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Descense of later.         Descense of later.         The Form is Open to Public inspection           Part I         Annual Report Identification Information         0.0014102011         and ending         100141010101010101010101010101010101010		Internal Devenue Convine				2	2011		
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A       This return/report is       a single-employer plan       b multiple-employer plan (not multiemployer)       a sone-participant plan         B       This return/report is       b finit return/report       b finit return/report       b finit return/report         C       C Check box if filing under:       from 5558       automatic extension       D FVC program         Part II       Basic Plan Information—enter all requested information       10       Three-digit plan number (employer, if for a single-employer plan)         14       Name of plan       10       Three-digit plan number (employer, if for a single-employer plan)         15       FEDER/WOOD TERRACE       0001       001         26       Pan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       20       Employer identification Number (EN)         36       EDER/WOOD TERRACE       26       Sponsors telephone number (EN)       26         37       Pan administrator's name and address; if same as plan sponsor, enter "Same")       33       24       deninistrator's telephone number (EN)         38       EDER/WOOD TERRACE       36       EDER/WOOD TERRACE       36       Administrator's telephone number (EN)         39       Administrator's telephone number (employer identification Number (EN)       36       26       Administrator's telephone number (EN)				1	and ending 1	2/31/2	2011		
B       This return/report       In the final return/report       In the final return/report         C       Check box if filing under:       In the final return/report       In the final return/report       In the final return/report         C       Check box if filing under:       In the final return/report       In the final return/report       In the final return/report         C       Check box if filing under:       In the final return/report       In the final return/report       In the final return/report         C       Description       Description       Description       Description       Description         Part III       Basic Plan Information—enter all requested information       In the final return/report       Description       Description         24       Pren sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer ideation Number (EM)         36       Plan administrator's nume and address (if same as plan sponsor enter "Sime")       Administrator Simo       3b       Administrator's EN         37       Plan administrator's nume and address (if same as plan sponsor enter "Sime")       Administrator's EN       3c       Administrator's EN         38       Plan administrator's nume and address (if same as plan sponsor enter "Sime")       Administrator's EN       3c       Administrator's EN         39 <th>-</th> <th>5</th> <th></th> <th>a multiple</th> <th>-employer plan (not multiemployer)</th> <th></th> <th>a one-participant plan</th>	-	5		a multiple	-employer plan (not multiemployer)		a one-participant plan		
C       Check box if filing under:          Porm 6558         Porm 655         Porm 6558         Porm 7558         Porm 7559         Porm		· .	the first return/report	•					
C Check bax if fling under:       Form 5558       automatic extension       DFVC program         Part II       Basic Plan Information—enter al requested information       1       The mediation is a second and information       1         1a Nome of plan       Information—enter al requested information       1       1       The e-digt plan innumber (mumber (mumber (mumber) plan)       001         2a Plan sponsor's name and address, include room or sule number (employer, if for a single employer plan)       2       Employer tensities       2       Employer tensities       2       2       Employer tensities       2       2       Employer tensities       2       2       Employer tensities       2       2       2       5       0146/2-2552       2       2       2       2       2       2       0146/2-2552       2       2       2       2       2       0146/2-2552       2       2       2       2       2       1       3       2       3       2       3       3       2       3 <th>_</th> <th></th> <th></th> <th></th> <th>·</th> <th>onths)</th> <th></th>	_				·	onths)			
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Part II         Basic Plan Informationenter all requested information           1a Name of plan         1b Three-digit plan number           PANNON'S FOOD SERVICE, INC. 401(K) PLAN         1b Three-digit plan number           2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)         1c Elective data of plan           PANNON'S FOOD SERVICE, INC.         2b Employer Identification Number (EIN)         2b Employer Identification Number (EIN)           Sector Statephone number         601-992-92552         2d Business code (see instructions)           Address FOOD SERVICE, INC.         3b Plan administrator's tabephone number (employer, enter "Same")         3b Plan administrator's tabephone number (e01-992-2552           3d Plan administrator's name and address (if same as plan sponsor, onter "Same")         3b Plan address (if same as plan sponsor, onter "Same")         3b Administrator's tabephone number (e01-992-2552           4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the asponsor so at the end of the plan year         5a         62           5a Total number of participants at the end of the plan year         5a         62         5b         37           6 Now address for the plan system on souther sponsor and water eligible assets? (See instructions).         § Yes [] No         No         Are you claiming a water of the annual examination and report of an independent qualified public accountat (ICPA)	•		special extension (enter descriptio						
1a Name of plan       1b Three-digit       1b Three-digit       1c Effective date of plan         1A NAMEN S FOOD SERVICE, INC. 401(K) PLAN       1c Effective date of plan       001         1c Effective date of plan       001       1c Effective date of plan       001         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number       001       001         3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's telephone number       601-982-2552         2d Business code (see instructions)       3d Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's EIN         4 If the name and/or EIN of the plan sponsor has changed since the last return/report.       3b Administrator's EIN         4 Sponsor's name       3c C Administrator's telephone number       601-992-2552         3c Administrator's telephone number       601-992-2552       3c Administrator's EIN         4 The name and/or EIN of the plan sponsor, enter "Same")       3b Administrator's EIN       3b Administrator's EIN         5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this filem)       3c 2       3c         6a Were all of the plan spasses during the plan year invested in eligible assets? (See instructions).       Yes No       No	Pa	rt II Basic Plan Inform		,					
(PN) ▶       001         2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Effective date of plan 0.001/1995         3a       Plan administrator's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer identification Number (EMPNON, MS 39206         3a       Plan administrator's name and address (if same as plan sponsor, enter Same*)       3b       Address 200         3a       Plan administrator's name and address (if same as plan sponsor, enter Same*)       3b       Administrator's EIN         4       file name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the range, EIN and the plan number from the last return/report.       3b       Administrator's EIN         4a       file name or participants with account biances as of the end of the plan year.       5b       37         5a       01       3c       Ranne or participants at the edge inning of the plan year.       5b       37         5a       10 total number of participants with account biances as of the end of the plan year (defined benefit plans do not complete inits item)       10       Yes       No         5b       37       5c       37       37       5c       37         6a       Were all of the plan's assets during the plan earnor teeor of an independent qualified public accou						1b			
Za Plan spondo's name and address; include room or suite number (employer, if for a single-employer plan)       Zb Effective date of plan 0/0/1/996         Zb Employer Identification Number (EN)       Sb Address is include room or suite number (employer, if for a single-employer plan)       Zb Employer Identification Number (EN)         Sa EDEGWOOD TERRACE JACKSON, MS 39206       Zd Businescode (eee instructions)       3d Address is include room or suite number (employer, if for a single-employer plan)         Sa Plan administrator's name and address (if same as plan sponsor, enter "Same") JACKSON, MS 39206       3b Administrator's telephone number 601-982-2552         3d It in ame and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EN, and the plan number from the last return/report filed for this plan, enter the name, EN, and the plan number from the plan year.       Sa a         3d Total number of participants at the end of the plan year.       Sa a       62         b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete that its term)       Si Yes No         d Were all of the plan's assets during the plan year invested in eligible assets? (See instructions)       Si Yes No         d Yee all of the far of b, the plan cannot use Form 5500.       For differed benefit plans do not complete there as of b, the plan cannot use Form 5500.         Part Lin unmore (Participants with account balances as of the end of the plan year invested in eligible asset? (See instructions).       Si Yes No	HAN	NON'S FOOD SERVICE, INC. 4	01(K) PLAN						
24. Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)         20. Contriges           34. Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)         22. Sponsor's telephone number           34. EDGEWOOD TERRACE         22. Sponsor's telephone number         601-802-2562           35. Plan administrator's name and address (if same as plan sponsor, enter "Samer")         3b. Administrator's EIN         445110           36. Plan administrator's name and address (if same as plan sponsor, enter "Samer")         3b. Administrator's EIN         445110           37. Plan administrator's name         3c. Administrator's EIN         4c. PN         5a. Coll-802-2562           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. EN, and the plan number (for plan year.         5a. Coll-802-2562         3c. Administrator's telephone number (ball store of participants at the beginning of the plan year.         5a. Coll-802-2562         3c. Administrator's telephone number (ball store of participants at the beginning of the plan year.         5a. Coll-802-2562         3c. Administrator's telephone number (ball store of participants at the beginning of the plan year.         5a. Coll-802-2562         3c. Administrator's telephone number (ball store of participants with account balances as of the end of the plan year.         5b. So. So. So. So. So. So. So. So. So. So						10			
HANNON S FOOD SERVICE, INC.       (Ein)       64-6981258         361 EDGEWOOD TERRACE       JACKSON, MS 39206       2c       Sponsor's telephone number 001-8622552         37       Bin administrator's name and address (if same as plan sponsor, enter "Same") JACKSON, MS 39206       3b       Administrator's EIN 001-8622552         38       Endewyood TERRACE JACKSON, MS 39206       3c       Administrator's EIN 001-8622552         39       Administrator's telephone number 001-8622552       601-8622552         30       Administrator's telephone number 001-8622552       601-8622552         30       Administrator's telephone number 001-8622552       601-8622552         31       Baname, EIN, and the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan sate telephoning of the plan year       5a       62         50       37       5a       62       37         50       37       5b       37         51       Total number of participants at the end of the plan year       5b       37         60       Meet al of the plan's assets during the plan year invested in eligible assets? (See instructions)       §r       Yes       No         60       FC 28/20.104-487 (See instructions)       §r       Yes       No         7       Pan Administrator's telephone number						10	•		
381 EDGEWOOD TERRACE 301-882.2632       Image: Comparison of the second of	2a	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b			
Soft EDGEWOOD TERRACE       601-882-2552         JACKSON, MS 39206       2d Business code (see instructions)         3a Plan administrator's name and address (if same as plan sponsor, enter 'Same')       3b Administrator's EIN         ANNON S FOOD SERVICE, INC.       301 EDGEWOOD TERRACE       3b Administrator's EIN         ALMININS FOOD SERVICE, INC.       301 EDGEWOOD TERRACE       3b Administrator's telephone number         A 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 (form the last return/report filed for this plan, enter the name, EIN, and the plan number (form the last return/report filed for this plan, enter the name of participants at the end of the plan year.       5a       6c       PN         5a Total number of participants at the end of the plan year.       5a       6c       37         6a Were all of the plan sasets during the plan year invested in eligible assets? (See instructions).       Yes Ne       Yes Ne         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant ((QPA)       Yes Ne       Ne         7 Plan Assets and Liabilities       7a       618918       579999         7 Total plan inabilities.       7b       1       1         6. Other income (des).       8a(1)       2       27663         9. Other income (des).       8a(2)       23763	HAN	NON S FOOD SERVICE, INC.							
Shit EDGEWOUD LERACE JACKSON, MS 33200       Zd       Business code (see instructions) 445110         3a Plan administrator's name and address (if same as plan sponsor, enter "Same") HANNON S FOOD SERVICE, INC. JACKSON, MS 33206       3b Administrator's EIN 64.0591258         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.       3b Administrator's tempone number 601-982-2552         5a Total number of participants at the beginning of the plan year       5a       5a         5a Total number of participants at the beginning of the plan year (defined benefit plans do not complete this item).       5c       37         5a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       No         b Are you claiming a waker of the annue samination and report of an independent qualified public accountant (IQPA)       Yes       No         7 Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year       579999         7 Total plan assets.       7b       5183(3)       579999         8 Total plan is liabilities.       7a       618918       6799999         8 Total plan assets.       7b       579999       579999         9 Total plan is liabilities.       7b       519919       579999         9 Total plan isabilities.       7b						2c			
44510       3a Plan administrator's name and address (if same as plan sponsor, enter "Same") HANNON S FOOD SERVICE, INC.     3b1 EDERVICED TERRACE JACKSON, MS 39200     3b Administrator's Ell (4.0591258)       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 filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the name, EIN, and the plan the depandence of the plan year.     4b EIN       5a Total number of participants at the beginning of the plan year.     5a     62       5a Total number of participants at the end of the plan year.     5b     37       6a Were all of the plan sasets during the plan year invested in eligible assets? (See instructions.)     Yes No     No       b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)     Yes No     No       f Yea assets and Liabilities     7a     618918     679999       7 Plan Assets and Liabilities     7a     618918     679999       6 Income, Expenses, and Transfers for this Plan Year     8a(1)     (a) Amount     (b) Total       (1) Employers     8a(3)     3     3     3       (2) Participants and Liabilities     8a(3)     3     2     2       (3) Others (including direct rollovers)     8a(3)     6     2     2       (4) Ennor (elos)					·	2d			
HANNON S FOOD SERVICE, INC.     381 EDGEWOOD TERRACE JACKSON, MS 39206     3C Administrator's telephone number 601-982-2552       4     If the name and/or EIN of the plan sponsor has changed since the last return/report.     3C Administrator's telephone number 601-982-2552       5a     Total number of participants at the beginning of the plan year.     5a       5a     Total number of participants at the end of the plan year.     5a       6     Wore all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Sec       6     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Sec       7     No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)     Yes       No b     Vare you claiming a waiver of the samual examination and report of an independent qualified public accountant (IQPA)     Yes       Yes     No     Yes     No       You answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.     Part III       7     Plan Assets and Liabilities     7a     618918     579999       5     Income, Expenses, and Transfers for this Plan Year     618918     579999       6     Income, Expenses, and Transfers for this Plan Year     618918     579999       6     Income, Expenses, and Transfers for this Plan Year     618918     214113 <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>									
JACKSON, MS 39206       3c Administrator's telephone number 601-862-2552         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.       4b       EIN         3       Sponsor's name       5a       62       62         5       Total number of participants at the beginning of the plan year.       5a       62       5b       37         5       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       37         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions ).       Yes    No       Yes    No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.)       Yes    No       Yes    No         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         7       Plan Assets.       7a       618916       579999         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         7       Plan Assets.       7a       618916       579999         8       Income, Expen						3b			
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.       4b       EIN         3       Sponsor's name       5a       5a       62         5a       Total number of participants at the beginning of the plan year.       5a       62         5b       37       5b       37         complete this item.       5c       37         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       5c       37         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       See Soo.       See Soo.         Part IIII       Financial Information       Yes       No       Net you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Part IIII       Financial Information       7b       61       618918       579999         b       Total plan liabilities       7b       618918       579999       579999         b       Total plan isbolities.       7b       618918       579999       579999         b       Total plan isbolities.       7b       618918       579999       579999       579999       570       618918									
a Sponsor's name     4c PN       5a Total number of participants at the beginning of the plan year     5a 62       b Total number of participants at the end of the plan year     5b 37       c Number of participants at the end of the plan year (defined benefit plans do not complete this item)     5c 37       c Were all of the plan's assets during the plan year invested in eligible assets? (See instructions)     Sc 37       c Were all of the plan's assets during the plan year invested in eligible assets? (See instructions)     Yes No       b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)     Yes No       ry ou answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.     Yes No       Part III     Financial Information     7a 618918       7     Plan Assets and Liabilities     (a) Beginning of Year       a Total plan iabilities     7a 618918     579999       b Total plan iabilities     7a 618918     579999       c Net plan assets (subtract line 7b from line 7a)     7c 618918     579999       c Net plan assets for this Plan Year     8a(1)     (b) Total       a Contributions received or receivable from:     8a(2)     23763       (a) Others (including rollovers)     8a(3)     30       b Other income (loss)     8a(2), 8a(3), and 8b)     8c       c Contributions received or corceive distributions (s	4	If the name and/or EIN of the p	lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b			
5a       Total number of participants at the beginning of the plan year       5a       6a       62         b       Total number of participants at the end of the plan year       5b       37         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       37         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Sec       37         6a       Were all of the plan's assets during the plan year invested in eligibility and conditions.)       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         f you answerd "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year       618918       579999         b       Total plan liabilities       7a       618918       579999       570       56         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total       618918       579999         8       Income, Expenses, and Transfers for this Plan Year       8a(2)       23763       23763       2360 <th>_</th> <th></th> <th>er from the last return/report.</th> <th></th> <th></th> <th>4.0</th> <th></th>	_		er from the last return/report.			4.0			
b       Total number of participants at the end of the plan year.       5b       37         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       37         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Mere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Mere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Mere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Mere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Mere all of the plan's assets during the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III       Financial Information       7a       618918       579999         7       Plan Assets and Liabilities       7b       7b       5c         7       Plan assets (subtract line 7b from line 7a)       7c       618918       579999         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         (2)       Participants       8a(2)       23763         (3)       Others (including rollovers)       8a       21413         8       Contributions received or receivable from:       6a(2)       23763 </th <th></th> <th>•</th> <th>the beginning of the plan year</th> <th></th> <th></th> <th>-</th> <th></th>		•	the beginning of the plan year			-			
C       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       37         Ga       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       No       37         Ga       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       No       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         for you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       618918       579999         b       Total plan assets (subtract line 7b from line 7a).       7c       618918       579999         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       (2) Participants       8a(2)       23763         (a)       Other income (loss)       8b       -2350       21413       618916       21413         b       Other income (add lines 8a(1), 8a(2), 8a	-		0 0 1 9						
complete this item)						50	37		
b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Control of the annual examination and report of an independent qualified public accountant (IQPA)         If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       618918       579999         b       Total plan assets (subtract line 7b from line 7a).       7c       618918       579999         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       (a) Amount       (b) Total         9       Other income (loss)       8a(2)       23763       3       (3) Others (including rollovers)       8a(3)       21413         b       Benefits paid (including direct rollovers and insurance premiums to provide sentifits paid (including direct rollovers and insurance premiums to provide sentifits exive providers (salaries, fees, commissions)       8f       1406         g       Other expenses       8g       60332       38919         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8i       -38919<						5c			
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		X Yes 🗌 No		
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500.SF and must instead use Form 5500.         Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets.       7a       618918       579999         b       Total plan assets (subtract line 7b from line 7a).       7c       618918       579999         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       (b) Total         (2)       Part cipants       8a(2)       23763         (3)       Other income (loss).       8b       -2350         c       Total jene diministrative service providers and insurance premiums to provide benefits).       8c       21413         d       Benefits paid (including direct rollovers and insurance premiums to provide service providers (salaries, fees, commissions).       8f       1406         g       Other expenses       8g       60332       -38919         h       Total expenses (add lines 8d, 8e, 8f, and 8g).       8h       60332         i       Net income (loss) (subtract line 8h from line 8c).       8i       -38919	b								
Part IIIFinancial Information7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a618918579999bTotal plan liabilities7b			<b>o</b> ,		,				
aTotal plan assets7a618918579999bTotal plan liabilities7bcNet plan assets (subtract line 7b from line 7a)7c6189185799998Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from:8a(1)(1)Employers8a(2)23763(3)Others (including rollovers)8a(3)bOther income (loss)8b-2350cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c21413dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d58926eCertain deemed and/or corrective distributions (see instructions)8efAdministrative service providers (salaries, fees, commissions)8f1406gOther expenses8g603322iNet income (loss) (subtract line 8h from line 8c)8i-38919	Pa								
a Total plan liabilities	7	Plan Assets and Liabilities			(a) Beginning of Year				
CNet plan assets (subtract line 7b from line 7a)	а	Total plan assets		7a	618918		579999		
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       (a) Amount       (b) Total         (2)       Participants       8a(2)       23763       (a) Amount       (b) Total         (3)       Others (including rollovers)       8a(3)       583(3)       (b) Total       (c) Total         b       Others (including rollovers)       8a(3)       (c) Total income (loss)       (c) Total expenses       (c) Total income (loss)       (c) Total income (loss)       (c) Total income (loss)       (c) Total income (loss)       (c) Total expenses (add lines 8d, 8e, 8f, and 8g)       (c) Total expenses (add lines 8d, 8e, 8f, and 8g)       (c) Total expenses (add lines 8d, 8e, 8f, and 8g)       (c) Total expenses (add lines 8d, 8e, 8f, and 8g)       (c) Total expenses (add lines 8d, 8e, 8f, and 8g)<	b	Total plan liabilities		7b					
a Contributions received or receivable from:       8a(1)         (1) Employers       8a(1)         (2) Participants       8a(2)       23763         (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b       -2350         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       21413         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       58926         e Certain deemed and/or corrective distributions (see instructions)       8e       6         f Administrative service providers (salaries, fees, commissions)       8f       1406         g Other expenses (add lines 8d, 8e, 8f, and 8g)       8h       60332         i Net income (loss) (subtract line 8h from line 8c)       8i       -38919				7c	618918	_	579999		
(1) Employers8a(1)(2) Participants8a(2)23763(3) Others (including rollovers)8a(3)b Other income (loss)8b-2350c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c21413d Benefits paid (including direct rollovers and insurance premiums to provide benefits)8d58926e Certain deemed and/or corrective distributions (see instructions)8e60332f Administrative service providers (salaries, fees, commissions)8f1406g Other expenses8g60332h Total expenses (add lines 8d, 8e, 8f, and 8g)8h60332i Net income (loss) (subtract line 8h from line 8c)8i-38919	-				(a) Amount		(b) Total		
(2) Participants       8a(2)       23763         (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b       -2350         C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       21413         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       58926         e Certain deemed and/or corrective distributions (see instructions)       8e       1406         g Other expenses       8g       60332         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       60332         i Net income (loss) (subtract line 8h from line 8c)       8i       -38919	a			8a(1)					
bOther income (loss)8b-2350cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c21413dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d58926eCertain deemed and/or corrective distributions (see instructions)8e60fAdministrative service providers (salaries, fees, commissions)8f1406gOther expenses8g60332hTotal expenses (add lines 8d, 8e, 8f, and 8g)8h60332iNet income (loss) (subtract line 8h from line 8c)8i-38919		(2) Participants		8a(2)	23763				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       21413         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       58926         e Certain deemed and/or corrective distributions (see instructions)       8e       6         f Administrative service providers (salaries, fees, commissions)       8f       1406         g Other expenses       8g       60332         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       60332         i Net income (loss) (subtract line 8h from line 8c)       8i       -38919		(3) Others (including rollovers)	)	8a(3)					
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)		8b	-2350				
to provide benefits)       8d       58926         e       Certain deemed and/or corrective distributions (see instructions)       8e         f       Administrative service providers (salaries, fees, commissions)       8f       1406         g       Other expenses       8g       60332         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       60332         i       Net income (loss) (subtract line 8h from line 8c)       8i       -38919	С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			21413		
e       Certain deemed and/or corrective distributions (see instructions)       8e         f       Administrative service providers (salaries, fees, commissions)       8f       1406         g       Other expenses       8g       60332         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       60332         i       Net income (loss) (subtract line 8h from line 8c)       8i       -38919	d			84	58926				
f       Administrative service providers (salaries, fees, commissions)       8f       1406         g       Other expenses	A	, ,							
g         8g           h         Total expenses (add lines 8d, 8e, 8f, and 8g)			, , , , , , , , , , , , , , , , , , , ,		1406				
h         Total expenses (add lines 8d, 8e, 8f, and 8g)         8h         60332           i         Net income (loss) (subtract line 8h from line 8c)         8i         -38919		•	( · · · · /						
i Net income (loss) (subtract line 8h from line 8c)							60332		
j Transfers to (from) the plan (see instructions)	i						-38919		
	j	Transfers to (from) the plan (se	ee instructions)	8j					

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

Page 2 - 1

## Part IV Plan Characteristics

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 2K 3D

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

Part	V Compliance Questions								
10	During the plan year:		Yes	No	A	mount			
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)			X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			х					
С	Was the plan covered by a fidelity bond?	10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	x		2003				
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х			82287	7		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X					
Part	VI Pension Funding Compliance								
11									
12									
а	<ul> <li>(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li><b>a</b> 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 letter ruling granting the waiver.</li> </ul>								
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_						
b	Enter the minimum required contribution for this plan year			12b	ļ				
С	Enter the amount contributed by the employer to the plan for this plan year			12c	ļ				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left energative amount)			12d					
е	Will the 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	Has a resolution to terminate the plan been adopted in any plan year?	····· <u>····</u>		Ŷ	′es X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a						
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
C 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.)									
1	<b>3c(1)</b> Name of plan(s):		13	c <b>(2)</b> El	N(s)	13c(3) PN(s)			
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	ise is	establ	ished.				

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	Filed with authorized/valid electronic signature.	05/02/2012	KIRK HANNON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	05/02/2012	KIRK HANNON
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

	Form 5500-SF   Short Form Annual Return/Report of Small Employee						OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe				e	2011				
Er	Department of Labor ployee Benefits Security Administration	SA), and sections 6057(b) and 6058 Code (the Code).	(a) of	Inis Form	s Open to Public					
P.	ension Benefit Guaranty Corporation	Complete all entries in accord	dance wit	n the instructions to the Form 5500	0-SF.					
		lentification Information	1 /01 /0	011		12/31/202	i -1			
For	calendar plan year 2011 or fisca		)1/01/2							
Α.	This return/report is for:	X a single-employer plan		employer plan (not multiemployer)		a one-partici	pant plan			
B	This return/report is:	the first return/report		eturn/report						
		an amended return/report	a short pla	in year return/report (less than 12 mo	onths)	<u> </u>				
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	am			
		special extension (enter description		<u></u>						
Pa	rt II Basic Plan Inform	nation—enter all requested inform	ation				·····			
	Name of plan				16	Three-digit plan number				
	Hannon's Food Servi	ice, Inc. 401(k) Plan				(PN)	001			
					1c	Effective date o	fplan			
						01/01/199	6			
2a	Plan sponsor's name and addre	ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identi				
	Hannon s Food Servi	Lce, Inc.				<u>, , , , , , , , , , , , , , , , , , , </u>	N) 64-0591258			
					2c	Sponsor's telep (601) 982-				
	361 Edgewood Terrac	ce			24		(see instructions)			
	-			MS 39206	Zu	445110	are mandenona)			
	Jackson Plan administrator's name and	address (if same as plan sponsor, ei	nter "Same		3b	Administrator's	EIN			
	Same			,						
					3c		telephone number			
-	100			report filed for this plan, optor the	4b	(601) 982-	-2002			
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the I ber from the last return/report.	ast return/i	report med for this plan, enter the	40	EIN				
а	Sponsor's name	·			4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a		62			
<b>b</b> Total number of participants at the end of the plan year					5b	3				
с		count balances as of the end of the p			5c		37			
6a	Were all of the plan's assets d	luring the plan year invested in eligib	le assets?	(See instructions.)			🗙 Yes 🗌 No			
b	Are you claiming a waiver of th	e annual examination and report of a	an indeper	ident qualified public accountant (IQI	PA)		X Yes No			
		See instructions on waiver eligibility er 6a or 6b, the plan cannot use Fe								
Pa	rt III Financial Informa		0/11/ 0000-	or and must material user on in our						
7	Pian Assets and Liabilities			(a) Beginning of Year		(b) End	of Year			
a		****	7a	618,91	8		579,999			
	•		7b							
с	Net plan assets (subtract line 7	/b from line 7a)	7c	618,91	8		579,999			
8	Income, Expenses, and Transf			(a) Amount		(b)	「otal			
+	Contributions received or recei	vable from:								
			8a(1)							
			8a(2)	23,76	3					
		)	1	(0.050	÷					
b				(2,350	)		21 412			
C		8a(2), 8a(3), and 8b)	8c				21,413			
d		rollovers and insurance premiums	8d	58,92	6					
е	Certain deemed and/or correct	ive distributions (see instructions)	89							
f	Administrative service provider	s (salaries, fees, commissions)	8f	1,40	б					
9	Other expenses		. 8g							
h	1 1	8e, 8f, and 8g)			_		60,332			
i		e 8h from line 8c)	. <u>8i</u>				(38,919)			
_ <u>j</u>		ee instructions)	8j			·	Para Propriet and			
For P	aperwork Reduction Act Notice and On	AB Control Numbers, see the Instructions for	Form 5500-S	F			Form 5500-SF (2011)			

Form 5500-SF 2011

Page 2 -

## Part IV Plan Characteristics

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 2K 3D

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

Part	V Compliance Questions								
10	During the plan year:		Yes	No	ļ	Am	ount		
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	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x					
с	Was the plan covered by a fidelity bond?	10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х					
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	100	x					2,0	03
f	Has the plan failed to provide any benefit when due under the plan?	10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				5	32,2	:87
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		х					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete	Sched	lule SE	i (Form		Yes Yes	X	No
lf b c Part 13a b	negative amount)         Will the minimum funding amount reported on line 12d be met by the funding deadline?         VII       Plan Terminations and Transfers of Assets         Has a resolution to terminate the plan been adopted in any plan year?       If "Yes," enter the amount of any plan assets that reverted to the employer this year         Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?       If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify to the transferred from this plan to another plan(s), identify to the transferred from this plan to another plan(s), identify to the transferred from this plan to another plan(s), identify to the transferred from this plan to another plan(s), identify to the transferred from this plan to another plan(s), identify to the transferred from this plan to another plan(s), identify to the transferred from this plan to another plan(s), identify to the transferred from this plan to another plan(s), identify to the transferred from this plan to another plan(s).	of a	, and e	12b 12c 12d	ne date of	the le Yea	nr	ling	/A
	which assets or liabilities were transferred. (See instructions.) I3c(1) Name of plan(s):		13	c(2) E	IN(s)		13c(3	) PN(	s)
					lichod		<u>.                                    </u>		
Cau	ion: A penalty for the late or Incomplete filing of this return/report will be assessed unless reasonab	le cai	use is	estab	lished.	ahle	a Sch	edule	
SB c	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return f, it is the concect, and complete.	/repor	t, and	to the	best of my	kno	wledge	and	

SIGN	X Kil		. 1	,	Kirk Hannon
HERE	Signature of plan administrator	Date 🖡	7/2	Зľ	Enter name of individual signing as plan administrator
	X		7	*	Kirk Hannon
SIGN HERE	Signature of employer/plan sponsor	Date 4	12	In	Enter name of individual signing as employer or plan sponsor