## 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). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		<u>rt Identification Information</u>	1							
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2	201 <u>5</u>	and ending 02	2/28/2015					
■ A This return/report is for:  ■ a multiple-employer plan (not multiemployer of participating employer information in account of participating employer plan (not multiemployer plan of participating employer plan of par						•				
		a one-participant plan	a foreign plan							
<b>B</b> This ref	turn/report is	the first return/report	the final return/report							
		an amended return/report a short plan year return/report (less than 12 months)								
C Check	box if filing under:	Form 5558	automatic extension		DFVC program					
		special extension (enter desc	cription)							
Part II	Basic Plan Inf	ormation—enter all requested in	nformation		1b Three-digit	<b>T</b>				
1a Name of plan R.F. EDERER CO., INC. 401(K) PLAN										
K.F. EDEK	ER CO., INC. 401(K)	PLAN			plan numbe (PN) ▶	001				
					1c Effective date of plan 01/01/1988					
<b>2a</b> Plan s	sponsor's name and a	address; include room or suite numl	per (employer, if for a singl	e-employer plan)	_	dentification Number				
	ER CO., INC.			,		64-0477969				
POST OFFI	CE BOX 874				<b>2c</b> Sponsor's telephone number 228-875-9345					
	RINGS, MS 39564				2d Business code (see instructions)					
2		Vo			314000					
<b>3a</b> Plan a	administrator's name	and address XSame as Plan Spor	nsor.		<b>3b</b> Administrat	or's EIN				
					3c Administrat	tor's telephone number				
4 If the	name and/or EIN of t	he plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN					
name	e, EIN, and the plan n	umber from the last return/report.								
a Sponsor's name					4c PN 5a					
<ul><li>5a Total number of participants at the beginning of the plan year</li><li>b Total number of participants at the end of the plan year</li></ul>						0				
		h account balances as of the end o								
comp	lete this item)				5c	C				
		participants at the beginning of the p			5d(1)	18				
d(2) Total number of active participants at the end of the plan year					5d(2)	С				
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0				
		e or incomplete filing of this retu								
SB or Sch	nedule MB completed	other penalties set forth in the instru and signed by an enrolled actuary,								
SIGN	Filed with authorize	d/valid electronic signature.	09/11/2015	PATRICK SUFFERN	TRICK SUFFERN					
HERE	Signature of plan	Signature of plan administrator Date Enter name of individ			dual signing as plan administrator					
SIGN										
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	dual signing as emp	ployer or plan sponsor				
Preparer's	s name (including firm	name, if applicable) and address (	include room or suite numb	per) (optional)		hone number (optional)				

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b	Were all of the plan's assets during the plan year invested in eligible 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 lift you answered "No" to either line 6a or line 6b, the plan cannot be a contracted to the plan cannot are the plan cannot be a contracted to the plan cannot	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ d use	PA)  <b>Form</b>	5500.	Xes No		
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40	21)? .		Yes	No Not determined		
Par			1						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year		
	Total plan assets	7a	7264	22	-		0		
	Total plan liabilities	7b	7004	100	_		•		
	C Net plan assets (subtract line 7b from line 7a)						0		
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	Contributions received or receivable from:  (1) Employers	8a(1)	121	67					
	2) Participants	8a(2)							
	3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	113	67					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					23534		
d i	Benefits paid (including direct rollovers and insurance premiums		7.405	.04					
	o provide benefits)	8d	7495	00 1					
	Certain deemed and/or corrective distributions (see instructions)	8e		375					
	Administrative service providers (salaries, fees, commissions)	8f		073					
<del></del>	Other expenses	8g					749956		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					-726422		
	Net income (loss) (subtract line 8h from line 8c)	8i					-720422		
Pari	Transfers to (from) the plan (see instructions)  Plan Characteristics	8j							
b Part	2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	eature cod	des from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:		
10	During the plan year:				Yes	No	Amount		
	<b>a</b> 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	Were there any nonexempt transactions with any party-in-interest on line 10a.)	<u></u>	'	10b		X			
C	Was the plan covered by a fidelity bond?			10c	X		50000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ			
e	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.)					X			
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 as	s of year	end.)	10q	X		0		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction :	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and 6	enter th Day			

	F	Form 5500-SF 2014	Page <b>3</b> - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forn	n 5500), and skip to line 1	3.				
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			
d	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)							
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						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?			. X	Yes N	lo	
	If "Y	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this planth assets or liabilities were transferred. (See instructions.)			to			
1	3c(1)	Name of plan(s):		1	3c(2) E	IN(s)	13c(3	PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos, 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		t Identification Information							
For calend	ar plan year 2014 or	fiscal plan year beginning	01/03/2015	and ending	02/28/20	)15			
A This re	turn/report is for:	a single-employer plan		a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)					
		a one-participant plan	a foreign plan						
B This ret	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	$\mathbb{X}$ a short plan year return/report (less than 12 months)					
C Check b	oox if filing under:	Form 555B	automatic extension		☐ DFVC program				
<del></del>		special extension (enter descr				-			
Part II		formation—enter all requested inf	formation						
1a Name	of plan	1b Three-digit							
R.F. E	DERER CO., II	NC. 401(k) PLAN			plan number (PN)	001			
					1c Effective date				
					01/01/198				
	ponsor's name and a EDERER CO., :	address; include room or suite numbe INC.	er (employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 64-0477969				
					2c Sponsor's telephone number				
POST O	FFICE BOX 87	4			(228) 875-9345				
	SPRINGS	_	MC	20564	2d Business code (see instructions)				
		and address XSame as Plan Spons		39564	314000 3b Administrator's EIN				
					3c Administrator's telephone number				
					Administrator's telephone (Idinibe)				
4 If the	name and/or EIN of th								
name	, EIN, and the plan m	he plan sponsor has changed since tumber from the last return/report.	the last return/report filed to	or this plan, enter the	4b EIN				
<u></u>	sor's name	s at the beginning of the plan year			4c PN				
		s at the end of the plan year			- 5b				
compli	er or participants with ete this item)	n account balances as of the end of t	the plan year (defined bene	efit plans do not	5c	0			
<b>d(1)</b> Tota	al number of active p	articipants at the beginning of the pla	an year	*******************	5d(1)	18			
d(2) Tot	al number of active p	articipants at the end of the plan yea	ır	····	5d(2)				
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0			
		or incomplete filing of this return			vice is established				
Under pena SB or Sche	alties of perjury and o dule MB completed a	other penalties set forth in the instruction and signed by an enrolled/actuary, a	tions, I declare that I have	examined this return/re	port, including, if appli	icable, a Schedule ly knowledge and			
	rue, correct, and con		1-15.11	Ť					
SIGN HERE	Jamo		7/8//5	Laura E. Bolt	ion				
	Signature of plan	administrator .	Date /	Enter name of individ	iual signing as plan ad	ministrator			
SIGN HERE									
1	Signature of empl	ividual signing as employer or plan sponsor							
rieparer s	name (mauding film	name, if applicable) and address (inc	uude room or suite numbei	r) (optional)	Preparer's telephone	e number (optional)			
					ł				
					I				

Form 5500-SF 2014 Page 2 ∀ Yes 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.). If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ...... Yes 🗍 No 🦷 Not determined Part III Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year Total plan assets..... 7a 726,422 **b** Total plan liabilities 7b C Net plan assets (subtract line 7b from line 7a)..... 7c 726,422 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: (1) Employers ..... 8a(1) 12,167 (2) Participants... 8a(2) (3) Others (including rollovers) ..... 8a(3) b Other income (loss)..... 8b 11,367 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)..... 8c 23,534 Benefits paid (including direct rollovers and insurance premiums to provide benefits)... 8d 749,581 Certain deemed and/or corrective distributions (see instructions). 8e Administrative service providers (salaries, fees, commissions)..... 8f 375 g Other expenses..... 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 749.95 Net income (loss) (subtract line 8h from line 8c) 8i -726,42Transfers to (from) the plan (see instructions) 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: 2E 2F 2G 2J 2K 2T 3D 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 During the plan year: No Amount 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)............. 10a Х Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported X on line 10a.)..... 10b Was the plan covered by a fidelity bond? Х 50,000 Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? ..... 10d Х 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 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 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h 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 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below)..... Yes 😾 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39...... Is 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 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 ruling

Form 5500-SF 2014		Page <b>3</b> -						
If you completed line 12a, complete lines	3, 9, and 10 of Schedule MB (Form	<b>5500), and skip to line 1</b> 3						
b Enter the minimum required contribution f	for this plan year			12b				
C Enter the amount contributed by the empl	loyer 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).								
e Will the minimum funding amount reporte	d on line 12d be met by the funding	deadline?			Yes	No	N/A.	
Part VII Plan Terminations and Tra	insfers of Assets							
13a Has a resolution to terminate the plan been	adopted in any plan year?			χV	/es N	О		
If "Yes," enter the amount of any plan ass	ets that reverted to the employer this	s year		13a			0	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						Yes	∏ No	
C If during this plan year, any assets or liab which assets or liabilities were transferred		to another plan(s), identify	the plan(s)	to				
13c(1) Name of plan(s):			1	13c(2) EIN(s)			PN(s)	
			1			1		
Part VIII Trust Information (optiona	J)					_L		
14a Name of trust					14b Trust's EIN			