Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2012** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
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; include room or suite number (employer, if for a single-employer plan)

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.	07/31/2013	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

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

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

5	Total number of participants at the beginning of the plan year	**5**	113
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**	84
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	19
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	103
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	103
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	98
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 3H 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)** ☐ 0 **A** (Insurance Information)
- **(4)** ☒ **C** (Service Provider Information)
- **(5)** ☐ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2012
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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)

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
38 FOUNTAIN SQUARE PLAZA
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	46117	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 ☐

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2012** **This Form is Open to Public Inspection**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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	1	1
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	16606	12099
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1246840	2207890
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	643358	429054
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	101110	54798
(B) Common	1c(4)(B)	2299406	1856618
(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)	2268164	2467605
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	6575485	7028065
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6575485	7028065

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(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)		
(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)		0
(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)		
(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)		0
(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

		(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)		640097
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		640097
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	141400	
(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)		141400
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)	46117	
(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)		46117
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		187517
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		452580
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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
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)

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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 Distributions

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

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

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

EIN(s): 31-1051736 _____

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SHAFFER DISTRIBUTING COMPANY
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS

* * * * *

DECEMBER 31, 2012 AND 2011

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HIRTH
NORRIS &
GARRISON, LLP

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

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Shaffer Distributing Company Employees' Profit Sharing Plan and Trust, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, 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

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fifth Third Bank, the 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, 2012 and 2011, and the years then ended that the information provided to the Plan administrator by the trustee is complete and accurate.

2425 Old Stringtown Road • Grove City, Ohio 43123-2919
Telephone 614-875-0803 • Fax 614-875-4905 • www.hngcpa.com

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

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment and reportable transactions, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental 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 Income Security Act of 1974.

Keith Nauth & Harrison

Grove City, Ohio
June 10, 2013

SHAFFER DISTRIBUTING COMPANY
EMPLOYEES' PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2012 AND 2011

	2012	2011
ASSETS		
Cash	$ 0	$ 0
Investments – at fair value as determined by the plan investment trustee		
Money market funds	2,207,891	1,246,841
Corporate bonds	429,054	643,358
Preferred stocks	54,798	101,110
Common stocks	1,856,618	2,299,406
Equity mutual funds	1,421,883	1,244,931
Bond mutual funds	1,045,722	1,023,233
Total investments	7,015,966	6,558,879
Receivables		
Accrued interest and dividends	12,099	16,606
Total assets available for benefits	7,028,065	6,575,485
LIABILITIES	0	0
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 7,028,065	$ 6,575,485

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

SHAFFER DISTRIBUTING COMPANY
EMPLOYEES' PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

	2012	2011
INCREASES		
Employer contribution	$ 0	$ 0
Investment income		
Interest and dividends	171,192	168,350
Realized and unrealized gains and losses	468,905	(76,756)
Total increases	640,097	91,594
DECREASES		
Benefits paid	141,400	62,610
Investment advisory and management fees	46,117	43,961
Total decreases	187,517	106,571
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	452,580	(14,977)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	6,575,485	6,590,462
NET ASSETS AVAILABLE FOR BENEFITS		
End of year	$ 7,028,065	$ 6,575,485

The accompanying notes are an integral
part of these 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.

NOTE 1 - DESCRIPTION OF THE RETIREMENT PLAN (Continued)

Vesting

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

Years of Service	Percentage
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, 2012 and 2011, forfeited nonvested accounts totaled $5,095 and $2,611 respectively. This amount will be reallocated in the future to participants in the same manner as Plan sponsor contributions. In 2012 and 2011 forfeitures of $0 and $2,611 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 investments 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 income is recognized as earned and dividends are recognized on the ex-dividend date.

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

FASB Codification Standard 820-10, Fair Value Measurements and Disclosures, 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.

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.

	Fair Value	Level 1 inputs	Level 2 inputs	Level 3 inputs
December 31, 2012				
Money market funds	$ 2,207,891	$ 2,207,891	$ 0	$ 0
Corporate bonds	429,054	429,054	0	0
Preferred stocks	54,798	54,798	0	0
Common stocks	1,856,618	1,856,618	0	0
Equity mutual funds	1,421,883	1,421,883	0	0
Bond mutual funds	1,045,722	1,045,722	0	0
Total	$ 7,015,966	$ 7,015,966	$ 0	$ 0

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

	Fair Value	Level 1 inputs	Level 2 inputs	Level 3 inputs
December 31, 2011				
Money market funds	$ 1,246,841	$ 1,246,841	$ 0	$ 0
Corporate bonds	643,358	643,358	0	0
Preferred stocks	101,110	101,110	0	0
Common stocks	2,299,406	2,299,406	0	0
Equity mutual funds	1,244,931	1,244,931	0	0
Bond mutual funds	1,023,233	1,023,233	0	0
Total	$ 6,558,879	$ 6,558,879	$ 0	$ 0

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.

The following represents investments that were 5 percent or more of the Plan's net assets:

	2012	2011
Fifth Third Prime Money Market	$2,207,891	$1,246,840

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. The Plan Administrator believes the Plan continues to operate as designed.

The Plan does not believe there are currently any tax positions which have a reasonable possibility of change from taxing authorities. Accrued interest and penalties with uncertain tax positions, if any, are recognized as part of administrative expenses. There were no taxes or accrued interest or penalties related to the tax positions of the Plan as of December 31, 2012.

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 $8,870 in 2012 and $9,243 in 2011.

NOTE 8 - ALLOCATED NET ASSETS

Net assets available for benefits at December 31, 2012 and 2011, include $35,518 and $39,122 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 AND SUBSEQUENT EVENTS

There were no amendments to the Plan in 2012 and 2011.

Subsequent events were evaluated through June 10, 2013, which is the date the financial statements were available to be distributed.

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.

SHAFFER DISTRIBUTING COMPANY
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

SUPPLEMENTAL SCHEDULES

* * * * *

DECEMBER 31, 2012

SHAFFER DISTRIBUTING CO. EMPLOYEES' PROFIT SHARING PLAN
EIN: 31-4304446 PN: 001
FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT
DECEMBER 31, 2012

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES	COST	CURRENT VALUE
Money Market Funds					
Fifth Third Prime Money Market Fund			2,207,891	$ 2,207,891	$ 2,207,891
Corporate Bonds					
General Electric Capital	5.450%	1/15/2013	200,000	199,260	200,344
Vodafone Group	5.750%	3/15/2016	200,000	195,846	228,710
Total corporate bonds				$ 395,106	$ 429,054
Preferred Stocks					
Genl Electric Capital Corp	6.625%	6/28/2032	173	4,654	4,328
HSBC Hldgs			1,000	22,638	25,030
JPM Chase Cap XIV	6.200%	10/15/2034	1,000	23,960	25,440
Total preferred stocks				$ 51,252	$ 54,798
Common Stocks					
Ace Limited			1,100	66,880	87,780
Air Prods & Chems Inc			800	68,911	67,216
American Express Co			1,300	63,583	74,724
Amgen			1,200	35,137	103,440
Comcast Corp Cl A			2,000	43,380	74,720
Duke Energy Corp			1,400	68,414	89,320
EMC			2,500	31,769	63,250
Ecolab Inc			1,300	63,873	93,470
General Electric Co			3,900	71,752	81,861
Google Inc Cl A			200	60,159	141,476
Johnson & Johnson			1,700	52,195	119,170
Medtronic Inc			1,200	15,863	49,224
Microsoft Corp			4,000	115,813	106,839
Nextera Energy Inc			1,300	61,379	89,947
Pepsico Inc			1,500	86,147	102,645
Pfizer Inc			5,700	98,959	142,952
Procter & Gamble Co			1,100	66,759	74,679
Rogers Communications Inc			2,000	68,259	91,040
US Bancorp Del			2,500	64,500	79,850
United Technologies Corp			1,500	51,802	123,015
Total common stocks				$ 1,255,534	$ 1,856,618
Equity Mutual Funds					
Ishares MSCI Emerging Mkts			4,000	$ 99,280	$ 177,400
Ishares Russell 2000 Value Index Fund			3,000	148,185	226,530
Ishares Russsell 2000 Growth Index Fund			2,900	153,238	276,399
Ishares MSCI EAFE Sm Cap Index			3,000	124,940	122,130
Ishares S&P Pfd Stk Index Fund			5,300	202,445	209,986
The Merger Fund			8,100	126,927	128,223
SPDR Intl Real Estate			3,300	132,759	136,455
Vanguard Reit ETF			2,200	124,762	144,760
Total equity mutual funds				$ 1,112,536	$ 1,421,883

SHAFFER DISTRIBUTING CO. EMPLOYEES' PROFIT SHARING PLAN
EIN: 31-4304446 PN: 001
FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT
DECEMBER 31, 2012

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES	COST	CURRENT VALUE
Bond Mutual Funds					
Eaton Vance Mutual Funds			15,000	128,700	136,800
Ishares Barclays Tips Bond Fund			2,000	204,852	242,820
Ishares Barclays 1-3 Year Credit			2,000	208,534	210,960
Vanguard BD Index Fund			2,500	200,700	220,625
Vanguard GNMA Fund #536			21,496	230,784	234,517
Total bond mutaul funds				$ 973,570	$ 1,045,722
Total investments				$ 5,995,889	$ 7,015,966

SHAFFER DISTRIBUTING COMPANY
EMPLOYEES' PROFIT SHARING PLAN AND TRUST
EIN: 31-4304446 PN: 001
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2012

Identity	Description	Purchase Price	Selling Price	Expense Incurred w/ Trans	Cost of Asset	Current Value of Asset on Trans Date	Net Gain or (Loss)
CATEGORY (iii) – A SERIES OF TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS							
Fifth Third Bank	Fifth Third Prime Money Market Fund 5 sales	$ -	$ 1,311,347	$ 0	$ 1,311,347	$ 1,311,347	$ 0
Fifth Third Bank	Federated Prime Value Obligations Fund 4 purchases	$ 2,207,890	$ -	$ 0	$ 2,207,890	$ 2,207,890	$ 0

There were no category (i), (ii) or (iv) reportable transactions during the year ended December 31, 2012.
*Denotes a party-in-interest investment.

SHAFFER DISTRIBUTING COMPANY
EMPLOYEES' PROFIT SHARING PLAN AND TRUST
EIN: 31-4304446 PN: 001
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2012

Identity	Description	Purchase Price	Selling Price	Expense Incurred w/ Trans	Cost of Asset	Current Value of Asset on Trans Date	Net Gain or (Loss)
CATEGORY (iii) – A SERIES OF TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS							
Fifth Third Bank	Fifth Third Prime Money Market Fund 5 sales	$ -	$ 1,311,347	$ 0	$ 1,311,347	$ 1,311,347	$ 0
Fifth Third Bank	Federated Prime Value Obligations Fund 4 purchases	$ 2,207,890	$ -	$ 0	$ 2,207,890	$ 2,207,890	$ 0

There were no category (i), (ii) or (iv) reportable transactions during the year ended December 31, 2012.
*Denotes a party-in-interest investment.

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

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

►

Employer Identification Number:► 31-4304446

For plan year (beginning/ending):► 01/01/2012 - 12/31/2012 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		2,467,605
	FIFTH THIRD BANK	FIXED INCOME SECURITIES-OTHER		
		BONDS AND NOTES		429,054
	FIFTH THIRD BANK	COMMON STOCKS		1,856,618
	FIFTH THIRD BANK	PREFERED STOCKS		54,798
	FIFTH THIRD BANK	PRIME MONEY MARKET		2,207,890
	FIFTH THIRD BANK	CASH		1
	RECEIVABLES	ACCRUED INTEREST AND DIVIDENDS		12,099
				7,028,065

SHAFFER DISTRIBUTING CO. EMPLOYEES' PROFIT SHARING PLAN
EIN: 31-4304446 PN: 001
FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT
DECEMBER 31, 2012

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES	COST	CURRENT VALUE
Money Market Funds					
Fifth Third Prime Money Market Fund			2,207,891	$ 2,207,891	$ 2,207,891
Corporate Bonds					
General Electric Capital	5.450%	1/15/2013	200,000	199,260	200,344
Vodafone Group	5.750%	3/15/2016	200,000	195,846	228,710
Total corporate bonds				$ 395,106	$ 429,054
Preferred Stocks					
Genl Electric Capital Corp	6.625%	6/28/2032	173	4,654	4,328
HSBC Hldgs			1,000	22,638	25,030
JPM Chase Cap XIV	6.200%	10/15/2034	1,000	23,960	25,440
Total preferred stocks				$ 51,252	$ 54,798
Common Stocks					
Ace Limited			1,100	66,880	87,780
Air Prods & Chems Inc			800	68,911	67,216
American Express Co			1,300	63,583	74,724
Amgen			1,200	35,137	103,440
Comcast Corp Cl A			2,000	43,380	74,720
Duke Energy Corp			1,400	68,414	89,320
EMC			2,500	31,769	63,250
Ecolab Inc			1,300	63,873	93,470
General Electric Co			3,900	71,752	81,861
Google Inc Cl A			200	60,159	141,476
Johnson & Johnson			1,700	52,195	119,170
Medtronic Inc			1,200	15,863	49,224
Microsoft Corp			4,000	115,813	106,839
Nextera Energy Inc			1,300	61,379	89,947
Pepsico Inc			1,500	86,147	102,645
Pfizer Inc			5,700	98,959	142,952
Procter & Gamble Co			1,100	66,759	74,679
Rogers Communications Inc			2,000	68,259	91,040
US Bancorp Del			2,500	64,500	79,850
United Technologies Corp			1,500	51,802	123,015
Total common stocks				$ 1,255,534	$ 1,856,618
Equity Mutual Funds					
Ishares MSCI Emerging Mkts			4,000	$ 99,280	$ 177,400
Ishares Russell 2000 Value Index Fund			3,000	148,185	226,530
Ishares Russsell 2000 Growth Index Fund			2,900	153,238	276,399
Ishares MSCI EAFE Sm Cap Index			3,000	124,940	122,130
Ishares S&P Pfd Stk Index Fund			5,300	202,445	209,986
The Merger Fund			8,100	126,927	128,223
SPDR Intl Real Estate			3,300	132,759	136,455
Vanguard Reit ETF			2,200	124,762	144,760
Total equity mutual funds				$ 1,112,536	$ 1,421,883

SHAFFER DISTRIBUTING CO. EMPLOYEES' PROFIT SHARING PLAN
EIN: 31-4304446 PN: 001
FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT
DECEMBER 31, 2012

	INTEREST RATE	MATURITY DATE	NUMBER OF SHARES	COST	CURRENT VALUE
Bond Mutual Funds					
Eaton Vance Mutual Funds			15,000	128,700	136,800
Ishares Barclays Tips Bond Fund			2,000	204,852	242,820
Ishares Barclays 1-3 Year Credit			2,000	208,534	210,960
Vanguard BD Index Fund			2,500	200,700	220,625
Vanguard GNMA Fund #536			21,496	230,784	234,517
Total bond mutaul funds				$ 973,570	$ 1,045,722
Total investments				$ 5,995,889	$ 7,015,966