Fo	rm 5500-SF	Short Form Annual Re		of Small Employ	yee	OM	IB Nos. 1210-011 1210-008
	artment of the Treasury rnal Revenue Service		enefit Plan		_	20	12
D	epartment of Labor Benefits Security Administration	This form is required to be filed to Retirement Income Security Act of 19 the Internal F		ctions 6057(b) and 6058		This Form is C	Open to Public
Pension B	enefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	ctions to the Form 550	0-SF.	Inspe	ction
Part I		entification Information					
For calend	lar plan year 2012 or fisca	-		and ending 1	2/31/2	2012	
A This re	turn/report is for:	a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-participar	ıt plan
B This re	turn/report is:	the first return/report the first return/report	ne final return/report				
		an amended return/report	short plan year returr	n/report (less than 12 mo	onths))	
C Check	box if filing under:	Form 5558	utomatic extension			DFVC program	
		special extension (enter description)	1				
Part II	Basic Plan Inform	nation—enter all requested informati	on				
1a Name		,			1b	Three-digit	
HANNON'S	FOOD SERVICE, INC. 4	01(K) PLAN				plan number	
					4 -	(PN)	001
					10	Effective date of pl 01/01/19	
	ponsor's name and addre	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identifica	ation Number
					2c	Sponsor's telephor	ne number
361 EDGEV JACKSON,	VOOD TERRACE MS 39206				2d	601-982-2 Business code (see	
						445110	
3a Plan a	idministrator's name and	address 🗙 Same as Plan Sponsor Nai	me Same as Plan	Sponsor Address	36	Administrator's EIN	1
						Administrator's tele	
4 If the	name and/or EIN of the p	lan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	EIN	
	e, EIN, and the plan numb sor's name	er from the last return/report.			4c	PN	
		the beginning of the plan year			5a		3
b Total	number of participants at	the end of the plan year			5b		
		count balances as of the end of the pla			0.0		
					5c		3
6a Were	e all of the plan's assets d	uring the plan year invested in eligible	assets? (See instruc	tions.)			X Yes N
		e annual examination and report of an					
		See instructions on waiver eligibility an er line 6a or line 6b, the plan cannot	,				X Yes N
Under pen SB or Sch	alties of perjury and othe	incomplete filing of this return/repo r penalties set forth in the instructions, signed by an enrolled actuary, as well te.	I declare that I have	examined this return/rep	oort, ir	ncluding, if applicabl	
SIGN	Filed with authorized/va	lid electronic signature.	03/27/2013	KIRK HANNON			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan admin	istrator
SIGN	Filed with authorized/va	lid electronic signature.	03/27/2013	KIRK HANNON			
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ial sid	ning as employer o	r plan sponsor
Preparer's		ne, if applicable) and address; include				parer's telephone nu	

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year
a Total plan assets	7a	57999	9			652498
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	57999	9			652498
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	8-(1)					
(1) Employers (2) Participants		2172	0			
(3) Others (including rollovers)		2112	5			
b Other income (loss)		5267	0	_		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		5201	0			74399
d Benefits paid (including direct rollovers and insurance premi				_		74599
to provide benefits)		39	4			
e Certain deemed and/or corrective distributions (see instruction	ons) 8e					
f Administrative service providers (salaries, fees, commission	ıs) 8f	150	6			
g Other expenses	- 5					
h Total expenses (add lines 8d, 8e, 8f, and 8g)						1900
i Net income (loss) (subtract line 8h from line 8c)				_		72499
J Transfers to (from) the plan (see instructions)	······ 8j					
b If the plan provides welfare benefits, enter the applicable w Part V Compliance Questions			Jensu			
10 During the plan year:				Yes	No	Amount
 Was there a failure to transmit to the plan any participant of 29 CFR 2510.3-102? (See instructions and DOL's Volunta 	contributions within th ary Fiduciary Correct	ne time period described in tion Program)	10a		x	
b Were there any nonexempt transactions with any party-in- on line 10a.)	interest? (Do not inc	lude transactions reported	10b		X	
C Was the plan covered by a fidelity bond?			10c		Х	
d Did the plan have a loss, whether or not reimbursed by the or dishonesty?			10d		x	
e Were any fees or commissions paid to any brokers, agents insurance service or other organization that provides some instructions.)	e or all of the benefits	s under the plan? (See	10e	x		1997
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 an	nount as of year end	.)	10g	Х		70274
h If this is an individual account plan, was there a blackout p 2520.101-3.)	,		10h		x	
If 10h was answered "Yes," check the box if you either pro exceptions to providing the notice applied under 29 CFR 2	•		10i		x	
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding re 5500) and line 11a below)						
11a Enter the amount from Schedule SB line 39					11a	
12 Is this a defined contribution plan subject to the minimum	funding requirements	s of section 412 of the Code	or se	ection 3	302 of ER	ISA? Yes 🗙 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e	e below, as applicabl	e.)				
a If a waiver of the minimum funding standard for a prior yea	r is being amortized	in this plan year, see instruc	ctions,	, and e	enter the c	late of the letter ruling
granting the waiver.	-	Mon	th		Day	Year
	-	Mon	th		Day	Year

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 the left of a tive amount)	12d			
е		ne minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X	N/A
Part	VII	Plan Terminations and Transfers of Assets				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	,,	Yes X No		
	lf "Ye	s," enter the amount of any plan assets that reverted to the employer this year	13a			
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	control		Yes X	No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) in assets or liabilities were transferred. (See instructions.)	to			
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) Pl	N(s)
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN

Lirk Hannon Enter name of individual signing as employer or plan sponsor (optional) Preparer's telephone number (optional)					
ual signing as employer or plan sponsor Preparer's telephone number (optional)				8	
	-1	Date 3/25/10	Signature of employer/plan sponsor ame (including firm name, if applicable) and address: include		Prenarer's
	Kirk Hannon			XVI	SIGN
Enter name of individual signing as plan administrator	Enter name of individ	Date 3/25/12	administrator	Signature of plan ad	HERE
	Kirk Hannon			X Y. Ye-	SIGN
of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a 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 conject and complete.	examined this return/re rsion of this return/repor	tions, I declare that I have s well as the electronic ve	Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if app 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 belief, it is true concert and complete.	Under penalties of perjury and other p SB or Schedyle MB completed and si belief, it is true correct and complete	Under penaltie SB or Schedul belief, it is true
ise is established	unless reasonable ca	renorf will be acceced	r incomplete filing of this return	· A nonalty for the late or	Caution
IPA) IPA) IPA) IPA) IPA) IPA) IPA) IPA)	ctions.) ed public accountant (IC and must instead use	igible assets? (See instru of an independent qualifi lity and conditions.) annot use Form 5500-SF	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	are all of the plan's assets (you claiming a waiver of the 29 CFR 2520.104-46? (ou answered "No" to eith	6a W b Are un
	efit plans do not	he plan year (defined ben	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	Number of participants with ac complete this item)	c Nu
5b 36	******		Total number of participants at the end of the plan year	al number of participants a	b Tot
			Total number of participants at the beginning of the plan year	al number of participants a	
PN	-		name, EIN, and the plan number from the last return/report. Sponsor's name	name, EIN, and the plan numl Sponsor's name	10
4b EIN	or this plan, enter the	he last return/report filed t	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	e name and/or EIN of the p	4 If th
3c Administrator's telephone number					
30 Administrator's EIN	Same as Plan Sponsor Address	or Name Same as Plar	I address XSame as Plan Sponsor Name	Plan administrator's name and address	3a Pla
	39206	SW		Jackson	1
				1	2
ΠŪ	-employer plan)	r (employer, if for a single	Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Hannon s Food Service, Inc.	Plan sponsor's name and address; ir Hannon s Food Service,	2a Pla Hai
01/01/1996					
규밀크		п	ice, Inc. 401(k) Plan	Name of plan Hannon's Food Service,	1a Nar Hai
-		ormation	Information-enter all requested information	Basic Plan	Part II
DFVC program		automatic extension	Form 5558 au au au special extension (enter description)	Check box if filing under:	C Che
nonths)	a short plan year return/report (less than 12 months)	a short plan year retu	an amended return/report	This return/report is:	D Inis
a one-participant plan	a multiple-employer plan (not multiemployer)	a multiple-employer p	X a single-employer plan	for:	
12/31/2012	and ending	01/01/2012	plan year 2012 or fiscal plan year beginning	dar	For calen
0-SF.	ctions to the Form 550	cordance with the instru	Complete all entries in accordance with the instructions to the Form 5500-SF Institution information	Ben	Pensio
This For	Code).	rnal Revenue Code (the)	the Internal Revenue Code (the Code).	Department of Labor e Benefits Security Administration	Employee
2012	and 4065 of the Employe	filed under sections 104 a	This form is required to be filed under sections 104 and 4065 of the Employee	Department of the Treasury Internal Revenue Service	
Yee 1210-0089	of Small Employee	Return/Report	Short Form Annual Return/Report of	orm 5500-SF	Π

7 Plan Assets and Liabilities		(a) Beginning of Year	-		(b) End of Year
a Total plan assets	7a	, 579	9,999		
	7b				
	7c	579	9,999		
		(a) Amount			(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)				
Participants	8a(2)	21,	1,729		
1	8a(3)				
Other income (loss) C Total income (add lines 8a(1) 8a(2) 8a(3) and 8b)	80	U	52,670		
	8d		394		
e Certain deemed and/or corrective distributions (see instructions)	8e				
f Administrative service providers (salaries, fees, commissions)	8f	1	1,506		
g Other expenses	8g				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				
I Net income (loss) (subtract line 8h from line 8c)	8i				
J Transfers to (from) the plan (see instructions)	8j				
		a from the list of Disa Oboro	otoriotic	Codos	in the instructions:
1	ature cod	es from the List of Plan Chara	acteristic	Codes	in the instructions:
10 During the plan year:					
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)	ons within iary Corre	the time period described in ction Program)	Y	Yes No	o Amount
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	(Do not in	clude transactions reported			
c Was the plan covered by a fidelity bond?			10a 10b		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	delity bond	d, that was caused by fraud			
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)	r persons the benef	by an insurance carrier, its under the plan? (See			
f Has the plan failed to provide any benefit when due under the plan?	?				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	of year en				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	instruc				
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	required	and 29 CFR			
Part VI Pension Funding Compliance		and 29 CFR or one of the			
Is th	nts? (If "Y	and 29 CFR or one of the			
11a Enter the amount from Schedule SB line 39		d.) tions and 29 CFR notice or one of the es," see instructions and com	10a Y 10b 10b 10c 10c 10d 10c	shedule	Am
	equiremer	d.) tions and 29 CFR notice or one of the s," see instructions and com	10a 10b 10c 10c 10c 10c 10c 10c 10c 10c 10c 10c	res N X X X X X X X X X X X X X X X X X X X	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	as applicat	d.) tions and 29 CFR notice or one of the es," see instructions and com	10a Y 10b 10c 10c 10c 10c 10c 10d 10c 10i 10c	ion 302 of the second s	
granting the waiver.		d.)d. tions and 29 CFR notice or one of the s," see instructions and com ts of section 412 of the Code ole.)	10a Y 10b 10c 10c 10c 10d 10c 10d 10c 10d 10c 10d 10c 10d 10c 10i 10i 10i 10i	ion 302	SB (Form
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	TRADUCTION OF A PROPERTY OF A PROPERTY OF	Has the plan failed to provide any benefit when due under the plan? 10f Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h 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. 10h If 10h vas 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. 10h If sthis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete \$500) and line 11a below). 10e Inter the amount from Schedule SB line 39. Enter the amount from Schedule SB line 39. 10e Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or set 10e If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 11f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, Month	10a 10b 10c 10c 10c 10c 10g 10g 10h 10f 10g 10h 10i 10i 10i 10i 10i 10i 10i 10i 10i 10i	ion 302	Am Y:: Image: Second secon
b Enter the minimum required contribution for this plan year	MB (Forn	d.) tions and 29 CFR notice or one of the s," see instructions and com es," see instructions and com as," see instructions and com s," see instructions and com as," see instructions and com 	10a 10b 10c 10c 10c 10c 10c 10c 10c 10c 10c 10c	Image: No Image: No Image: No	SB (Form

14b Tr	12c 12d 12d 12d 12d 12d Yes 13c(2) EIN(s)	12c 12c 12d Yes 13a Yes 13a Yes 13c(2) EIN(s) 13c(3) PN(s) 14b Trust's EIN		Part VIII Trust Information (optional) 14a Name of trust	which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):	 If "Yes," enter the amount of any plan assets that reverted to the employer this year	Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year?	e Will the minimum funding amount reported on line 12d be met by the funding deadline?	 c Enter the amount contributed by the employer to the plan for this plan year 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 modeline amount) 	Form 5500-SF 2012 Page 3 -
	rust's EIN	rust's EiN		14b T	13c(2) E	e control e control			12c 12d	-