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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P		dance witl	n the instructions to the Form 5500	-SF.		,
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	2/31/2	011 —	
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	oant 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 mo	nths)		
C	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m
	special extension (enter descriptio	n)		•	<u> </u>	
Pa	rt II Basic Plan Information—enter all requested information	ation				
	Name of plan			1b	Three-digit	
JOIN	ER S DISCOUNT BUILDING SUPPLY INC. 401K PLAN				plan number	
					(PN) •	001
				1C	Effective date of 08/31/	•
22	Plan sponsor's name and address; include room or suite number (et	mployer if	for a single-employer plan)	2h	Employer Identif	
	ER S DISCOUNT BUILDING SUPPLY COMPANY	inployer, ii	Tot a single employer plan			62456
					Sponsor's telep	hone number
610 F	IWY 16 WEST				601-267	
	THGAGE, MS 39051			2d	Business code (see instructions)
					44419	
	Plan administrator's name and address (if same as plan sponsor, er ER S DISCOUNT BUILDING SUPPLY COMPANY 610 HWY 161		2")	3b	Administrator's E	EIN 62456
JOHN	CARTHGAGE		51	3c		elephone number
					601-267	
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN	
_	name, EIN, and the plan number from the last return/report.			4c	DNI	
	Sponsor's name Total number of participants at the beginning of the plan year				T T	13
b	Total number of participants at the end of the plan year		-	5a		- 10
	Number of participants with account balances as of the end of the p		-	5b		
С	complete this item)	• (·	5с		(
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			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
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 550	υ.		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
a	Total plan assets	7a	40310		(b) Liid	0
b	Total plan liabilities					
C	Net plan assets (subtract line 7b from line 7a)	7c	40310			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from:		, ,		(≈/ 1	
	(1) Employers	8a(1)	373			
	(2) Participants	8a(2)	1974			
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	-190			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				2157
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	42467			
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				42467
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				-40310
j	Transfers to (from) the plan (see instructions)					
		ر -	I .			

Form	5500.	SF.	201

Page	2	-	,		
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Part IV	Plan	Characte	aristics
ralliv	- FIAII	Guaraci	ยเอแรอ

- 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:

Part	V	Compliance Questions									
		Compliance Questions		Vaa	Na	1					
10		ng the plan year:		Yes	No			Amo	unt		
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X						
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			V						
	on li	ne 10a.)	10b		X						
C	Was	s the plan covered by a fidelity bond?	10c		X						
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X						
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e	X						1	115
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X						
g	Did 1	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X						
h	If thi	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X						
i	If 10	h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i								
Part	VI	Pension Funding Compliance			•	•					
	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com							Yes	X	No
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code							Yes	X	No
		'es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
а	lf a v	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.									_
If y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_							
b	Ente	r the minimum required contribution for this plan year			12b						
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c						
		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)		[12d						
е	Will t	the minimum funding amount reported on line 12d be met by the funding deadline?				Y	'es	_ N	О	Ν	/A
Part '	VII	Plan Terminations and Transfers of Assets							•		
		a resolution to terminate the plan been adopted in any plan year?			X	Yes	N)			
		es," enter the amount of any plan assets that reverted to the employer this year									0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ontrol						
-		e PBGC?						X	Yes		No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to)						
1	3c(1)	Name of plan(s):		13	c(2) ⊟	IN(s)		1	3c(3)	PN(s)
Cauti	on: A	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lishe	d.				
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retredule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/									;

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	01/23/2012	JULIE BOSS
HERE	RE 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

Dopartment of the Treasury Internal Revenue Service

Department of Labor Employee Benefit: 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011 This Form is Open to Public

OME Nos. 1210-0110 1210-0089

-,	Pension Benefit Guaranty Corporation Complete all entries in acco	rdance wit	th the instruction	ons to the Form 550	LSE	Inspection
	Annual Report Identification Information	_				
For	the calendar plan year 2011 or fiscal plan year beginning	03/0	1/2011	and ending	1	2/31/2011
A	This return/report is for: 🔀 a single-employer plan	a muitiple	employer plan (not multiemployer)		a one-participant plan
B	This return/report is: the first return/report	_	etum/report			El a sua barradan didi.
	an amended return/report	=	•	port (less than 12 mor	17ine\	
С	Check box if filing under: Form 5558	~ i	extension	port (1000 Mich.) 12 files	נטוטו	П ээ э э э э э э
	special extension (enter description		o continuity			DFVC program
· -						
	ariili Basic Plan Information — enter all requested info	rmation,			47	
	•				15	Three-digit plan number
	JOINER'S DISCOUNT BUILDING SUPPLY INC. 401k P.	LAN		Į		(PN) ► 001
					1c	Effective date of plan
2 a	Plan sponsor's name and address; include room or suite number (en	nolover if fo	of single-employe)c plan)	27-	08/31/2006
	JOINER'S DISCOUNT BUILDING SUPPLY COMPANY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	n angle-employe	a pian	40	Employer Identification Number
				ŀ		(EIN) 72-1362456
	610 HWY 16 WEST				ZU	Plan sponsors telephone number (601) 267-6405
					2d	Business code (see instructions)
	CARTEGAGE MS 39051					444190
3a	Plan administrator's name and address (if same as plan sponsor, en	ter "Same")			3b	Administrators EIN
	Potmitte					
				<u> </u>	3c	Administrator's telephone number
					••	> Common a felebrione nomber
4	If the name and/or E(N of the plan sponsor has changed since the language E(N) and the plan number from the language E(N).	et coh um/co.c	and Stant Sample	Jan and all	# T.	
_	manner and are president wormer woll the rest restricting SDDIC	ar remininet	on nied for this p	man, enter the	4b	
<u>5a</u>	Sponsor's Name	····			4c	PN
Ъ	- Ferropaine de the beginning of the past year				5a	1.3
c	Total number of participants at the end of the plan year. Number of participants with account balances as of the end of the plants with account balances as of the end of the plants with account balances.	o v v v	nod bonofining		<u>5b</u>	0
_	compared tris retri)			s do not	5c	
6a	Were all of the plan's assets during the plan year invested in eligible:	assets? (Se	e instructions)	•	ж ,	Yes No
b	Are you daiming a waiver of the annual examination and report of an	independe	nt qualified public	Secountant (IQPA)		
	under 29 CFR 2520.104-46? (See Instructions on waiver eligibility and if you answered "No" to either 68 or 6b, the plan cannot use Form	d conditions	i.)			- · · · ⊠Yes □No
Pä	rtill Financial Information	n 5500-SF ;	and must instea	d use Form 5500.		
7	Plan Assets and Liabilities	11間 更生	(-) P	· · · · · · · · · · · · · · · · · · ·		
а	Total plan assets		(a) 50g	inning of Year	┼	(b) End of Year
b	Total plan liabilities	7a		40,310	_	
C	Net plan assets (subtract line 7b from line 7a)	- 7b			 	
В	Income, Expenses, and Transfers for this Plan Year	. 7c		40,310	-	0
а	Contributions received or receivable from:	A SHOOL THE SERVICE	(2)	Amount	(Feet.)	(b) Total
	(1) Employers	. 8a(1)		373	145	
	(2) Participants	- 8a(2)		1,974		
b	(3) Others (including rollovers).	δa(3)				
	the second second is a second	- 8b		(190)		
c d	Total income (add lines 3a(1), 2a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	- 8c				2,157
<u> </u>	to provide benefits)	. 8d				
е	Certain deemed and/or corrective distributions (see Instructions)			42,467		
f	Administrative service providers (salaries, fees, commissions)	. 8e			3/ A	Manuscript Co.
g	Other expenses	- 8f				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	- 3g	Single 70 value for for	JPP (* [3]) (TISESEL ANG LANDERGY LANDERGY	Self-lies	5架時間類相形性的影響等18次至20次至時代至20世
ī	Net income (loss) (subtract line 8h from line 8c).	8h	大学的对话相称激制 大学的对话和			42,467
î	Transfers to (from) the plan (see instructions)		ANSARA BURNA		Mar C	(40,310)
For	Paperwork Reduction Act Notice and OMB Control Numbers, see	the instaur	tions for East	Eco er		
)	10 July and Time Inc. 20 2012 11.51AM No. 4874	WWW TICHUL	world let Form :	3000-3r.		Form 5500-SF (2011) V.012611

	Form \$500-SF 2011		Pag ė 2 -	·····				
Par	V Plan Characteristics	 	······································					
	f the plan provides pension benefits, enter the applicable pension feat 2G 2J 3D							
	f the plan provides welfare benefits, enter the applicable walfare feat.	ire codes from the Lis	or of Plan Characteristi	c Code	s in the I	nstructions:		
Par	V Compliance Questions							
10	During the plan year:		·	Ye	s No	Д	mount	
	Was there a fallure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest?)	IV Correction Program	n) <u> 1</u>	0a	×			
	on line 10a.)		' 1	ОЪ	×			
C	Was the plan covered by a fidelity bond?		1	0с	×			
ď	Did the plan have a loss, whether or not reimbursed by the plan's fid	lelity bond, that was o	aused by fraud	_	1	 		
	or dishonesty?			0d	×			
е	Were any fees or commisions paid to any brokers, agents, or other insurance services or other organization that provides some or all of instructions.)	persons by an insurar the benefits under th	e plan? (See	0e 3	z			115
f	Has the plan failed to provide any benefit when due under the plan?			Of	×			
9	Did the plan have any participant loans? (If "Yes," enter amount as o	of voar end.)		0d	×	1		
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	ee instructions and 29	CFR 1	0h	x			
i	if 10h was answered "Yes." check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520,101-3	required notice or on	e of the	Oi				
Par	VI Pension Funding Compliance							
11	is this a defined benefit plan subject to minimum funding requirement (5500))	 			_•_ •		Yes	X No
12	Is this a defined contribution plan subject to the minimum funding reality "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicate	quirements of section ble.)	412 of the Code or se	ection :	302 of ER	NSA?	Yes	X No
а	If a walver of the minimum funding standard for a prior year is being granting the waiver		Month	s, and		date of the le		
	ou completed line 12a, complete lines 3, 9, and 10 of Schedulo M	B (Form 5500), and	skip to line 13.					
b	· · · · · · · · · · · · · · · · · · ·				12b		·····	
q	Enter the amount contributed by the employer to the plan for this pla Subtract the amount in line 12c from the amount in line 12b. Enter the	in year ne result (enter a mini	us sign to the left of a	• •	12¢			
е	negative amount)		• • • • • • •			[]	F	
Pärt	Will the minimum funding amount reported on line 12d be met by the Plan Terminations and Transfers of Assets	e Involud designine?	* * * * * * * * * * * * * * * * * * *		· · · · · · · · · · · · · · · · · · ·	Y03	No	N/A
								
iJa	Has a resolution to terminate the plan been adopted in any prior year if "Yes," enter the amount of any plan assets that reverted to the em						ΣΥœ	□N ₀
1-		<u> </u>	ч н н н н н н н н н н н н н н н н н н н	• •	13a	<u> </u>		0
	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC? If during this plan year, any assets or liabilities were transferred from						∝Yes	∏No
	which assets or liabilities were transferred. (See instructions.)	t ma bigu to subsici i	Signifa), vientity the pla					
	3c(1) Name of plan(s):				<u>13c(2) E</u>	IN(s)	13c(3)	PN(s)
							-	
	on: A penalty for the late or incomplete filling of this return/report							
OO DI	penalties of perjury and other penalties set forth in the Instructions, in Schedule MB completed and signed by an enrolled actuary, as well a It is true, correct and complete.	declare that I have ex s the electronic version	camined this return/report, of this return/report,	ort, ind	luding, if the best	applicable, a of my knowl	Schedule	
SIG	Hinny It ale & sine					· ,		
HE	Signature of plan administrator	Date	Enter name of Indivi	dual si	anino as	alan admine	strator	
SIG	(漢何 Nich				<u></u>			
ΗE		Date	Enter name of Indivi	dust e	anina se	emplayer or	nian enone	·oc
			, artist traine of trails	andi 2	विकासि इस्	ELIMINACE DE	pean spons	»U)



5500-SF Electronic Filing Authorization

Plan Name:

JOINER'S DISCOUNT BUILDING SUPPLY, INC. 401(K) PLAN

EIN/PN:

72-1362456/001

Plan Year:

01/01/2011 - 12/31/2011

I hereby authorize Advantage Network Financial Services, LLC 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					
Janing Dale Joine						
(sigh)	(sīgn)					
1/19/12						
(date)	(date)					