Form 5500-SF		Short Form Annual Return/Report of Small Employee			OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service		Benefit Plan			8(a) of This Form is Open to Public		012		
Department of Labor Employee Benefits Security Administration		This form is required to be filed under sections 104 and 4065 of the Employed Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).		s Open to Public					
Pension Be	Pension Benefit Guaranty Corporation Inspection								
Part I Annual Report Identification Information									
For calend	ar plan year 2012 or fisca		3	and ending 1	2/24/2	2013			
A This return/report is for:						a one-participant plan			
B This ref	turn/report is:	the first return/report	the final return/report						
	an amended return/report X a short plan year return/report (less than 12 months)								
C Check	C Check box if filing under:								
	special extension (enter description)								
Part II	Basic Plan Inform	nation—enter all requested informa	tion						
1a Name		·			1b	Three-digit			
NEWTON &	DAVIS, INC. DBA BIG S	TAR SUPERMARKETS PROFIT SH	ARING PLAN & T			plan number	004		
					4 -	(PN) ►	001		
					10	Effective date of 03/31/			
	ponsor's name and addre	ess; include room or suite number (er	nployer, if for a single-	employer plan)	2b	Employer Identii (EIN) 63-05	fication Number		
					2c	Sponsor's telephone number 256-766-0458			
2503 NORT FLORENCE	H WOOD AVE , AL 35630				2d	Business code (see instructions)			
33 Dian a	dministrator's name and	address XSame as Plan Sponsor N	ama Deama as Blan	Sponsor Address	3h	445110			
Ja Fiali a				Sponsor Address	3b Administrator's EIN				
		lan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the	4b	EIN			
		er from the last return/report.			4c	PN			
a Sponsor's name 5a Total number of participants at the beginning of the plan year					5a				
		the end of the plan year			5b		0		
		count balances as of the end of the p			50				
					5c		0		
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Yes No									
		incomplete filing of this return/rep							
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructions signed by an enrolled actuary, as we	, I declare that I have	examined this return/rep	ort, ir	ncluding, if applic	,		
SIGN	Filed with authorized/va	lid electronic signature.	12/26/2013	DOREE C. PETTUS	i				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	individual signing as plan administrator				
SIGN					,				
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sid	ning as employe	r or plan sponsor		
Preparer's		ne, if applicable) and address; include					number (optional)		

b Total plan liabilities	Part III Financial Information							
b Total plan labilities 7b 621780 0 c Net plan assets (subtract line 7b from line 7a) 7c 621780 0 a Contributions received or receivable from: (a) Amount (b) Total a Contributions received or receivable from: (a) Amount (b) Total a Contributions received or receivable from: 8a(2) (c) Participants. 8a(2) (c) Participants. 8a(2) (c) Amount (c) Total (c) Dates (including relevance) 8a(2) (c) Amount (c) Total (c) Dates (including relevance) 8a(2) (c) Amount (c) Total (c) Total repenses (add lines 8d, 8e, 8f, and 8g) 8c (c) 77632 (c) 77632 (c) Other repenses 8g (c) 77632 (c) 77632 (c) 77632 (c) Total repenses (add lines 8d, 8e, 8f, and 8g) 8h (c) 77632 (c) 77632 (c) Total repenses (add lines 8d, 8e, 8f, and 8g) 8h (c) 77632 (c) 77632 (c) Total repenses (add lines 8d, 8e, 8f, and 8g) 8h (c) 77632 (c) 77632	7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year		
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(If "Yes," complete line 12a or lines 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 ruli granting the waiver	 insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 	of the benefits as of year end (See instruction he required no 1-3	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i		X X X X X k k SB (For		
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	 insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 12 Is this a defined contribution plan subject to the minimum funding 	of the benefits In? Is of year end (See instruction he required no 1-3 hents? (If "Yes prequirements	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i	1	X X X X X He SB (For	Yes 🗙 No	
b Enter the minimum required contribution for this plan year	 insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is bei 	of the benefits In? as of year end (See instruction he required no 1-3 nents? (If "Yes prequirements , as applicable ng amortized	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10h 10i	1 ction 30	X X X X Ie SB (For 1a 2 of ERIS ter the dat	Yes X No	
	 insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plage Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is bei granting the waiver. 	of the benefits n? as of year end (See instruction he required no 1-3 nents? (If "Yes prequirements , as applicable ng amortized	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10h 10i	1 ction 30	X X X X Ie SB (For 1a 2 of ERIS ter the dat	Yes X No	

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C	Enter	the amount contributed by the employer to the plan for this plan year	12c			
d		ract 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	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					
Part	VII	Plan Terminations and Transfers of Assets				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	XY	/es No		
	lf "Ye	es," 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 performance performanc	control		X 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.)						
1	3c(1)	Name of plan(s): 1	3c(2) El	N(s)	13c(3) PN(s)	
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN