plan qualifies as a tax-exempt plan under the applicable provisions of the Internal Revenue Code.

NOTE 7 - EXPENSES PAID BY PLAN SPONSOR

Certain Plan expenses incurred during the year are paid by the Plan sponsor. Total Plan administration expenses paid by the Plan sponsor were \$12,010 in 2009 and \$10,530 in 2008.

SHAFFER DISTRIBUTING COMPANY
EMPLOYEES' PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

NOTE 8 - ALLOCATED NET ASSETS

Net assets available for benefits at December 31, 2009 and 2008, include \$7,268 and \$40,463 respectively allocated to the accounts of participants who as of or prior to those dates had terminated employment with the Plan sponsor and were awaiting distributions of their account balances.

NOTE 9 - PLAN AMENDMENTS

There were no Plan amendments in 2009 but the Plan was amended in 2008 to comply with the change in Federal law with respect to plan vesting. Prior to the change in the law a Plan participant did not fully vest until he or she had seven years of service. Currently, a participant is fully vested after six years of service.

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500, SCHEDULE H

The audited financial statements and the financial information on Schedule H, form 5500 are in agreement.

SUPPLEMENTAL SCHEDULES

SHAFFER DISTRIBUTING COMPANY
EMPLOYEES' PROFIT SHARING PLAN AND TRUST
EIN: 31-4304446 PN: 001
LINE 4i, SCHEDULE H, FORM 5500
SCHEDULE OF ASSETS HELD FOR INVESTMENT
DECEMBER 31, 2009

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
		Exchange Traded Funds and Mutual Funds:		
*	Fifth Third Bank	1,749,762 shares of Fifth Third Prime Money Market Fund	\$ 1,749,762	\$ 1,749,762
	iShares	2,000 shares iShares Barclays Tips Bond Fund	204,852	207,800
	Vanguard	18,928 shares Vanguard GNMA Fund #36	202,727	201,394
	iShares	5,000 shares MSCI Emerging Mkts Index Fund	124,100	207,500
	iShares	3,000 shares Russell 2000 Value Index Fund	148,185	174,120
	iShares	2,900 shares Russell 2000 Growth Index Fund	153,238	197,403
			<u>2,582,864</u>	<u>2,737,979</u>
		Fixed Income Securities:		
	Cisco Systems	5.25% bond due 2/22/2011, par value \$200,000	198,666	209,866
	General Electric Capital	5.45% bond due 1/15/2013, par value \$200,000	199,260	212,618
	Goldman Sachs	5.70% bond due 9/1/2012, par value \$200,000	200,520	215,132
	International Lease Fin Corp	5.0% bond due 4/15/2010, par value \$200,000	195,858	196,998
	Vodafone Group	5.75% bond due 3/15/2016, par value \$200,000	195,846	215,120
			<u>990,150</u>	<u>1,049,734</u>
		Common Stocks:		
	AFLAC	2,400 shares	128,016	111,000
	Amgen	1,200 shares	35,138	67,884
	Automatic Data Processing	2,600 shares	120,926	111,332
	Bank Amer	2,500 shares	93,813	37,650
	Becton Dickinson	800 shares	57,552	63,088
	Cisco Systems	5,000 shares	56,455	119,700
	Danaher Corp	1,800 shares	131,796	135,360
	DeVry	1,000 shares	60,013	56,730
	EMC	5,000 shares	63,538	87,350
	FPL Group	1,600 shares	73,189	84,512
	General Electric	3,900 shares	71,752	59,007
	Gilead Sciences	4,000 shares	71,735	173,080
	Google	200 shares	60,159	123,996
	Hewlett Packard	2,700 shares	73,143	139,077
	Honda Motor	7,000 shares	168,851	237,300

SHAFFER DISTRIBUTING COMPANY
EMPLOYEES' PROFIT SHARING PLAN AND TRUST
EIN: 31-4304446 PN: 001
LINE 4i, SCHEDULE H, FORM 5500
SCHEDULE OF ASSETS HELD FOR INVESTMENT
DECEMBER 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description of Investment	Cost	Current Value
	Illinois Tool	2,400 shares	128,230	115,176
	Intel	4,600 shares	86,382	93,840
	Jacobs Engr	2,400 shares	73,734	90,264
	Johnson & Johnson	1,700 shares	52,195	109,497
	Johnson Ctls	4,000 shares	56,440	108,960
	Lowes	1,400 shares	26,369	32,746
	Medtronic	1,200 shares	15,862	52,776
	Microsoft	4,000 shares	115,813	121,920
	Nasdaq OMX	2,100 shares	68,287	41,622
	Nestle	2,000 shares	79,440	97,122
	Pepsico	3,500 shares	201,009	212,800
	Pfizer	3,500 shares	61,075	63,665
	Progress Energy	1,500 shares	57,764	61,515
	Schlumberger	3,000 shares	69,873	195,270
	Syngenta	2,200 shares	83,079	123,794
	Sysco	2,700 shares	70,067	75,438
	Teva Pharmaceutical	1,500 shares	47,599	84,270
	US Bancorp	3,700 shares	89,158	83,287
	United Technologies	1,900 shares	65,616	131,879
			<u>2,714,068</u>	<u>3,502,907</u>
		Preferred Stocks:		
	BAC Cap	1,000 shares	25,520	22,157
	Entergy Arkansas	1,000 shares	25,283	25,280
	Genl Elec Capital	1,000 shares	26,900	25,040
			<u>77,703</u>	<u>72,477</u>
		Total Investments	\$ 6,364,785	\$ 7,363,097

* Denotes party in interest to the plan.

SHAFFER DISTRIBUTING COMPANY
 EMPLOYEES' PROFIT SHARING PLAN AND TRUST
 EIN: 31-4304446 PN: 001
 FORM 5500, SCHEDULE H, LINE 4j
 SCHEDULE OF REPORTABLE TRANSACTIONS
 DECEMBER 31, 2009

<u>Identity</u>	<u>Description</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Expense Incurred w/ Trans</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Trans Date</u>	<u>Net Gain or (Loss)</u>
Fifth Third Bank	Fifth Third Prime Money Market Fund 5 Sales	N/A	\$ 735,282	\$ 0	\$ 735,282	\$ 735,282	\$ 0

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan: SHAFFER DISTRIBUTING COMPANY EMPLOYEES PROFIT SHARING PLAN AND TRU



Employer Identification Number: ▶ 31-4304446

For plan year (beginning/ending): ▶ 01/01/2009 - 12/31/2009

Plan number: ▶ 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	FIFTH THIRD BANK	EXCHANGE TRADED FUNDS AND		
		MUTUAL FUNDS		2,737,979
	FIFTH THIRD BANK	FIXED INCOME SECURITIES-OTHER		
		BONDS AND NOTES		1,049,734
	FIFTH THIRD BANK	COMMON STOCKS		3,502,907
	FIFTH THIRD BANK	PREFERRED STOCKS		72,477
	FIFTH THIRD BANK	CASH		1,615
	RECEIVABLES	ACCRUED INTEREST AND DIVIDENDS		24,391