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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

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 ☐ 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
NORTHERN OHIO PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 12/11/1959

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

LAKE ERIE CONSTRUCTION

P. O. BOX 777
NORWALK, OH 44857

2b Employer Identification Number (EIN) 34-1262474

2c Sponsor's telephone number 419-668-3302

2d Business code (see instructions) 237990

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.	03/21/2014	JAYSEN MERCER
	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 [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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**	161
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**	148
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	23
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	171
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	171
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	151
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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

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)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **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 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). ▶ **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	**B** Three-digit plan number (PN) ▶
NORTHERN OHIO PROFIT SHARING PLAN AND TRUST	333

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
LAKE ERIE CONSTRUCTION	34-1262474

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)

FAIRHOLME FUNDS

4400 BISCAYNE BLVD.
MIAMI, FL 33137

(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?
52	MUTUAL FUND MANAGER	0	Yes [X] No [ ]	Yes [ ] No [X]	5110	Yes [X] No [ ]

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

FIRST EAGLE OVERSEAS FUND

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

(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?
52	MUTUAL FUND MANAGER	0	Yes [X] No [ ]	Yes [ ] No [X]	9790	Yes [X] No [ ]

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

JANUS TRITON FUND

DETROIT ST.
DENVER, CO 80206-4805

(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?
52	MUTUAL FUND MANAGER	0	Yes [X] No [ ]	Yes [ ] No [X]	5413	Yes [X] 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)

PIMCO TOTAL RETURN FUND INSTL CLASS

840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

(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?
52	MUTUAL FUND MANAGER	0	Yes [X] No [ ]	Yes [ ] No [X]	5313	Yes [X] No [ ]

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

DOUBLELINE TOTAL RETURN BOND FUND

333 SOUTH GRAND AVE., SUITE 1800
LOS ANGELES, CA 90071

(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?
52	MUTUAL FUND MANAGER	0	Yes [X] No [ ]	Yes [ ] No [X]	20652	Yes [X] No [ ]

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

VIRTUS EMERGING MARKETS FUND

101 MUNSON ST.
GREENFIELD, MA 01301

(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?
52	MUTUAL FUND MANAGER	0	Yes [X] No [ ]	Yes [ ] No [X]	14355	Yes [X] 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)

FIDELITY GNMA FUND

245 SUMMER ST.
BOSTON, MA 02210

(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?
52	MUTUAL FUND MANAGER	0	Yes [X] No [ ]	Yes [ ] No [X]	6562	Yes [X] No [ ]

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

HUSSMAN STRATEGIC TOTAL RETURN FUND

225 PICTORIA DR., SUITE 450
CINCINNATI, OH 45246

(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?
52	MUTUAL FUND MANAGER	0	Yes [X] No [ ]	Yes [ ] No [X]	8307	Yes [X] No [ ]

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

YACKTMAN FOCUSED FUND

6300 BRIDGEPORT PARKWAY, BUILDING 1
SUITE 500
AUSTIN, TX 78730

(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?
52	MUTUAL FUND MANAGER	0	Yes [X] No [ ]	Yes [ ] No [X]	13901	Yes [X] 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

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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

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
NORTHERN OHIO PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
LAKE ERIE CONSTRUCTION

D Employer Identification Number (EIN)
34-1262474

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2462364	397384
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	9290844	1184580
(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)	11072606	22382181
(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	22825814	23964145
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	4073	
k Total liabilities (add all amounts in lines 1g through1j)	1k	4073	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	22821741	23964145

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)	1358623	
(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)		1358623
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	61	
(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)		61
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	959583	
(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)		959583
(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)		820127
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3138394
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1985332	
(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)		1985332
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)	10658	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		10658
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1995990
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1142404
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) [X] 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 [X] No

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

(1) Name: PAYNE NICKLES & COMPANY **(2)** EIN: 34-1664586

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
NORTHERN OHIO PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
LAKE ERIE CONSTRUCTION

D Employer Identification Number (EIN)
34-1262474

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): 34-1829910

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):

NORTHERN OHIO
PROFIT SHARING PLAN

FINANCIAL STATEMENTS
WITH SUPPLEMENTARY INFORMATION

YEARS ENDED DECEMBER 31, 2012 AND 2011

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Payne Nickles & Company
Certified Public Accountants and Business Advisors

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
of **Northern Ohio Profit Sharing Plan**
Norwalk, Ohio

Report on the Financial Statements

We have audited the accompanying financial statements of **Northern Ohio Profit Sharing Plan,** 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of **Northern Ohio Profit Sharing Plan** as of December 31, 2012 and 2011, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes and schedule of reportable transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Payne, Nickles & Company

Norwalk, Ohio
October 4, 2013

NORTHERN OHIO
PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits
December 31

Assets	**2012**	2011
Investments:		
Mutual funds, at fair value	**$22,382,181**	$11,072,606
Common stocks, at fair value	**1,184,580**	9,290,844
Total investments	**23,566,761**	20,363,450
Receivables:		
Employer contributions	**1,472,966**	1,358,623
Cash, interest-bearing	**397,384**	2,462,364
Total assets	**25,437,111**	24,184,437
Withheld taxes payable	**-**	(4,073)
Net assets available for benefits	**$25,437,111**	$24,180,364

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

NORTHERN OHIO
PROFIT SHARING PLAN

Statements of Changes in Net Assets Available for Benefits
For the years ended December 31

	2012	2011
Additions:		
Additions to net assets attributed to:		
Investment income:		
Interest	**$ 61**	$ 11,222
Dividends	**959,583**	617,571
	959,644	628,793
Net appreciation (depreciation) in fair market value of investments	**820,127**	(560,466)
Employer contributions	**1,472,966**	1,358,623
Total additions	**3,252,737**	1,426,950
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants	**1,985,332**	1,006,588
Administrative expenses	**10,658**	4,595
Total deductions	**1,995,990**	1,011,183
Net increase (decrease) in net assets available for benefits	**1,256,747**	415,767
Net assets available for benefits beginning of year	**24,180,364**	23,764,597
Net assets available for benefits end of year	**$25,437,111**	$24,180,364

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

NORTHERN OHIO
PROFIT SHARING PLAN

Notes to Financial Statements
For the years ended December 31, 2012 and 2011

1. Description of the plan

The following description of the Northern Ohio Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

Effective March 1, 1993, the Lake Erie Construction Company Profit Sharing Plan and Trust was renamed the Northern Ohio Profit Sharing Plan and Trust. At that same date the Plan was amended and restated in its entirety to become a multiple employer plan and to change its year end to December 31. The Plan was subsequently amended and restated, effective October 15, 2008, and renamed the Northern Ohio Profit Sharing Plan. The restated plan allows for non-elective contributions to three separate groups of participants in such proportion that each participant's compensation bears to the total compensation of all participants within each group or in equal amounts or percentages of compensation for that group. At December 31, 2007, the following companies are adopting employers of the Plan (the Companies): Lake Erie Construction Company, Maple City Development Company, and Firelands Supply Company.

On November 30, 2011, the Northern Ohio Profit Sharing Plan was amended for Plan years beginning after December 31, 2010 (2011 Plan year) to include American Highway Safety, LLC as an adopting employer of the Plan. All other terms and provisions of the Plan remained the same.

The Plan is a defined contribution plan covering all full-time employees of the Companies who have one year of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Plan provides for annual contributions in such amounts as the Companies shall determine, but not to exceed limitations imposed by the Internal Revenue Code, and allows for participant contributions in the form of rollover amounts from other qualified plans. All contributions to the Plan are nonparticipant-directed. The Plan provides for vesting with the participants at the rate of 20% after two years of service, increasing 20% per year thereafter.

1. Description of the plan - continued

Participant accounts

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

Forfeited accounts

Forfeitures of terminated participants' nonvested accounts amounted to $16,282 and $16,801 for 2012 and 2011, respectively.

Payment of benefits

On termination of service, a participant may elect to receive either a lump-sum amount equal to the vested balance of his or her account, or annual installments over a period of life expectancy, as set forth in the Plan. Any participant who has completed at least six years of service with the Company may withdraw all or any portion of his vested interest in his account, within the limitations and conditions set forth in the Plan.

2. Summary of significant accounting policies

Basis of accounting

Accounting records are maintained by the Trustee on the cash basis. The financial statements herein include all material adjustments necessary to place the financial statements on the accrual basis of accounting. The Annual Return/Report of Employee Benefit Plan is filed on the cash basis.

Use of estimates

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

Financial instruments - concentration of credit risk

The Plan places its temporary cash investments with financial institutions in amounts which may exceed the federally insured deposit limits.

2. Summary of significant accounting policies - continued

Investment valuation and income recognition

Investment transactions are recorded by the Trustee on the trade-date basis. Investments owned are reflected in the statement of net assets available for plan benefits at market value based on quoted market prices. See financial schedules for a list of investments held at December 31, 2012, and any reportable transactions required to be disclosed.

Changes in unrealized appreciation (depreciation) of investments are reflected currently in net appreciation (depreciation) in fair market value of investments in the accompanying statements of changes in net assets available for benefits. Realized gains and losses are determined based on the original cost of the assets and are also included in net appreciation (depreciation) in fair market value of investments in the accompanying statements of changes in net assets available for benefits.

Administrative expenses

Certain administrative functions are performed by officers or employees of the Companies. No such officer or employee receives compensation from the Plan. Certain administrative expenses are paid directly by the Companies.

Payment of benefits

Benefits are recorded when paid.

Subsequent events

Management has evaluated subsequent events through October 4, 2013 the date the financial statements were available to be issued.

3. Risks and uncertainties

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

4. Tax determination

The Plan obtained its latest determination letter on May 4, 2009, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2009.

5. Plan termination

Although it has not expressed any intent to do so, the Companies have the right under the Plan to discontinue their contributions at any time or to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their accounts and each participant and beneficiary will be paid the amount of his or her account balance in the Plan in a lump sum.

6. Fair value measurements

FASB ASC 820 establishes that fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (exit price) and establishes a fair value hierarchy based upon the inputs used to measure fair value. The three levels of the fair value hierarchy defined by FASB ASC 820 are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices in active markets that are accessible at the measurement date for identical unrestricted assets or liabilities (for example, exchange quoted prices).

Level 2 - Inputs to the valuation methodology are observable inputs, other than Level 1 prices, such as quoted prices for similar assets or liabilities in active markets, quoted prices in markets that are not sufficiently active to qualify as Level 1, other observable inputs, or inputs that can be corroborated by observable market data for substantially the full term of the assets or liabilities.

6. Fair value measurements - continued

Level 3 - Inputs to the valuation methodology are significant to the fair value measurement and unobservable (for example, supported by little or no market activity).

As required by FASB ASC 820, financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of the fair value of assets and liabilities and their placement within the fair value hierarchy levels. The Plan's investments accounted for at fair value as of December 31, 2012 are summarized below:

Level 1 inputs:	2012	2011
Mutual funds	$22,382,181	$11,072,606
Common stocks	1,184,580	9,290,844
	$23,566,761	$20,363,450

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2012.

Mutual funds and common stocks are valued at the net asset value of shares held by the Plan at year end.

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

Gains and losses (realized and unrealized) are included in net appreciation (depreciation) in fair market value of investments in the statement of changes in net assets available for benefits for the years ended December 31, 2012 and 2011.

7. Schedule of investments

The following table presents investments, all of which are nonparticipant-directed, which represent five percent or more of the Plan's net assets available for benefits at the beginning of their respective year ends.

Issuer	Description	No. of Units	Fair Value December 31 2012	2011
Mutual Funds:				
Doubleline Total Return	Bond Fund I	441,213	4,998,945	-
Fidelity Funds	Ginne Mae Portfolio	112,811	1,324,395	-
Permanent Portfolio Fund	Permanent Fund	48,040	-	2,214,154
Pimco Funds	Total Return Fund	186,040	2,091,088	-
Vanguard Funds	Wellesley Income Fund	96,201	2,319,397	-
Virtus	Emerging Markets Oppty I	127,006	1,309,429	-
Cash, interest-bearing:				
TD Ameritrade	Cash & Money Market	2,462,364	-	2,462,364

During 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $820,127 as follows:

Mutual funds	$632,652
Common stocks	187,475
	$820,127

8. Reconciliation to Form 5500

As discussed in Note 2, the Plan's financial statements are presented on the accrual basis of accounting and the Annual Return/Report of Employee Benefit Plan (Form 5500) is prepared and filed on the cash basis of accounting. The following schedule reconciles the differences between those two methods as of and for the year ended December 31, 2012 and the differences in classifications of investment income, gains and losses for the year ended December 31, 2012.

	Per financial statements	Adjustments to cash basis	Reclassifications to Form 5500 Presentation	Per Form 5500
Investments:				
Mutual funds and common stocks	$23,566,761	$ -	$ -	$23,566,761
Receivables:				
Employer contributions	1,472,966	(1,472,966)	-	-
Cash	397,384	-	-	397,384
Net assets available for benefits	$25,437,111	$(1,472,966)	$ -	$23,964,145
Additions to net assets:				
Investment income:				
Interest	$ 61	$ -	$ -	$ 61
Dividends	959,583	-	-	959,583
Net appreciation	820,127	-	(820,127)	-
Employer contributions	1,472,966	(114,343)	-	1,358,623
Net investment gain from registered investment companies	-	-	820,127	820,127
Deductions from net assets:				
Benefits paid	(1,985,332)	-	-	(1,985,332)
Administrative expenses	(10,658)	-	-	(10,658)
Net increase (decrease) in net assets available for benefits	$ 1,256,747	$ (114,343)	$ -	$ 1,142,404

SUPPLEMENTARY INFORMATION

SCHEDULE H
FORM 5500 **FINANCIAL SCHEDULES** **2012**

Plan: NORTHERN OHIO PROFIT SHARING PLAN Plan # 333
Sponsor: LAKE ERIE CONSTRUCTION COMPANY Employer ID # 34-1262474

Schedule of Assets Held for Investment Purposes At End of Year - Line 4i

(a)	(b) Identity of issue	(c) Description of investment	(d) Cost	(e) Current value
	TD AMERITRADE MONEY MARKET	397,384 UNITS	397,384	397,384
	BERKSHIRE HATHAWAY, INC. CLASS B	7,000 SHARES	578,972	627,900
	MARKET VECTORS GOLD MINERS ETF	12,000 UNITS	634,144	556,680
	PIMCO FUNDS ALL ASSET CL D	80,461 UNITS	1,026,343	1,010,585
	VIRTUS FUNDS EMERGING MKTS OPPTY	48,780 UNITS	478,006	502,927
	AMERICAN CENTURY LIVESTRONG ONE CHOICE FD	89,629 UNITS	1,018,912	1,019,977
	AMERICAN CENTURY BAL FD INV	30,575 UNITS	521,756	520,695
	DOUBLELINE TOTAL RETURN BOND I	441,213 UNITS	4,930,273	4,998,945
	FAIRHOLME FUNDS COMMON	16,554 UNITS	500,446	520,467
	FIDELITY FUNDS GINNE MAE PRTF	112,811 UNITS	1,343,465	1,324,395
	FIRST EAGLE SOGEN FDS OVERSEAS CLASS I	52,902 UNITS	1,178,783	1,182,894
	FPA CRESCENT PORTFOLIO	17,955 UNITS	504,272	525,902
	HUSSMAN INVT TR STRAT TOTAL RET FD	95,289 UNITS	1,204,204	1,153,946
	JAMES ADVANTAGE FUNDS GOLDEN RAINBOW FD	24,115 UNITS	509,469	523,054
	MANAGERS AMG YACKTMAN FOCUSED FD	36,164 UNITS	706,202	742,086
	PIMCO FUNDS TOTAL RETURN FD INSTL	186,040 UNITS	2,101,784	2,091,088
	PROFESSIONALLY MGD PTFL VILLERE BALANCED	25,698 UNITS	511,763	545,048
	T ROWE PRICE CAP APPRECIAT SH BEN INT	46,693 UNITS	1,061,056	1,038,921
	VANGUARD BALANCED INDEX FD	21,954 UNITS	508,143	521,634
	VANGUARD WELLESLEY INCOME FD	96,201 UNITS	2,248,552	2,319,397
	VANGUARD WELLINGTON FD INC	15,685 UNITS	518,037	530,791
	VIRTUS FUNDS EMERGING MKTS OPPTY 1	127,006 UNITS	1,244,544	1,309,429

Plan: NORTHERN OHIO PROFIT SHARING PLAN Plan # 333

Sponsor: LAKE ERIE CONSTRUCTION COMPANY Employer ID # 34-1262474

Schedule of Reportable Transactions - Line 4j

(a) Identity of party	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred w/ transaction	(g) Cost of asset	(h) Current value of asset on trans. date	(i) Net gain or (loss)
TD AMERI-TRADE	CASH/MONEY MARKET							
	AGGREGATE WITHDRAWALS	N/A	39,892,691	N/A	N/A	39,892,691	39,892,691	0
	AGGREGATE DEPOSITS	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TD AMERI-TRADE	DOUBLELINE TOTAL RETURN BOND I							
	AGGREGATE SALES	N/A	N/A	N/A	N/A	N/A	N/A	0
	AGGREGATE PURCHASES	3,844,908	N/A	N/A	N/A	N/A	3,844,908	N/A
TD AMERI-TRADE	PIMCO TOTAL RETURN FD INSTL							
	AGGREGATE SALES	N/A	N/A	N/A	N/A	N/A	N/A	0
	AGGREGATE PURCHASES	2,101,784	N/A	N/A	N/A	N/A	2,101,784	N/A
TD AMERI-TRADE	ISHARES BARCLAYS 20+ YR TRE							
	AGGREGATE SALES	N/A	1,258,909	N/A	N/A	1,279,650	1,258,909	(20,741)
	AGGREGATE PURCHASES	1,279,650	N/A	N/A	N/A	N/A	1,279,650	N/A
TD AMERI-TRADE	JANUS TRITON FD CL T							
	AGGREGATE SALES	N/A	1,921,686	N/A	N/A	1,950,000	1,921,686	(28,314)
	AGGREGATE PURCHASES	1,950,000	N/A	N/A	N/A	N/A	1,950,000	N/A
TD AMERI-TRADE	PERMANENT PERM PORTFOLIO							
	AGGREGATE SALES	N/A	2,267,958	N/A	N/A	2,207,759	2,267,958	60,199
	AGGREGATE PURCHASES	2,207,759	N/A	N/A	N/A	N/A	2,207,759	N/A
TD AMERI-TRADE	PIMCO TOTAL RETURN ETF							
	AGGREGATE SALES	N/A	2,727,926	N/A	N/A	2,699,680	2,727,926	28,246
	AGGREGATE PURCHASES	2,699,680	N/A	N/A	N/A	N/A	2,699,680	N/A
TD AMERI-TRADE	USAA INCOME FD							
	AGGREGATE SALES	N/A	1,804,424	N/A	N/A	1,791,363	1,804,424	13,061
	AGGREGATE PURCHASES	1,791,363	N/A	N/A	N/A	N/A	1,791,363	N/A
TD AMERI-TRADE	YACKTMAN FOCUSED FUND							
	AGGREGATE SALES	N/A	1,450,000	N/A	N/A	1,363,046	1,450,000	86,954
	AGGREGATE PURCHASES	1,363,046	N/A	N/A	N/A	N/A	1,363,046	N/A

NORTHERN OHIO
PROFIT SHARING PLAN

FINANCIAL STATEMENTS
WITH SUPPLEMENTARY INFORMATION

YEARS ENDED DECEMBER 31, 2012 AND 2011

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Payne Nickles & Company
Certified Public Accountants and Business Advisors

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
of **Northern Ohio Profit Sharing Plan**
Norwalk, Ohio

Report on the Financial Statements

We have audited the accompanying financial statements of **Northern Ohio Profit Sharing Plan,** 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of **Northern Ohio Profit Sharing Plan** as of December 31, 2012 and 2011, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes and schedule of reportable transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Payne, Nickles & Company

Norwalk, Ohio
October 4, 2013

NORTHERN OHIO
PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits
December 31

Assets	**2012**	2011
Investments:		
Mutual funds, at fair value	**$22,382,181**	$11,072,606
Common stocks, at fair value	**1,184,580**	9,290,844
Total investments	**23,566,761**	20,363,450
Receivables:		
Employer contributions	**1,472,966**	1,358,623
Cash, interest-bearing	**397,384**	2,462,364
Total assets	**25,437,111**	24,184,437
Withheld taxes payable	**-**	(4,073)
Net assets available for benefits	**$25,437,111**	$24,180,364

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

NORTHERN OHIO
PROFIT SHARING PLAN

Statements of Changes in Net Assets Available for Benefits
For the years ended December 31

	2012	2011
Additions:		
Additions to net assets attributed to:		
Investment income:		
Interest	**$ 61**	$ 11,222
Dividends	**959,583**	617,571
	959,644	628,793
Net appreciation (depreciation) in fair market value of investments	**820,127**	(560,466)
Employer contributions	**1,472,966**	1,358,623
Total additions	**3,252,737**	1,426,950
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants	**1,985,332**	1,006,588
Administrative expenses	**10,658**	4,595
Total deductions	**1,995,990**	1,011,183
Net increase (decrease) in net assets available for benefits	**1,256,747**	415,767
Net assets available for benefits beginning of year	**24,180,364**	23,764,597
Net assets available for benefits end of year	**$25,437,111**	$24,180,364

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

NORTHERN OHIO
PROFIT SHARING PLAN

Notes to Financial Statements
For the years ended December 31, 2012 and 2011

1. Description of the plan

The following description of the Northern Ohio Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

Effective March 1, 1993, the Lake Erie Construction Company Profit Sharing Plan and Trust was renamed the Northern Ohio Profit Sharing Plan and Trust. At that same date the Plan was amended and restated in its entirety to become a multiple employer plan and to change its year end to December 31. The Plan was subsequently amended and restated, effective October 15, 2008, and renamed the Northern Ohio Profit Sharing Plan. The restated plan allows for non-elective contributions to three separate groups of participants in such proportion that each participant's compensation bears to the total compensation of all participants within each group or in equal amounts or percentages of compensation for that group. At December 31, 2007, the following companies are adopting employers of the Plan (the Companies): Lake Erie Construction Company, Maple City Development Company, and Firelands Supply Company.

On November 30, 2011, the Northern Ohio Profit Sharing Plan was amended for Plan years beginning after December 31, 2010 (2011 Plan year) to include American Highway Safety, LLC as an adopting employer of the Plan. All other terms and provisions of the Plan remained the same.

The Plan is a defined contribution plan covering all full-time employees of the Companies who have one year of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Plan provides for annual contributions in such amounts as the Companies shall determine, but not to exceed limitations imposed by the Internal Revenue Code, and allows for participant contributions in the form of rollover amounts from other qualified plans. All contributions to the Plan are nonparticipant-directed. The Plan provides for vesting with the participants at the rate of 20% after two years of service, increasing 20% per year thereafter.

1. Description of the plan - continued

Participant accounts

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

Forfeited accounts

Forfeitures of terminated participants' nonvested accounts amounted to $16,282 and $16,801 for 2012 and 2011, respectively.

Payment of benefits

On termination of service, a participant may elect to receive either a lump-sum amount equal to the vested balance of his or her account, or annual installments over a period of life expectancy, as set forth in the Plan. Any participant who has completed at least six years of service with the Company may withdraw all or any portion of his vested interest in his account, within the limitations and conditions set forth in the Plan.

2. Summary of significant accounting policies

Basis of accounting

Accounting records are maintained by the Trustee on the cash basis. The financial statements herein include all material adjustments necessary to place the financial statements on the accrual basis of accounting. The Annual Return/Report of Employee Benefit Plan is filed on the cash basis.

Use of estimates

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

Financial instruments - concentration of credit risk

The Plan places its temporary cash investments with financial institutions in amounts which may exceed the federally insured deposit limits.

2. Summary of significant accounting policies - continued

Investment valuation and income recognition

Investment transactions are recorded by the Trustee on the trade-date basis. Investments owned are reflected in the statement of net assets available for plan benefits at market value based on quoted market prices. See financial schedules for a list of investments held at December 31, 2012, and any reportable transactions required to be disclosed.

Changes in unrealized appreciation (depreciation) of investments are reflected currently in net appreciation (depreciation) in fair market value of investments in the accompanying statements of changes in net assets available for benefits. Realized gains and losses are determined based on the original cost of the assets and are also included in net appreciation (depreciation) in fair market value of investments in the accompanying statements of changes in net assets available for benefits.

Administrative expenses

Certain administrative functions are performed by officers or employees of the Companies. No such officer or employee receives compensation from the Plan. Certain administrative expenses are paid directly by the Companies.

Payment of benefits

Benefits are recorded when paid.

Subsequent events

Management has evaluated subsequent events through October 4, 2013 the date the financial statements were available to be issued.

3. Risks and uncertainties

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

4. Tax determination

The Plan obtained its latest determination letter on May 4, 2009, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2009.

5. Plan termination

Although it has not expressed any intent to do so, the Companies have the right under the Plan to discontinue their contributions at any time or to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their accounts and each participant and beneficiary will be paid the amount of his or her account balance in the Plan in a lump sum.

6. Fair value measurements

FASB ASC 820 establishes that fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (exit price) and establishes a fair value hierarchy based upon the inputs used to measure fair value. The three levels of the fair value hierarchy defined by FASB ASC 820 are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices in active markets that are accessible at the measurement date for identical unrestricted assets or liabilities (for example, exchange quoted prices).

Level 2 - Inputs to the valuation methodology are observable inputs, other than Level 1 prices, such as quoted prices for similar assets or liabilities in active markets, quoted prices in markets that are not sufficiently active to qualify as Level 1, other observable inputs, or inputs that can be corroborated by observable market data for substantially the full term of the assets or liabilities.

6. Fair value measurements - continued

Level 3 - Inputs to the valuation methodology are significant to the fair value measurement and unobservable (for example, supported by little or no market activity).

As required by FASB ASC 820, financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of the fair value of assets and liabilities and their placement within the fair value hierarchy levels. The Plan's investments accounted for at fair value as of December 31, 2012 are summarized below:

Level 1 inputs:	2012	2011
Mutual funds	$22,382,181	$11,072,606
Common stocks	1,184,580	9,290,844
	$23,566,761	$20,363,450

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2012.

Mutual funds and common stocks are valued at the net asset value of shares held by the Plan at year end.

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

Gains and losses (realized and unrealized) are included in net appreciation (depreciation) in fair market value of investments in the statement of changes in net assets available for benefits for the years ended December 31, 2012 and 2011.

7. Schedule of investments

The following table presents investments, all of which are nonparticipant-directed, which represent five percent or more of the Plan's net assets available for benefits at the beginning of their respective year ends.

Issuer	Description	No. of Units	Fair Value December 31 2012	2011
Mutual Funds:				
Doubleline Total Return	Bond Fund I	441,213	4,998,945	-
Fidelity Funds	Ginne Mae Portfolio	112,811	1,324,395	-
Permanent Portfolio Fund	Permanent Fund	48,040	-	2,214,154
Pimco Funds	Total Return Fund	186,040	2,091,088	-
Vanguard Funds	Wellesley Income Fund	96,201	2,319,397	-
Virtus	Emerging Markets Oppty I	127,006	1,309,429	-
Cash, interest-bearing:				
TD Ameritrade	Cash & Money Market	2,462,364	-	2,462,364

During 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $820,127 as follows:

Mutual funds	$632,652
Common stocks	187,475
	$820,127

8. Reconciliation to Form 5500

As discussed in Note 2, the Plan's financial statements are presented on the accrual basis of accounting and the Annual Return/Report of Employee Benefit Plan (Form 5500) is prepared and filed on the cash basis of accounting. The following schedule reconciles the differences between those two methods as of and for the year ended December 31, 2012 and the differences in classifications of investment income, gains and losses for the year ended December 31, 2012.

	Per financial statements	Adjustments to cash basis	Reclassifications to Form 5500 Presentation	Per Form 5500
Investments:				
Mutual funds and common stocks	$23,566,761	$ -	$ -	$23,566,761
Receivables:				
Employer contributions	1,472,966	(1,472,966)	-	-
Cash	397,384	-	-	397,384
Net assets available for benefits	$25,437,111	$(1,472,966)	$ -	$23,964,145
Additions to net assets:				
Investment income:				
Interest	$ 61	$ -	$ -	$ 61
Dividends	959,583	-	-	959,583
Net appreciation	820,127	-	(820,127)	-
Employer contributions	1,472,966	(114,343)	-	1,358,623
Net investment gain from registered investment companies	-	-	820,127	820,127
Deductions from net assets:				
Benefits paid	(1,985,332)	-	-	(1,985,332)
Administrative expenses	(10,658)	-	-	(10,658)
Net increase (decrease) in net assets available for benefits	$ 1,256,747	$ (114,343)	$ -	$ 1,142,404

SUPPLEMENTARY INFORMATION

SCHEDULE H
FORM 5500 **FINANCIAL SCHEDULES** **2012**

Plan: NORTHERN OHIO PROFIT SHARING PLAN Plan # 333
Sponsor: LAKE ERIE CONSTRUCTION COMPANY Employer ID # 34-1262474

Schedule of Assets Held for Investment Purposes At End of Year - Line 4i

(a)	(b) Identity of issue	(c) Description of investment	(d) Cost	(e) Current value
	TD AMERITRADE MONEY MARKET	397,384 UNITS	397,384	397,384
	BERKSHIRE HATHAWAY, INC. CLASS B	7,000 SHARES	578,972	627,900
	MARKET VECTORS GOLD MINERS ETF	12,000 UNITS	634,144	556,680
	PIMCO FUNDS ALL ASSET CL D	80,461 UNITS	1,026,343	1,010,585
	VIRTUS FUNDS EMERGING MKTS OPPTY	48,780 UNITS	478,006	502,927
	AMERICAN CENTURY LIVESTRONG ONE CHOICE FD	89,629 UNITS	1,018,912	1,019,977
	AMERICAN CENTURY BAL FD INV	30,575 UNITS	521,756	520,695
	DOUBLELINE TOTAL RETURN BOND I	441,213 UNITS	4,930,273	4,998,945
	FAIRHOLME FUNDS COMMON	16,554 UNITS	500,446	520,467
	FIDELITY FUNDS GINNE MAE PRTF	112,811 UNITS	1,343,465	1,324,395
	FIRST EAGLE SOGEN FDS OVERSEAS CLASS I	52,902 UNITS	1,178,783	1,182,894
	FPA CRESCENT PORTFOLIO	17,955 UNITS	504,272	525,902
	HUSSMAN INVT TR STRAT TOTAL RET FD	95,289 UNITS	1,204,204	1,153,946
	JAMES ADVANTAGE FUNDS GOLDEN RAINBOW FD	24,115 UNITS	509,469	523,054
	MANAGERS AMG YACKTMAN FOCUSED FD	36,164 UNITS	706,202	742,086
	PIMCO FUNDS TOTAL RETURN FD INSTL	186,040 UNITS	2,101,784	2,091,088
	PROFESSIONALLY MGD PTFL VILLERE BALANCED	25,698 UNITS	511,763	545,048
	T ROWE PRICE CAP APPRECIAT SH BEN INT	46,693 UNITS	1,061,056	1,038,921
	VANGUARD BALANCED INDEX FD	21,954 UNITS	508,143	521,634
	VANGUARD WELLESLEY INCOME FD	96,201 UNITS	2,248,552	2,319,397
	VANGUARD WELLINGTON FD INC	15,685 UNITS	518,037	530,791
	VIRTUS FUNDS EMERGING MKTS OPPTY 1	127,006 UNITS	1,244,544	1,309,429

Plan: NORTHERN OHIO PROFIT SHARING PLAN Plan # 333

Sponsor: LAKE ERIE CONSTRUCTION COMPANY Employer ID # 34-1262474

Schedule of Reportable Transactions - Line 4j

(a) Identity of party	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred w/ transaction	(g) Cost of asset	(h) Current value of asset on trans. date	(i) Net gain or (loss)
TD AMERI-TRADE	CASH/MONEY MARKET							
	AGGREGATE WITHDRAWALS	N/A	39,892,691	N/A	N/A	39,892,691	39,892,691	0
	AGGREGATE DEPOSITS	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TD AMERI-TRADE	DOUBLELINE TOTAL RETURN BOND I							
	AGGREGATE SALES	N/A	N/A	N/A	N/A	N/A	N/A	0
	AGGREGATE PURCHASES	3,844,908	N/A	N/A	N/A	N/A	3,844,908	N/A
TD AMERI-TRADE	PIMCO TOTAL RETURN FD INSTL							
	AGGREGATE SALES	N/A	N/A	N/A	N/A	N/A	N/A	0
	AGGREGATE PURCHASES	2,101,784	N/A	N/A	N/A	N/A	2,101,784	N/A
TD AMERI-TRADE	ISHARES BARCLAYS 20+ YR TRE							
	AGGREGATE SALES	N/A	1,258,909	N/A	N/A	1,279,650	1,258,909	(20,741)
	AGGREGATE PURCHASES	1,279,650	N/A	N/A	N/A	N/A	1,279,650	N/A
TD AMERI-TRADE	JANUS TRITON FD CL T							
	AGGREGATE SALES	N/A	1,921,686	N/A	N/A	1,950,000	1,921,686	(28,314)
	AGGREGATE PURCHASES	1,950,000	N/A	N/A	N/A	N/A	1,950,000	N/A
TD AMERI-TRADE	PERMANENT PERM PORTFOLIO							
	AGGREGATE SALES	N/A	2,267,958	N/A	N/A	2,207,759	2,267,958	60,199
	AGGREGATE PURCHASES	2,207,759	N/A	N/A	N/A	N/A	2,207,759	N/A
TD AMERI-TRADE	PIMCO TOTAL RETURN ETF							
	AGGREGATE SALES	N/A	2,727,926	N/A	N/A	2,699,680	2,727,926	28,246
	AGGREGATE PURCHASES	2,699,680	N/A	N/A	N/A	N/A	2,699,680	N/A
TD AMERI-TRADE	USAA INCOME FD							
	AGGREGATE SALES	N/A	1,804,424	N/A	N/A	1,791,363	1,804,424	13,061
	AGGREGATE PURCHASES	1,791,363	N/A	N/A	N/A	N/A	1,791,363	N/A
TD AMERI-TRADE	YACKTMAN FOCUSED FUND							
	AGGREGATE SALES	N/A	1,450,000	N/A	N/A	1,363,046	1,450,000	86,954
	AGGREGATE PURCHASES	1,363,046	N/A	N/A	N/A	N/A	1,363,046	N/A

SCHEDULE H
FORM 5500 **FINANCIAL SCHEDULES** **2012**

Plan: NORTHERN OHIO PROFIT SHARING PLAN Plan # 333
Sponsor: LAKE ERIE CONSTRUCTION COMPANY Employer ID # 34-1262474

Schedule of Assets Held for Investment Purposes At End of Year - Line 4i

(a)	(b) Identity of issue	(c) Description of investment	(d) Cost	(e) Current value
	TD AMERITRADE MONEY MARKET	397,384 UNITS	397,384	397,384
	BERKSHIRE HATHAWAY, INC. CLASS B	7,000 SHARES	578,972	627,900
	MARKET VECTORS GOLD MINERS ETF	12,000 UNITS	634,144	556,680
	PIMCO FUNDS ALL ASSET CL D	80,461 UNITS	1,026,343	1,010,585
	VIRTUS FUNDS EMERGING MKTS OPPTY	48,780 UNITS	478,006	502,927
	AMERICAN CENTURY LIVESTRONG ONE CHOICE FD	89,629 UNITS	1,018,912	1,019,977
	AMERICAN CENTURY BAL FD INV	30,575 UNITS	521,756	520,695
	DOUBLELINE TOTAL RETURN BOND I	441,213 UNITS	4,930,273	4,998,945
	FAIRHOLME FUNDS COMMON	16,554 UNITS	500,446	520,467
	FIDELITY FUNDS GINNE MAE PRTF	112,811 UNITS	1,343,465	1,324,395
	FIRST EAGLE SOGEN FDS OVERSEAS CLASS I	52,902 UNITS	1,178,783	1,182,894
	FPA CRESCENT PORTFOLIO	17,955 UNITS	504,272	525,902
	HUSSMAN INVT TR STRAT TOTAL RET FD	95,289 UNITS	1,204,204	1,153,946
	JAMES ADVANTAGE FUNDS GOLDEN RAINBOW FD	24,115 UNITS	509,469	523,054
	MANAGERS AMG YACKTMAN FOCUSED FD	36,164 UNITS	706,202	742,086
	PIMCO FUNDS TOTAL RETURN FD INSTL	186,040 UNITS	2,101,784	2,091,088
	PROFESSIONALLY MGD PTFL VILLERE BALANCED	25,698 UNITS	511,763	545,048
	T ROWE PRICE CAP APPRECIAT SH BEN INT	46,693 UNITS	1,061,056	1,038,921
	VANGUARD BALANCED INDEX FD	21,954 UNITS	508,143	521,634
	VANGUARD WELLESLEY INCOME FD	96,201 UNITS	2,248,552	2,319,397
	VANGUARD WELLINGTON FD INC	15,685 UNITS	518,037	530,791
	VIRTUS FUNDS EMERGING MKTS OPPTY 1	127,006 UNITS	1,244,544	1,309,429

Plan: NORTHERN OHIO PROFIT SHARING PLAN Plan # 333

Sponsor: LAKE ERIE CONSTRUCTION COMPANY Employer ID # 34-1262474

Schedule of Reportable Transactions - Line 4j

(a) Identity of party	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred w/ transaction	(g) Cost of asset	(h) Current value of asset on trans. date	(i) Net gain or (loss)
TD AMERI-TRADE	CASH/MONEY MARKET							
	AGGREGATE WITHDRAWALS	N/A	39,892,691	N/A	N/A	39,892,691	39,892,691	0
	AGGREGATE DEPOSITS	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TD AMERI-TRADE	DOUBLELINE TOTAL RETURN BOND I							
	AGGREGATE SALES	N/A	N/A	N/A	N/A	N/A	N/A	0
	AGGREGATE PURCHASES	3,844,908	N/A	N/A	N/A	N/A	3,844,908	N/A
TD AMERI-TRADE	PIMCO TOTAL RETURN FD INSTL							
	AGGREGATE SALES	N/A	N/A	N/A	N/A	N/A	N/A	0
	AGGREGATE PURCHASES	2,101,784	N/A	N/A	N/A	N/A	2,101,784	N/A
TD AMERI-TRADE	ISHARES BARCLAYS 20+ YR TRE							
	AGGREGATE SALES	N/A	1,258,909	N/A	N/A	1,279,650	1,258,909	(20,741)
	AGGREGATE PURCHASES	1,279,650	N/A	N/A	N/A	N/A	1,279,650	N/A
TD AMERI-TRADE	JANUS TRITON FD CL T							
	AGGREGATE SALES	N/A	1,921,686	N/A	N/A	1,950,000	1,921,686	(28,314)
	AGGREGATE PURCHASES	1,950,000	N/A	N/A	N/A	N/A	1,950,000	N/A
TD AMERI-TRADE	PERMANENT PERM PORTFOLIO							
	AGGREGATE SALES	N/A	2,267,958	N/A	N/A	2,207,759	2,267,958	60,199
	AGGREGATE PURCHASES	2,207,759	N/A	N/A	N/A	N/A	2,207,759	N/A
TD AMERI-TRADE	PIMCO TOTAL RETURN ETF							
	AGGREGATE SALES	N/A	2,727,926	N/A	N/A	2,699,680	2,727,926	28,246
	AGGREGATE PURCHASES	2,699,680	N/A	N/A	N/A	N/A	2,699,680	N/A
TD AMERI-TRADE	USAA INCOME FD							
	AGGREGATE SALES	N/A	1,804,424	N/A	N/A	1,791,363	1,804,424	13,061
	AGGREGATE PURCHASES	1,791,363	N/A	N/A	N/A	N/A	1,791,363	N/A
TD AMERI-TRADE	YACKTMAN FOCUSED FUND							
	AGGREGATE SALES	N/A	1,450,000	N/A	N/A	1,363,046	1,450,000	86,954
	AGGREGATE PURCHASES	1,363,046	N/A	N/A	N/A	N/A	1,363,046	N/A

Plan: NORTHERN OHIO PROFIT SHARING PLAN Plan # 333

Sponsor: LAKE ERIE CONSTRUCTION COMPANY Employer ID # 34-1262474

Schedule of Reportable Transactions - Line 4j

(a) Identity of party	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred w/ transaction	(g) Cost of asset	(h) Current value of asset on trans. date	(i) Net gain or (loss)
TD AMERI-TRADE	CASH/MONEY MARKET							
	AGGREGATE WITHDRAWALS	N/A	39,892,691	N/A	N/A	39,892,691	39,892,691	0
	AGGREGATE DEPOSITS	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TD AMERI-TRADE	DOUBLELINE TOTAL RETURN BOND I							
	AGGREGATE SALES	N/A	N/A	N/A	N/A	N/A	N/A	0
	AGGREGATE PURCHASES	3,844,908	N/A	N/A	N/A	N/A	3,844,908	N/A
TD AMERI-TRADE	PIMCO TOTAL RETURN FD INSTL							
	AGGREGATE SALES	N/A	N/A	N/A	N/A	N/A	N/A	0
	AGGREGATE PURCHASES	2,101,784	N/A	N/A	N/A	N/A	2,101,784	N/A
TD AMERI-TRADE	ISHARES BARCLAYS 20+ YR TRE							
	AGGREGATE SALES	N/A	1,258,909	N/A	N/A	1,279,650	1,258,909	(20,741)
	AGGREGATE PURCHASES	1,279,650	N/A	N/A	N/A	N/A	1,279,650	N/A
TD AMERI-TRADE	JANUS TRITON FD CL T							
	AGGREGATE SALES	N/A	1,921,686	N/A	N/A	1,950,000	1,921,686	(28,314)
	AGGREGATE PURCHASES	1,950,000	N/A	N/A	N/A	N/A	1,950,000	N/A
TD AMERI-TRADE	PERMANENT PERM PORTFOLIO							
	AGGREGATE SALES	N/A	2,267,958	N/A	N/A	2,207,759	2,267,958	60,199
	AGGREGATE PURCHASES	2,207,759	N/A	N/A	N/A	N/A	2,207,759	N/A
TD AMERI-TRADE	PIMCO TOTAL RETURN ETF							
	AGGREGATE SALES	N/A	2,727,926	N/A	N/A	2,699,680	2,727,926	28,246
	AGGREGATE PURCHASES	2,699,680	N/A	N/A	N/A	N/A	2,699,680	N/A
TD AMERI-TRADE	USAA INCOME FD							
	AGGREGATE SALES	N/A	1,804,424	N/A	N/A	1,791,363	1,804,424	13,061
	AGGREGATE PURCHASES	1,791,363	N/A	N/A	N/A	N/A	1,791,363	N/A
TD AMERI-TRADE	YACKTMAN FOCUSED FUND							
	AGGREGATE SALES	N/A	1,450,000	N/A	N/A	1,363,046	1,450,000	86,954
	AGGREGATE PURCHASES	1,363,046	N/A	N/A	N/A	N/A	1,363,046	N/A

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

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 ☐ 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 Northern Ohio Profit Sharing Plan and Trust

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 12/11/1959

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
Lake Erie Construction

P. O. Box 777

Norwalk OH 44857

2b Employer Identification Number (EIN) 34-1262474

2c Sponsor's telephone number (419) 668-3302

2d Business code (see instructions) 237990

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	Signature of plan administrator	Date 1/29/14	Enter name of individual signing as plan administrator MICHAEL BLEILE
SIGN HERE	Signature of employer/plan sponsor	Date 1/29/14	Enter name of individual signing as employer or plan sponsor MICHAEL BLEILE
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)