## 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accor	uance with	i the manachons to the Form 330	U-3F.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/20	011		
Α .	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 m	onths)			
C	Check box if filing under: Form 5558		DFVC progra	m			
	special extension (enter description	on)					
Pa	art II Basic Plan Information—enter all requested inform	ation					
1a	Name of plan			1b	Three-digit		
NEW	TON & DAVIS, INC. DBA BIG STAR SUPERMARKETS PROFIT SH	HARING PI	LAN & T		plan number		
					(PN) •	. 001	
				10	Effective date of 03/31/	•	
2a	Plan sponsor's name and address; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identif		er
NEW	/TON & DAVIS, INC.				(EIN) 63-059		
				2c	Sponsor's teleph		
	NORTH WOOD AVE			256-766-0458			
FLOF	RENCE, AL 35630			2d Business code (see instruction			
32	Plan administrator's name and address (if same as plan sponsor, e	nter "Same	5")	445110 <b>3b</b> Administrator's EIN			
	TON & DAVIS, INC. 2503 NORTH	I WOOD A		0.0	63-0596039		
	FLORENCE,	AL 35630		<b>3c</b> Administrator's telephone numbe 256-766-0458			
4	If the name and/or EIN of the plan sponsor has changed since the	report filed for this plan, enter the	4h		-0456		
•	name, EIN, and the plan number from the last return/report.	iast return	report med for this plan, enter the	4b EIN			
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			50
b	Total number of participants at the end of the plan year	the end of the plan year					4
С	Number of participants with account balances as of the end of the			5c			4
62	complete this item)			30		X Yes	No
b			,	 PA)		<u> </u>	]
-	under 29 CFR 2520.104-46? (See instructions on waiver eligibility			,		X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.			
Pa	rt III   Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End		
а	Total plan assets	. 7a	874628			883672	2
b	Total plan liabilities		074000			000076	
<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7с	874628			883672	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from: (1) Employers	. 8a(1)	15000				
	(2) Participants	. 8a(2)	0				
	(3) Others (including rollovers)	. 8a(3)					
b	Other income (loss)	. 8b	-1596				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				13404	1
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	4325				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f	35				
g	Other expenses	. 8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					4360	)
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				9044	1
j	Transfers to (from) the plan (see instructions)	. 8j					

Form	5500-	SF	201

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Part IV	Plan	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

0	During the plan year:		Yes	No		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	X					120000
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		X				
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				
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		Χ				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i		Χ				
art		1	l I					
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))					F	Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						Yes	V NI-
	44 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m 4		Clion	02 01 1	EKISA?		103	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mo	ictions,	and e	nter th	e date c	f the le	tter ru	ling
lf y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ictions, nth	and e	nter th Day	e date c	f the le	tter ru	ling
lf y b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ictions, nth	and e	nter th Day	e date c	f the le	tter ru	ling
lf y b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nctions,	and e	nter th Day	e date c	f the le	tter ru	ling
lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).	nctions, nth	and e	nter th Day 12b 12c 12d	e date c	f the le	tter ru	ling
lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nctions, nth	and e	nter th Day 12b 12c 12d	e date d	f the le	tter ru	ling
lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets	nctions,		12b 12c 12d	e date c	f the le	tter ru	ling
lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ortions,		12b 12c 12d	e date c	f the le	tter ru	ling
lf y b c d e art	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d	e date c	f the le	tter rul	ling
b c d e art 3a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	nter th Day 12b 12c 12d	e date c	f the le Yea	tter rul	ling
b c d art 3a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	nter th Day 12b 12c 12d	Yes X	f the le Yea	No Yes	ling
b c d art 3a b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	nter th Day 12b 12c 12d	Yes X	f the le Yea	No Yes	ling N/A

SIGN	Filed with authorized/valid electronic signature.	07/05/2012	DOREE C. PETTUS
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

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Bonoits: Security Administration

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	dance wit	h the instructions to the Form 5500	O-SF.	""	pection
Р	art I Annual Report Identification Information	361100 1116	THE THE CONTROL OF THE PARTY OF			
		1/01/2	011 and ending		12/31/201	.1
	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ent plan
	This return/report is:		eturn/report		_	
•	THIS TO CONTINUED IN THE PARTY OF THE PARTY		an year return/report (less than 12 mg	nothe)		
	H H			JI 14112)	_	_
Ç	Check box if filing under:	automatic	extensión		DFVC progra	ICTI
	special extension (enter description	n)				
Р	art II Basic Plan Information—enter all requested information	ation				
1a	Name of plan			1b	Three-digit plan number	
	Newton & Davis, Inc.				(PN)	001
	DBA Big Star Supermarkets Profit Sharing	Plan	& T	10	Effective date of	f nlan
					03/31/197	
2a	Plan sponsor's name and address; include room or suite number (e	mølover, il	for a single-employer plan)	2b	Employer identi	fication Number
	Newton & Davis, Inc.	,,,	, , , , , , , , , , , , , , , , , , , ,		(EIN) 63-059	6039
				2c	Sponsor's telep	hone number
					(256) 766-	-0458
	2503 North Wood Ave			2d		see instructions)
	Florence		AL 35 <u>630</u>		445110	
3a	Plan administrator's name and address (if same as plan sponsor, et	nter "Same	a")	3b	Administrator's I	EIN
	SAME			3-	A desired to the second of	-1
				30	Administrators	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the li	ast return/	report filed for this pian, enter the	4b	EIN	
•	name, EIN, and the plen number from the last return/report.					
a	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			5a	<u> </u>	5.0
b	Total number of participants at the end of the plan year			5b		47
С	Number of participants with account balances as of the end of the p	olan year (	defined benefit plans do not			4.5
	complete this item)			5c		47
	Were all of the plan's assets during the plan year invested in eligible		· ·			X Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo				.,	ы . оз Ц . то
P	art III   Financial Information	om cood	or and made made and rain out	, , , ,		
7	Plan Assets and Liabilities		(a) Beginning of Year	T	(b) End	of Year
а	Total plan assets	7a	874,62	8	(=/	883,672
Ь	Total plan liebilities		· ·	+		· · · · · · · · · · · · · · · · · · ·
	Net plan assets (subtract line 7b from line 7a)	7c	874,62	8		883,672
8	Income, Expenses, and Transfers for this Plan Year	<del> </del>	(a) Amount	1	(b) T	
-	Contributions received or receivable from:	<del>                                     </del>		+-	(6) 1	otal
	(1) Employers	8a(1)	15,00	0		
	(2) Participants	8a(2)		0		
	(3) Others (including rollovers)	Ba(3)		7		
þ	Other income (loss)	8b	(1,596	)		
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1	<u> </u>	13,404
ď	Benefits paid (including direct rollovers and Insurance premiums			_		
	to provide benefits)	8d	4,32	킈		
0	Certain deemed and/or corrective distributions (see instructions)	86		1		
f	Administrative service providers (salaries, fees, commissions)	Bf	3	S		
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				4,360
i	Net income (loss) (subtract line 8h from line 8c)	Bi				9,044
j	Transfers to (from) the plan (see instructions)	βI				

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Par	IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension fer 2E 2G 3D	ature codes from the	List of Plan Chars	acteristi	c Co	des In	the Instructi	ons:	
b									
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contributio					х		(III) CATE	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest? (	(Do not include transa	actions reported	10a		Х			
	on line 10a.)			10Ь	u l			300 000	
G	Was the plan covered by a fidelity bond?			10c	Х			120,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tinstructions.)	the benefits under the	e pian? (See	10e		х			
f	Has the plan (alled to provide any benefit when due under the plan?			10f		Х			
q	Did the plan have any participant loans? (If "Yes," enter amount as o			10g	$\dashv$	Х			
h	If this is an individual account plan, was there a blackout period? (Se	ee Instructions and 29	9 CFR		一	x			
j	2520.101-3.) If 10h was answered "Yes," check the box If you either provided the	required notice or on	e of the	10h		x			
<u> </u>	exceptions to providing the notice applied under 29 CFR 2520.101-3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10ì		7.			
Part	<del></del>						<b>/=</b>		
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))							Yes X No	
12	is this a defined contribution plan subject to the minimum funding re							Yes X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in this plan	Mont	itions, a	nd e	nter th Day	e date of the	e letter ruling 'ear	
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N	ИВ (Form 5500), and	d skip to line 13.		_				
þ	Enter the minimum required contribution for this plan year				$\perp$	12b			
C	Enter the amount contributed by the employer to the plan for this pla				$\perp$	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter th negative amount)				L	12d			
ę	Will the minimum funding amount reported on line 12d be met by the	funding deadline?	<u></u>				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?					Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the emp						haman		
Ь	Were all the plan assets distributed to participants or beneficiaries, tr of the PBGC?	ransferred to another	plan, or brought u	inder th	e co	ntrol		∏ Yes ⊠ No	
c	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to enother	plan(s), identify th	e plan(	s) to				
1	3c(1) Name of plan(s):				130	(2) Eli	V(s)	13c(3) PN(s)	
Court	- A manufacturate take as because of the control of				_				
Unde SB o	on: A penalty for the late or incomplete filing of this return/report penalties of perjury and other penalties set forth in the Instructions, I Schedule MB completed and signed by an enrolled actuary, as well at its true, correct, and complete.	declare that I have e	examined this retu	rn/repo	rt. ind	cludino	ı. if applicab	le, a Schedule nowledge and	
SIGI	Vlorel C. Attus	(Nacha)	Doree C. Pe	ettus					
HER		Date	Enter name of In-			uno se	nlan admin	istrator	
	<u> </u>	2010	Error Hame Orill	arridga	aigi	ing sp	Pieri editili		
SIG	- "								
	Signature of employer/plan sponsor	Date	Enter name of in-	dividual	BIGT	iing as	employer a	r plan sponsor	