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

	art I Annual Report Identification Information								
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010)	and ending	12/31/2	2010				
Α	This return/report is for: single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan				
В	This return/report is for: first return/report	final retur	n/report						
	an amended return/report	short plar	year return/report (less than 12 mg	onths)					
С	Check box if filing under: Form 5558	automatic	extension		DFVC program				
	special extension (enter description	n)							
Pa	art II Basic Plan Information—enter all requested informa	ation							
	Name of plan	20011		1b	Three-digit				
	IER S DISCOUNT BUILDING SUPPLY INC. 401K PLAN				plan number 001				
					(PN) ▶				
				1C	1c Effective date of plan 08/31/2006				
2a	Plan sponsor's name and address (employer, if for single-employer	nlan)		2b	Employer Identification Number				
	IER S DISCOUNT BUILDING SUPPLY COMPANY	piarij			(EIN) 72-1362456				
0401	DAIN AC MECT			2c	Plan sponsor's telephone number				
	HWY 16 WEST THGAGE, MS 39051			24	601-267-6405				
				Zu	Business code (see instructions) 444190				
3a	Plan administrator's name and address (if same as Plan sponsor, er		9")	3b	Administrator's EIN				
JOIN	ER S DISCOUNT BUILDING SUPPLY COMPANY 610 HWY 16 CARTHGAGE		51	2-	72-1362456				
				3C	Administrator's telephone number 601-267-6405				
4	f the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4-	D.I.				
- Fo	Total accept as af monticin cuts at the hearing in a of the miner.		4c	PN 9					
	Total number of participants at the beginning of the plan year				11				
b	Total number of participants at the end of the plan year			5b	11				
С	Total number of participants with account balances as of the end of complete this item)		•	5c	5				
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	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.)								
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				
-	Total plan assets	7a	(a) Beginning of Tear 4280	5	40310				
b	Total plan liabilities								
C	Net plan assets (subtract line 7b from line 7a)	7c	4280	5	40310				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:		` ,	7	(0) 1000				
	(1) Employers	8a(1)	322						
	(2) Participants	8a(2)	659	2					
	(3) Others (including rollovers)	8a(3)		_					
b	Other income (loss)	8b	276	2	10504				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			12581				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1507	6					
е	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			15076				
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			-2495				
i	Transfers to (from) the plan (see instructions)								

Form 5500-SF 2010	Page 2-

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Part IV	Plan	(`hara	cteristics
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SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2G 2J 3D

D		e plan provides welfare benefits, enter the applicable welfare featu	ire codes nom the t	LIST OF FIAIT CHAFA	Clensi	iic Coc	ies iii t	ne mstructio	лъ.	
Part	٧	Compliance Questions								
10	Dui	ring the plan year:				Yes	No	A	Amount	
а	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	• · · · · · · · · · · · · · · · · · · ·									
С	- X									
d										
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							361		
f	Has	s 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 y	year end.)		10g		X			
h	If th	nis is an individual account plan, was there a blackout period? (See	e instructions and 29	O CFR	10h		X			
i	If 1	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the	10i					
Part '	VI	Pension Funding Compliance								
12										
а	(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									
	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									
	C Enter the amount contributed by the employer to the plan for this plan year									
	The the amount contributed by the employer to the plan for this plan year.									
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?						N/A			
Part '	art VII Plan Terminations and Transfers of Assets									
13a	Has	s a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Yes	X No
	If "Y	es," enter the amount of any plan assets that reverted to the emplo	oyer 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?									
С	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:	13c(1) Name of plan(s): 13c(2) EIN(s) 13c						13c(3)	PN(s)		
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed ι	ınless reasonabl	e cau	se is	establ	ished.	1	
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I d nedule MB completed and signed by an enrolled actuary, as well as s true, correct, and complete.								
SIGN	Filed with authorized/valid electronic signature. 07/01/2011 JULIE BOSS									
HERI		Signature of plan administrator	Date	Enter name of in	dividu	ıal sig	ning as	plan admir	istrator	

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 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.

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OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P.	art I Annual Report Identification Information								
For	the calendar plan year 2010 or fiscal plan year beginning	01/01	/2010	and ending	12	/31/2010			
Α.	This return/report is for: x single-employer plan r	nultiple-em	ployer plan (no	ot multiemployer)	Г	one-participant plan			
		inal return/	report			.			
_			•	ort (less than 12 mor	nthe)				
_		automatic e		31 (1033 BIGH 12 IIIO)	<i>,</i>	DFVC program			
C (Sheak box it tilling direct.	automatic e	extension		L] Drvc program			
	special extension (enter description)								
	art II Basic Plan Information enter all requested inform	nation.			1 45 -				
Та	Name of plan					Three-digit blan number			
	JOINER'S DISCOUNT BUILDING SUPPLY INC. 401k PLA	AN				(PN) ▶ 001			
						Effective date of plan			
22						08/31/2006 Employer Identification Number			
Za	Plan sponsor's name and address (employer, if for single-employer pla JOINER'S DISCOUNT BUILDING SUPPLY COMPANY	11)				Employer Identification Number (EIN) 72-1362456			
	OCTAINED BELOCKIE SOLEMAND SOLEMAND SOLEMAND					2c Plan sponsor's telephone number			
	610 HWY 16 WEST					(601) 267-6405			
US	CARTHGAGE MS 39051					Business code (see instructions) 444190			
3 a	Plan administrator's name and address (If same as plan employer, ent-	er "Same")				Administrator's EIN			
	Same								
					3c /	3c Administrator's telephone number			
4	If the name and/or EIN of the plan sponsor has changed since the last	return/repo	ort filed for this	plan enter the	4b	=IN			
•	name, EIN and the plan number from the last return/report. Sponsor's								
<u>-</u>					4c . 5a				
5a Total number of participants at the beginning of the plan year						9 11			
C	Total number of participants with account balances as of the end of the				. <u>5b</u>				
	complete this item)				. 5c	5			
	Were all of the plan's assets during the plan year invested in eligible as	· ·	=			Yes No			
b	Are you claiming a waiver of the annual examination and report of an in under 29 CFR 2520.104-46? (See instructions on waiver eligibility and				v)				
	If you answered "No" to either 6a or 6b, the plan cannot use Form				• • •				
Pa	art III Financial Information								
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End of Year			
а	Total plan assets	7a		42,805		40,310			
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c		42,805		40,310			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:		· · · · ·						
	(1) Employers	8a(1)		3,227	1888				
	(2) Participants	8a(2)		6,592					
	(3) Others (including rollovers)	8a(3)							
b		8b		2,762					
d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			(0000HU	12,581			
u	to provide benefits)	8d		15,076	100 mm				
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	,	8h		(1 000)	2,0088 0,0000	15,076			
i	Net income (loss) (subject line 8h from line 8c)	8i				(2,495)			
i	Transfers to (from) the plan (see instructions)	8j			HOSSI HOSSI				
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Form 5500-SF 2010	Page 2-			· 			
	La Cara Clan	Characteris	ric Co	odes in	n the in:	structions:	
Plan Characteristics a If the plan provides pension benefits, enter the applicable pension feature codes	from the List of Plan	Official	^-		tha inst	mictions:	
a If the plan provides pension benefits, enter the applicable pension rectangles 2G 2J 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes	from the List of Plan	Cnaracteristi	Ç CX	162 ស	IIIC #10	1000	
b If the plan provides wellsre periess, evid							
Part V Compliance Questions				Yes	No	Amou	15
10 During the plan year:	na time neriod descri	bed In			x		
During the plan year. Was there a failure to transmit to the plan any participant contribution within 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct Policy Corrections with any party-in-interest? (Do not in the were there any nonexempt transactions with any party-in-interest?)	nion Program) ndude transactions re	ported	10a 10b		×		
b Were there any nonexempt transactions with a specific on line 10a.)			10c		x		
		4 * * *			1		
d Did the plan have a loss, whether or not reimbursed by the	nd, that was caused b	" " "	10d		×		
or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons insurance services or other organization that provides some or all of the beautisurance services or other organization that provides some or all of the beautisurance services or other organization.	by an insurance carrinelits under the plan?	ier. (See	10e	×			361
			10f	1_	ж		
benefit when due under the plant	and\		100		×		10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (
A ACIDA - P GOLDO STRUCTURE AND VICENTIAL CONTROL OF VERY	uctions and 29 CFR				×		
h If this is an individual account plan, was there a plackout period.			101	} 	_	115° AND THE PARTY OF THE PARTY	a programma programma.
2520,101-3.)	a natice of one of the	e - • - <u></u>	10			The Land of the	San San Market St.
excentions to providing the notice applied three.							
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (I	f "Yes," see instruction	ns and comp	lete	Sched	uie SB	(Form	Yes X No
11 Is this a defined benefit plan subject to minimum fortuning requirement		<u> </u>		tion 3	:02 of E	RISA?	☐Yes ☑No
17 Is this a defined benefit plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 18 this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) (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 instructions, and enter the date of the letter ruling Year Year Year							
granting the waiver granting the waiver figure 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	orm 5500), and skip	to line 13.			121		
	-			- •	120	- 	
		ہ میں ہے۔ جمعہ نے		- •			
to a serie line 120 trom the amount in the land	sult (enter a minus sis	gn to the left	or a		12		
of Subtract the amount in the 12c hours and negative amount) e Will the minimum funding amount reported on line 12d be met by the fur	ding deadline?		۳.	<u></u>	<u> </u>	. □Yes [No NA
							Yes XNo
the base of sold diffing the Dian VCC	r or any prior year?.		•		٠	· · · · · ·	
13a Has a resolution to terminate the plan been adopted during the tif "Yes," enter the amount of any plan assets that reverted to the employer.	yer this year 🕝	<u> </u>			<u>- 13</u>		
b Were all the plan assets distributed to participants or beneficiaries, tran-	eferred to another pla	n, or brought	und	er the	courto		Yes ⊠No
b Were all the plan assets usufficient to personal the PBGC?	e plan to aporther plan	ı(s), identify i	the p	lan(s)	to		
of the PBGC? If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	5 plan to allower				130	(2) EIN(s)	13c(3) PN(s)
13c(1) Name of plan(s):							
			olo C		s estak	dished.	
Caution: A penalty for the late or incomplete filing of this return/report w	ill be assessed unle	SS reasonal	him/	ranort	includi	ing, if applicable	a Schedule
Under penalties of perjury and other penalties set forth in the tisticulous, is on an Schodule MB completed and signed by an enrolled actuary, as well as	clare that I have examine the electronic version	of this return	n/rep	ort, ar	d to the	e best of my kno	wiedge and
belief, it is true, correct, and domplete.							
SIGNI Waleforner	Date	Enter name	ofin	dividu	al signi	ing as plan aomi	nistrator
HERE Signature of plan administrator		1					
SIGN	Date	Enter name	of in	idividu	ıal sign	ing as employer	or pian sponsor
HERE Signature of employer/plan sponsor							

5500-SF Electronic Filing Authorization

Plan Name:

JOINER'S DISCOUNT BUILDING SUPPLY INC. 401k FLAN

EIN/PN:

72-1362456/001

Plan Year: 01/01/2010 - 12/31/2010

I hereby authorize Advantage Network Financial Services, fLC to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the Us Department of Labor's internet site for public disclosure.

plan Administrator	Plan Sponsor
(sign) Hab Joenen	(sign)
(GATE)	(date)