## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	art I Annual Report Identification				10/01	10000	
For	calendar plan year 2009 or fiscal plan year b		/01/2009	and ending	12/31/	2009	
A	This return/report is for:	oloyer plan	multi	one-participant plan (not multiemployer)			
В	This return/report is for: first return/	report /	final	return/report			
	X an amende	ed return/report	short	t plan year return/report (less than 12	months)		
C	Check box if filing under:	3	autor	matic extension		DFVC progra	am
	special ext	ension (enter de	escription)				
Pa	rt II Basic Plan Information—en	ter all requested	d information				
1a	Name of plan				1b	Three-digit	
BIRM	IINGHAM VENDING COMPANY 401K PLAN	I				plan number	001
					10	(PN) Feffective date o	f plan
					10	08/01/1	
2a	Plan sponsor's name and address (employe	r, if for single-er	mployer plan)		2b	Employer Identi	fication Number
BIRM	IINGHAM VENDING COMPANY				L_	(EIN) 63-063	
E40.0	SECOND AVE N				2C	Plan sponsor's t	elephone number
	SECOND AVE N. IINGHAM, AL 35209				2d	Business code (	
						454210	<u> </u>
	Plan administrator's name and address (if sa IINGHAM VENDING COMPANY		onsor, enter "S SECOND AVE	,	3b	Administrator's	
DIKIV	IIINGHAM VENDING COMPANT		IINGHAM, AL		30		telephone number
						205-324	
	f the name and/or EIN of the plan sponsor ha				4b	EIN	
ı	name, EIN, and the plan number from the las	t return/report.	Sponsor's na	me	4c	PN	
5a	Total number of participants at the beginning	g of the plan ve	ar				74
	Total number of participants at the end of th					<u> </u>	53
С	Total number of participants with account ba				0.0		
	complete this item)						53
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						
b	Are you claiming a waiver of the annual exa under 29 CFR 2520.104-46? (See instruction						X Yes No
	If you answered "No" to either 6a or 6b, 1		•	,			
Pa	rt III Financial Information						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
а	Total plan assets		7	a 62	)757		381685
b	Total plan liabilities		71	b			
C	Net plan assets (subtract line 7b from line 7	a)	70	<b>c</b> 620	757		381685
8	Income, Expenses, and Transfers for this Pl	an Year		(a) Amount		(b) 1	Total
а	Contributions received or receivable from:		0.54	(4)	303		
	(1) Employers						
	(2) Participants			` /	1876		
b	Other income (loss)				161		
C	Total income (add lines 8a(1), 8a(2), 8a(3),				101		56340
d	Benefits paid (including direct rollovers and			C			00040
	to provide benefits)			d 293	3726		
е	Certain deemed and/or corrective distribution	ns (see instruct	ions) 80	e			
f	Administrative service providers (salaries, fe	es, commission	ns) <b>8</b>	if	686		
g	Other expenses		8	g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g	ı)	81	h			295412
i	Net income (loss) (subtract line 8h from line	8c)	8	i l			-239072
i	Transfers to (from) the plan (see instructions	s)	g	»:			

Part IV	Dlan	Charac	torictics
Part IV	Plan	Charac	reristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 3D

D .	11 1110	plan provides wellare benefits, effect the applicable wellare feati	ure codes from the	List Of Flatt Chara	CICIIS	lic Cot	ues III	uie iiisuuc	MONS.	
Part	٧	Compliance Questions								
10	Dur	ng the plan year:				Yes	No		Amount	t .
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				10a		X			
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						X			
С	C Was the plan covered by a fidelity bond?					X				50000
d	· · · · · · · · · · · · · · · · · · ·						X			
	insu	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of th uctions.)	e benefits under the	e plan? (See	10e		X			
f	Has	the plan failed to provide any benefit when due under the plan? .			10f		X			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				10h		X			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the				10i					
Part '	VI	Pension Funding Compliance								
11	ls th 550	is a defined benefit plan subject to minimum funding requirements	s? (If "Yes," see ins	tructions and com	plete	Sched	lule SE	3 (Form	Ye	es X No
12	ls t	nis a defined contribution plan subject to the minimum funding req	uirements of sectio	n 412 of the Code	or se	ction 3	302 of	ERISA?	Ye	es X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
		vaiver of the minimum funding standard for a prior year is being a ting the waiver.								
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M					Day		rear	
		r the minimum required contribution for this plan year		-			12b			
	120									
d										
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					N/A				
Part \	VII	Plan Terminations and Transfers of Assets								_
13a	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	r?					Ye	s X No
	If "Y	es," enter the amount of any plan assets that reverted to the empl	lover this year				13a		1	
	Wer	e all the plan assets distributed to participants or beneficiaries, tra					ontrol		Ye	es X No
		ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	n(s) to	1		r	
13	3c(1	Name of plan(s):				13	c(2) El	N(s)	13c	(3) PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonab	le cau	ıse is	establ	ished.		
SB or	Sch	alties of perjury and other penalties set forth in the instructions, I caule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.								
SIGN	F	led with authorized/valid electronic signature.	10/20/2010	FRANK HARRISO	NC					
HERE	- Г	Signature of plan administrator	Date	Enter name of in	ndividi	ual sig	ning as	s plan adn	ninistrator	

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor



## Before printing the attached filing, change the following setting in Adobe Reader:



Choose *File>Print* and select *Page Scaling* menu, choose "NONE" and click ok.

The latest version of Adobe Reader should be used.

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## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee** Benefit Plan

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

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

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information	01/01/0			10/01/000		
_For		01/01/2	009 and ending		12/31/200	19	
A	This return/report is for:	multiple-employer plan (not multiemployer) one-participant plan					
В	This return/report is for:	final retur	n/report				
	an amended return/report	short plar	year return/report (less than 12 mg	nths)	_		
С	Check box if filing under: X Form 5558	automatic	extension		DFVC progra	m	
	special extension (enter descript	ion)					
Pa	rt II Basic Plan Information—enter all requested inform	mation					
1a	Name of plan			1b	Three-digit		
	BIRMINGHAM VENDING COMPANY 401K PLAN				plan number (PN)	001	
				1c	Effective date of		
					08/01/1977		
2a	Plan sponsor's name and address (employer, if for single-employe BIRMINGHAM VENDING COMPANY	er plan)		2b	Employer Identif		
	DIMILINGIAN VENDING COMPANI			20	(EIN) 63-063	elephone number	
	540 SECOND AVE N.				(205)324-7		
				2d	Business code (	see instructions)	
	BIRMINGHAM  Plan administrator's name and address (if same as Plan sponsor	enter "Same	AL 35209	3h	Administrator's E	=INI	
Ju	$\underset{\text{SAME}}{\textbf{Plan}} \ \text{administrator's name and address (if same as Plan sponsor, }$	criter dame	• )		Administrator 3 L	-114	
				3c	Administrator's t	elephone number	
4	f the name and/or EIN of the plan sponsor has changed since the la	act roturn/ro	port filed for this plan, enter the	4b	(205)324-7	7520	
	name, EIN, and the plan number from the last return/report. Spons		port med for this plan, enter the	40	EIIN		
				4c	PN		
5a	Total number of participants at the beginning of the plan year			5a		7	
<b>b</b> Total number of participants at the end of the plan year				5b			
•	T ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )						
С	Total number of participants with account balances as of the end of complete this item)			50		5	
	complete this item)	·····		5с			
6a		ble assets?	(See instructions.)			X Yes No	
6a	complete this item)	ble assets? of an independent of and condition	(See instructions.)dent qualified public accountant (ICons.)	QPA)			
6a b	complete this item)	ble assets? of an independent of and condition	(See instructions.)dent qualified public accountant (ICons.)	QPA)		X Yes No	
6a b	complete this item)	ble assets? of an independent of and condition	(See instructions.)	QPA)		X Yes No	
6a b	complete this item)	ble assets? of an indeper of and conditi	(See instructions.)	QPA) 600.			
6a b	complete this item)	ble assets? of an indeper of and conditi Form 5500-	(See instructions.)	QPA) 600.		X Yes No	
6a b	complete this item)	ble assets?  of an independant of an independant of an independant of an independant of an independent	(See instructions.)	QPA) 500.			
6a b Pa 7 a b	complete this item)	ble assets? of an independent and condition form 5500-  7a 7a 7b	(See instructions.)	QPA) 500.		X Yes No X Yes No of Year 381,68	
6a b Pa 7 a b c	complete this item)	ble assets? of an indeper of and conditi form 5500-  7a 7b 7c	(See instructions.)	QPA) 600.	(b) End	X Yes No X Yes No of Year 381,68	
6a b 7 a b c 8	complete this item)	ble assets?  of an indeper of and conditi  form 5500-  7a  7b  7c  8a(1)	(See instructions.)	57 57	(b) End	X Yes No X Yes No of Year 381,68	
6a b 7 a b c 8	complete this item)	ble assets?  of an independent and conditi  Form 5500-  7a  7b  7c  8a(1)  8a(2)	(See instructions.)	57 57	(b) End	X Yes No X Yes No of Year 381,68	
6a b  Pa 7 a b c 8 a	complete this item)	ble assets?  of an indeper  of and conditi  Form 5500-  7a  7b  7c  8a(1)  8a(2)  8a(3)	(See instructions.)	QPA) 600.	(b) End	X Yes No X Yes No of Year 381,68	
6a b  Pa 7 a b c 8 a	complete this item)	ble assets?  of an indeper  of and conditi  form 5500-  7a  7b  7c  8a(1)  8a(2)  8a(3)  8b	(See instructions.)	QPA) 600.	(b) End	X Yes No X Yes No of Year 381,68	
Fa b c 8 a b c	complete this item)	ble assets?  of an indeper  of and conditi  form 5500-  7a  7b  7c  8a(1)  8a(2)  8a(3)  8b	(See instructions.)	QPA) 600.	(b) End	X Yes No X Yes No of Year 381,68	
6a b  Pa 7 a b c 8 a	complete this item)	ble assets?  of an indeper of and conditi  form 5500-  7a  7b  7c  8a(1)  8a(2)  8a(3)  8b  8c	(See instructions.)	QPA) 500. 57 57 03 76	(b) End	X Yes No X Yes No of Year 381,68	
Fa b c 8 a b c	complete this item)	ble assets?  of an independ and conditi  Form 5500-  7a  7b  7c  8a(1)  8a(2)  8a(3)  8b  8c  8d	(See instructions.)	QPA) 500. 57 57 03 76	(b) End	X Yes No X Yes No of Year 381,68	
Pa 7 a b c 8 a	complete this item)	ble assets? of an independent and condition form 5500-  7a	(See instructions.)	QPA) 500. 57 57 03 76	(b) End	X Yes No X Yes No of Year 381,68	
Pa 7 a b c 8 a	complete this item)	ble assets?  of an indeper of and conditi  form 5500-  7a  7b  7c  8a(1)  8a(2)  8a(3)  8b  8c  8d  8e  8f	(See instructions.)	QPA) 500. 57 57 03 76	(b) End	X   Yes   No   No   No   No   No   No   No   N	
6a b  Pa 7 a b c 8 a b c f	complete this item)	ble assets?  of an independent	(See instructions.)	QPA) 500. 57 57 03 76	(b) End	X Yes No X Yes No No of Year 381,68 381,68 7otal	
Pa b c 8 a b c d e f g	complete this item)	ble assets? of an independent and condition form 5500-  7a	(See instructions.)	QPA) 500. 57 57 03 76	(b) End	X   Yes   No   No   No   No   No   No   No   N	

	F	Form 5500-SF 2009 Page <b>2-</b>					
Par	t IV	Plan Characteristics					
9a		olan provides pension benefits, enter the applicable pension feature codes from the List of Pla 2E 2F 2G 2J 3D	an Character	istic C	odes in	the instruction	ons:
b	If the p	olan provides welfare benefits, enter the applicable welfare feature codes from the List of Pla	n Characteri	stic Co	des in t	the instructio	ins:
Part	t V	Compliance Questions					
10	During	g the plan year:		Yes	No	Δ	mount
а		there a failure to transmit to the plan any participant contributions within the time period descr FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		ı	Х		
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions re e 10a.)	•	)	Х		
С	Was	the plan covered by a fidelity bond?	100	X			50,000
d		e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by honesty?		ı	Х		
е	insura	any fees or commissions paid to any brokers, agents, or other persons by an insurance carriance service or other organization that provides some or all of the benefits under the plan? (Sctions.)	see	•	Х		
f	Has th	he plan failed to provide any benefit when due under the plan?	101	:	X		
g	Did th	e plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х		
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	101	n	х		
i		was answered "Yes," check the box if you either provided the required notice or one of the bitions to providing the notice applied under 29 CFR 2520.101-3	10i				
Part	: VI F	Pension Funding Compliance					
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a					Yes X No
12	Is this	s a defined contribution plan subject to the minimum funding requirements of section 412 of the	he Code or s	ection	302 of	ERISA?	Yes X No
а	Ìf a wa	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  aiver of the minimum funding standard for a prior year is being amortized in this plan year, se ng the waiver					
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to		_	Day		
b	Enter	the minimum required contribution for this plan year			12b		
С	Enter	the amount contributed by the employer to the plan for this plan year		[	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to ive amount)			12d	<u> </u>	
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a		resolution to terminate the plan been adopted during the plan year or any prior year?		[		Ι	Yes X No
<u></u>		s," enter the amount of any plan assets that reverted to the employer this year			13a		
	of the	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or beneficiaries.					Yes X No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), in assets or liabilities were transferred. (See instructions.)	dentify the pl	an(s) to	)		T
•	13c(1) N	Name of plan(s):		13	3c(2) El	N(s)	<b>13c(3)</b> PN(s)
Caut	tion: A	penalty for the late or incomplete filing of this return/report will be assessed unless re	asonable ca	use is	establ	ished.	ı
_			· · · · · · · · · · · · · · · · · · ·				

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	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