

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.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 06/30/2010	
A This return/report is for:	☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B This return/report is for:	☐ first return/report ☒ final return/report ☐ an amended return/report ☒ short plan year return/report (less than 12 months)
C Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan AUTOMAC FOOD SERVICE, INC. 401(K) PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 03/01/1989
2a Plan sponsor's name and address (employer, if for single-employer plan) AUTOMATIC FOOD SERVICE, INC. 711 NORTH 39TH STREET BIRMINGHAM, AL 35222	2b Employer Identification Number (EIN) 63-0915632
	2c Plan sponsor's telephone number 205-595-0575
	2d Business code (see instructions) 454210
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") AUTOMATIC FOOD SERVICE, INC. 711 NORTH 39TH STREET BIRMINGHAM, AL 35222	3b Administrator's EIN 63-0915632
	3c Administrator's telephone number 205-595-0575
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. Sponsor's name	4b EIN 4c PN
5a Total number of participants at the beginning of the plan year	5a 60
b Total number of participants at the end of the plan year	5b 0
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c 0
6a 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 (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....	☒ 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 232545 0
b Total plan liabilities	7b 1664 0
c Net plan assets (subtract line 7b from line 7a).....	7c 230881 0
8 Income, Expenses, and Transfers for this Plan Year	
	(a) Amount (b) Total
a Contributions received or receivable from:	
(1) Employers	8a(1) 2652
(2) Participants	8a(2) 6675
(3) Others (including rollovers).....	8a(3)
b Other income (loss).....	8b -3892
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 5435
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d 25106
e Certain deemed and/or corrective distributions (see instructions)....	8e
f Administrative service providers (salaries, fees, commissions).....	8f
g Other expenses.....	8g
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h 25106
i Net income (loss) (subtract line 8h from line 8c).....	8i -19671
j Transfers to (from) the plan (see instructions).....	8j -211019

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 2G 2J 2K 3D 2F 2T

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	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? (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.)		X	
c	Was the plan covered by a fidelity bond?	X		1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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		X	

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☐ Yes ☒ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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. Month _____ Day _____ Year _____

If you 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	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e 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 during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** _____

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☒ Yes ☐ No

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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
401(K) ADVANTAGE, LLC 401(K) PLAN	20-1826891	002

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, 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	Filed with authorized/valid electronic signature.	10/23/2012	DOD HAMRE
	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



AFS CANTEEN

3013 Hayneville Road
Montgomery, AL 36108
Phone (334) 264-7336



October 23, 2012

IRS

Department of the Treasury

Internal Revenue Service

Ogden, Utah 84201-0018

Dear Sir:

Re: 401K Plan 401K Advantage Plan

Automatic Food Service, Inc.

We are respectfully asking for abatement of the late filing penalties for the above named retirement plan for 2011 short year 5500. The plan sponsor understood that the form would be completed on time by the prior record keeper as had always been done in the past. Due to the transfer of the plan to a multiple employer plan during the year, the TPA overlooked the earlier than normal filing deadline, and failed to file for an extension or complete the filing on time. Since this is a small plan and a small company, the sponsor was unaware of the rules regarding the need to file the 5500 within 7 months after the transfer.

Also, please note all mail regarding this notice was sent to our Birmingham, Al address. We have not received mail there for about three years and it was not being forward to our Montgomery, Al address. I am enclosing a copy of the change of address sent on October 16, 2012.

Thank you for your consideration of this matter.

Best regards,

F. D. Hamre, Jr

President

OGDEN UT 84201-0046

In reply refer to: 0423465158
Sep. 21, 2012 LTR 2475C 1
63-0915632 000000 00
00017211
BODC: TE

AUTOMATIC FOO SERVICE INC
3013 HAYNEVILLE RD
MONTGOMERY AL 36108

Employer Identification Number: 63-0915632

Dear Taxpayer:

We need your help keeping our records current. Recently, the post office returned tax information we sent to you as "undeliverable". We identified the address shown above through research, but we cannot update our records without your written verification.

Please complete and return a Form 8822, Change of Address, so that we can update our records. Be sure to date and sign the form and mail it to the address shown on this letter.

Your tax information is enclosed for your review and/or action.

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number (334) 264 2336 Hours 8:30AM - 4:00PM

Thank you for your cooperation.

Change of Address — Business

OMB No. 1545-1163

► Please type or print.

► See instructions on back. ► Do not attach this form to your return.

Before you begin: If you are also changing your home address, use Form 8822 to report that change.

Check **all** boxes this change affects:

- 1 ☐ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)
- 2 ☒ Employee plan returns (Forms 5500, 5500-EZ, etc.)
- 3 ☐ Business location

4a Business name <i>Automatic Food Service Inc</i>	4b Employer identification number <i>63-0915632</i>	
5 Old mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions. <i>711 39th St. North Birmingham, AL 35222</i>		
Foreign country name	Foreign province/county	Foreign postal code
6 New mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions. <i>3013 Hayneville Road, Montgomery, AL 36106</i>		
Foreign country name	Foreign province/county	Foreign postal code
7 New business location, if different from mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address also complete spaces below, see instructions.		
Foreign country name	Foreign province/county	Foreign postal code
8 Signature		

Daytime telephone number of person to contact (optional) ► *334-264-7336*

Sign Here	<i>Dood Harne</i> Signature of owner, officer, or representative	<i>10/13/12</i> Date
	<i>President</i> Title	

Where To File

Send this form to the Department of the Treasury, Internal Revenue Service Center, and the address shown next that applies to you.

IF your old business address was in ...

THEN use this address ...

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Cincinnati, OH
45999-0023

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, any place outside the United States

Ogden, UT
84201-0023

Sent 10/16/12