Form 5500-SF Short Form Annual Return/Report of Small Emplo Benefit Plan						OMB Nos. 1210 1210			
	rtment of the Treasury nal Revenue Service	This form is required to be file	ed under sections 104 ar			2013			
Employee Be	epartment of Labor enefits Security Administration	Retirement Income Security Act of the Intern	of 1974 (ERISA), and sec al Revenue Code (the Co		(a) of	This Form is	s Open to Public		
Pension Be	enefit Guaranty Corporation	Complete all entries in account	rdance with the instruc	tions to the Form 550	0-SF.		pection		
Part I		entification Information							
For calenda	ar plan year 2013 or fisca		13	and ending 1	2/31/	2013			
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	oant plan		
B This ret	urn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths	)			
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	m		
		special extension (enter descripti	_ ion)			_			
Part II	Basic Plan Inform	nation—enter all requested inform	nation						
1a Name		· · ·			1b	Three-digit			
R.F. EDERE	R CO., INC. 401(K) PLA	Ν				plan number			
					4.	(PN)	001		
					10	Effective date of 01/01/	•		
2a Plan si	oonsor's name and addre	ess: include room or suite number (	employer if for a single-	emplover plan)	2b				
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) R. F. EDERER CO., INC.						(EIN) 64-04			
					2c	Sponsor's telep	hone number		
POST OFFIC	CE BOX 874					228-875-9345			
OCEAN SPRINGS, MS 39564					2d	Business code ( 31400	,		
3a Plan a	dministrator's name and	address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's I	EIN		
		lan sponsor has changed since the	last return/report filed fo	or this plan, enter the	4b	EIN			
name. <b>a</b> Spons		er from the last return/report.			<b>4c</b> PN				
		the beginning of the plan year					18		
		the end of the plan year			5a 5b		17		
		count balances as of the end of the			50	I			
					5c	14			
6a Were	all of the plan's assets d	luring the plan year invested in eligi	ble assets? (See instruct	tions.)			X Yes No		
under If you	29 CFR 2520.104-46? ( answered "No" to eith	ne annual examination and report of See instructions on waiver eligibility er line 6a or line 6b, the plan can	and conditions.) not use Form 5500-SF a	and must instead use	Form	n 5500.	X Yes No		
C if the p	lian is a defined benefit p	blan, is it covered under the PBGC i	Insurance program (see I	ERISA section 4021)?.			Not determined		
		incomplete filing of this return/re							
SB or Sche		r penalties set forth in the instruction signed by an enrolled actuary, as w te.							
SIGN	Filed with authorized/va	lid electronic signature.	07/17/2014	PATRICK SUFFERN	N				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual się	gning as plan adn	ninistrator		
SIGN					,				
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual eir	nning as employe	r or plan sponsor		
Preparer's		ne, if applicable) and address; inclu			dividual signing as employer or plan sponsor Preparer's telephone number (optional)				
						·	,		

Pa	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Ye	ear		
а	Total plan assets	7a	52162	1				6	64112		
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	52162	1				6	64112		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal			
а	Contributions received or receivable from:	- (1)	768	0							
	(1) Employers	8a(1)	2051								
	(2) Participants	8a(2)	2031	5							
	(3) Others (including rollovers)	8a(3)	11428	7							
	Other income (loss)	8b	11420	<u>'</u>	_			1	42491		
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c						1	42491		
	to provide benefits)	8d									
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							0		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						1	42491		
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instruc	tions	:		
	2E 2F 2G 2J 2K 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instruct	ions:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in			V					
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	ection Program)	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х					
	, , , , , , , , , , , , , , , , , , , ,				Х					500	
C				10c						500	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	-	10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See	40-		х					
	instructions.)			10e		Х					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f	X	~					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					130	20
h				104		х					
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h							
•	exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	×	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					_
12	· · · · · ·		· · · · · ·				EDISA2		Yes	×	No
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,			5 01 56	งแบบเ	502 UI			100	$\sim$	
а	If a waiver of the minimum funding standard for a prior year is beir	ng amortiz	ed in this plan year, see instruc		, and e	_	ne date of			ing	
	granting the waiver.			th		Day		Yea	r		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule				I	12b					
a	Enter the minimum required contribution for this plan year					120					

C	Enter the amount contributed by the employer to the plan for this plan year	12c		
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 negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		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?	Ye	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c of the PBGC?	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t which assets or liabilities were transferred. (See instructions.)	0		
1	<b>3c(1)</b> Name of plan(s): 13	8 <b>c(2)</b> EIN	l(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)		1	
14a	lame of trust	<b>14b</b> Tru	ust's EIN	

Fo	rm 5500-SF	Short Form Annual R	eturn/Report Benefit Plan	of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089
	artment of the Treasury ernal Revenue Service	This form is required to be filed	l under sections 104 a	and 4065 of the Employ	/ee	2	2013
Employee I	Department of Labor Benefits Security Administration	Retirement Income Security Act of	1974 (ERISA), and se Revenue Code (the	ections 6057(b) and 608	58(a) of		s Open to Public
	Senefit Guaranty Corporation	Complete all entries in accord	ance with the instru	ctions to the Form 55	00-SF.		ipection
For calend	Annual Report Id	entification Information	1/01/2013	and ending		12/31/201	3.
	eturn/report is for:			lan (not multiemployer)	····	a one-partici	
	turn/report is:		the final return/report	· · · · ·	)		bant plan
			•	n/report (less than 12 r	nonths)		
C Check	box if filing under:		automatic extension	······································		DFVC progra	IM
	j L	special extension (enter description			I	= · · · · p· · · 3· ·	
Part II	Basic Plan Inform	nation—enter all requested informa					
<b>1a</b> Name			- · · · · · · · · · · · · · · · · · · ·		1b	Three-digit	
R.F.	EDERER CO., IN	IC. 401(k) PLAN				plan number (PN) ▶	001
						(PN) F Effective date of	
	•	······	· · · · · · · · · · · · · · · · · · ·	•		01/01/1988	
<b>2a</b> Plans R. F	ponsor's name and addre	ess; include room or suite number (en NC .	nployer, if for a single	-employer plan)		Employer Identif (EIN) 64-047	
DOCE	OPPTOR DOX 074	· .				Sponsor's telepl (228) 875-	
	OFFICE BOX 874						see instructions)
	N SPRINGS	address XSame as Plan Sponsor Na		39564		314000	
Ja Fialia	annistrator s name and a	address Asame as Plan Sponsor Na	ame USame as Plai	n Sponsor Address	30	Administrator's E	IN
4 If the name	name and/or EIN of the pl	an sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN	
	or's name	er from the last return/report.			4c	PN	
5a Total	number of participants at	the beginning of the plan year			5a		18
<b>b</b> Total	number of participants at i	the end of the plan year					17
		ount balances as of the end of the pla			5c		14
<b>b</b> Are yo	ou claiming a waiver of the	uring the plan year invested in eligible e annual examination and report of ar see instructions on waiver eligibility ar	n independent qualifie	d public accountant (IC	(PA)		X Yes No
lf you	answered "No" to eithe	er line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use	Form	5500.	
<b>c</b> If the p	plan is a defined benefit pl	an, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?		Yes 🗌 No 📋	Not determined
Caution: A	penalty for the late or i	ncomplete filing of this return/repo	ort will be assessed	unless reasonable ca	use is e	stablished.	
SB or Sche	alties of perjury and other edule MB completed and s true, correct, and complete	penalties set forth in the instructions, signed by an enrolled actuary, as well e.	declare that have as the electronic vers	examined this return/re sion of this return/repor	port, inc t, and to	luding, if applica the best of my l	ble, a Schedule knowledge and
SIGN	Xam	G Both	5/2/14	Laura E. Bolto	on		
HERE	Signature of plan adm		Date	Enter name of individ	ual sign	ing as plan adm	inistrator
SIGN	Lame	Eldad 1	5/3/14		Jul oldi	ng do plan dum	
HERE	Signature of employer		Date	Enter name of individ	ual sion	ing as employer	or plan sponsor
Preparer's	name (including firm name	e, if applicable) and address; include		(optional)			number (optional)
For Paperwo	ork Reduction Act Notice an	d OMB Control Numbers, see the instru	uctions for Form 5500-S	SF.		F	orm 5500-SF (2013)

	rt III   Financial Information								
1	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End	l of Year	<u> </u>
a	Total plan assets	. 7a		21,6	21		(-)		,112
	Total plan liabilities	7b							
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	52	21,6	21			664,	,112
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) <sup>-</sup>	Total	
а	Contributions received or receivable from:			7 6	2.0	•			
<b></b>	(1) Employers	8a(1)		7,6			<u></u>		
·	(2) Participants	8a(2) 8a(3)							· · · · ·
b	Other income (loss)	8b	11	4,28	37		 		<u> </u>
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				· · · · · .		142,	491
	Benefits paid (including direct rollovers and insurance premiums				<u>.</u>				
	to provide benefits)	8d							
<u> </u>	Certain deemed and/or corrective distributions (see instructions)	8e				<u>.</u>			
f	Administrative service providers (salaries, fees, commissions)	8f			·				
<u> </u>	Other expenses	8g	······				· · · · ·		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			<u> </u>				0
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>		1 A A A	_		· · · · · · · · · · · · · · · · · · ·	142,	491
	Transfers to (from) the plan (see instructions) t IV Plan Characteristics	8j				•		<u> </u>	;
9a b Par	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a		ions within the	e time period described in on Program)	10a		X		Amount	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inclu	ude transactions reported	10b		x			
С	Was the plan covered by a fidelity bond?			40.					
d	<b>d</b> Did the plan have a loss; whether or not reimbursed by the plan's fidelity bond, that was caused by fraud				Х			50,	. 000
	or dishonesty?	fidelity bond, 1	hat was caused by fraud	10c 10d	X	x		50,	.000
e	or dishonesty?	er persons by f the benefits	an insurance carrier, under the plan? (See		X	x x		50,	. 000
e f	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o	er persons by f the benefits	an insurance carrier, under the plan? (See	10d	X		· · · ·	50,	000
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	er persons by f the benefits	an insurance carrier, under the plan? (See	10d 10e	X	X			000
f	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)	er persons by f the benefits ? ? s of year end. See instruction	an insurance carrier, under the plan? (See ) ns and 29 CFR	10d 10e 10f		X			
f g	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (If	er persons by f the benefits ? s of year end. See instruction e required noi	an insurance carrier, under the plan? (See ) hs and 29 CFR	10d 10e 10f 10g		X X			
f g h	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2 2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	er persons by f the benefits ? s of year end. See instruction e required noi	an insurance carrier, under the plan? (See ) hs and 29 CFR	10d 10e 10f 10g 10h		X X			
f  	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2 2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	er persons by f the benefits a? s of year end. See instruction e required not -3 ents? (If "Yes,	an insurance carrier, under the plan? (See ) hs and 29 CFR tice or one of the " see instructions and com	10d 10e 10f 10g 10h 10i	X	X X X	3 (Form	13,	020
f  	or dishonesty?         Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)         Has the plan failed to provide any benefit when due under the plan         Did the plan have any participant loans? (If "Yes," enter amount as         If this is an individual account plan, was there a blackout period? (2520.101-3.)         If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101         VI       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirement	er persons by f the benefits a? s of year end. See instruction e required not -3 ents? (If "Yes,	an insurance carrier, under the plan? (See ) hs and 29 CFR tice or one of the " see instructions and com	10d 10e 10f 10g 10h 10i	X	X X X	3 (Form	13,	020
f 	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2 2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	er persons by f the benefits a? s of year end. See instruction e required noi -3 ents? (If "Yes, om Schedule	an insurance carrier, under the plan? (See ) ns and 29 CFR tice or one of the " see instructions and com SB (Form 5500) line 39	10d 10e 10f 10g 10h 10i	X Sched	X X Ule SE	``	13,	020 No
f g h i Part 11 11a 12	or dishonesty?         Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)         Has the plan failed to provide any benefit when due under the plan         Did the plan have any participant loans? (If "Yes," enter amount as         If this is an individual account plan, was there a blackout period? (2520.101-3.)         If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101         VI       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)         Enter the unpaid minimum required contribution for current year from the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan subject to the minimum funding requirement for the second contribution plan sub	er persons by f the benefits a of year end. See instruction e required not -3 ents? (If "Yes, om Schedule requirements as applicable.	an insurance carrier, under the plan? (See ) ) ins and 29 CFR itice or one of the " see instructions and com SB (Form 5500) line 39 of section 412 of the Code )	10d 10e 10f 10g 10h 10i	X Sched	X X ule SE	ERISA?	13,	020 No
f g h i Part 11 11a 12 a	or dishonesty?	er persons by f the benefits ? s of year end. See instruction e required not -3 ents? (If "Yes, om Schedule requirements as applicable. g amortized in	an insurance carrier, under the plan? (See ) ) ins and 29 CFR  tice or one of the  SB (Form 5500) line 39 of section 412 of the Code ) of this plan year, see instruction	10d 10e 10f 10g 10h 10i	X Sched	X X ule SE	ERISA?	13,	020 No
f g h i Part 11 11a 12 a	or dishonesty?         Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)         Has the plan failed to provide any benefit when due under the plan         Did the plan have any participant loans? (If "Yes," enter amount as         If this is an individual account plan, was there a blackout period? (2520.101-3.)         If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101         VI       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)         Enter the unpaid minimum required contribution for current year from the second contribution plan subject to the minimum funding to the first a defined contribution plan subject to the minimum funding to the minimum	er persons by f the benefits a? s of year end. See instruction -3 ents? (If "Yes, orn Schedule requirements as applicable. g amortized in MB (Form 58	an insurance carrier, under the plan? (See ) ins and 29 CFR  tice or one of the SB (Form 5500) line 39 of section 412 of the Code ) this plan year, see instructions Mon 500), and skip to line 13.	10d 10e 10f 10g 10h 10i e or se	X Sched	X X ule SE 11a 302 of	ERISA?	13,	020 No