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

			uance witi	the mstructions to the Form 550	U-3F.			
	Part I Annual Report Identification Inf							
For	r calendar plan year 2011 or fiscal plan year beginni		1	and ending	12/27/2	2012		
A	This return/report is for:	r plan	a multiple	-employer plan (not multiemployer)		a one-participa	ant plan	
В	This return/report is: the first return/re	oort	the final re	eturn/report				
	an amended retu	rn/report	a short pla	in year return/report (less than 12 m	onths)			
C	Check box if filing under: Form 5558		automatic	extension		DFVC progran	n	
	special extension	enter description	on)		•			
Pa	art II Basic Plan Information—enter all	equested inform	ation					
1a	Name of plan				1b	Three-digit		
	ON & ASSOCIATES, INC. DEFINED BENEFIT PLA	N				plan number		
						(PN) •	001	
					1c	Effective date of		
22	Plan sponsor's name and address; include room o	r suita numbar (a	mployer if	for a single employer plan)	2h	12/28/2		
	ON & ASSOCIATES, INC.	Suite Humber (e	ilipioyei, ii	Tot a single-employer plan		Employer Identification (EIN) 59-311		1
						Sponsor's teleph	one number	
119 F	E. PARK AVENUE					850-222-		
	LAHASSEE, FL 32301				2d	Business code (s	ee instruction	s)
						813000)	
	I Plan administrator's name and address (if same as ON & ASSOCIATES, INC.	plan sponsor, ei		")	3b	Administrator's E 59-311		
IVIIAC	ON & ASSOCIATES, INC.	TALLAHASSI		801	30	Administrator's te		her
						850-222-		DCI
4	If the name and/or EIN of the plan sponsor has ch		ast return/i	report filed for this plan, enter the	4b	EIN		
_	name, EIN, and the plan number from the last retu	ırn/report.			40	DNI		
	Sponsor's name	n nlon voor			4c	PN T		
	Total number of participants at the beginning of the				5a			
b					5b			
С	Number of participants with account balances as complete this item)				5c			(
6a	Were all of the plan's assets during the plan year						X Yes	No
b		-		•	PA)			
	under 29 CFR 2520.104-46? (See instructions on	• .		•			X Yes	No
	If you answered "No" to either 6a or 6b, the pla	n cannot use F	orm 5500-	SF and must instead use Form 55	00.			
	art III Financial Information							
7	Plan Assets and Liabilities			(a) Beginning of Year 365012		(b) End o	of Year 482377	
а	•							
b				0			482377	
<u>c</u>			. 7c	365012				
8	Income, Expenses, and Transfers for this Plan Ye	ar		(a) Amount		(b) To	otal	
а	Contributions received or receivable from: (1) Employers		8a(1)	81123				
	(2) Participants		8a(2)	0				
	(3) Others (including rollovers)		8a(3)	0				
b			8b	36242				
С							117365	
d		•						
	to provide benefits)	-	8d	0				
е	(**	,	8e	0				
f	Administrative service providers (salaries, fees, co	mmissions)	. 8f	0				
g	Other expenses		. 8g	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h				0	
į	Net income (loss) (subtract line 8h from line 8c)						117365	
j	Transfers to (from) the plan (see instructions)		8i	0				

Form	5500.	SF.	201

Page 2 -	1	
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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: 9a
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	ing the plan year:		Yes	No		Amo	unt	
	s 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				0
	re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				0
	is the plan covered by a fidelity bond?	10c	Χ					50000
	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud lishonesty?	10d		X				0
insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		Х				0
Has	the plan failed to provide any benefit when due under the plan?	10f		X				0
J Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				0
	is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
	Oh 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		X				
t VI	Pension Funding Compliance		'	<u>'</u>				
	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					X	Yes	No
	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Ħ	Yes	X No
/If "								
	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
lÍfa	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc							ng
If a gran		th						ng
If a gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- nting the waiver	th						ng
If a gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th	 [Day ₋				ng
gran you o Ente	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th of a	 [Day _				ng 0
If a gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th of a	[Day				ng
gran f you o Ente Ente Sub nega	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Montompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. For the minimum required contribution for this plan year. For the amount contributed by the employer to the plan for this plan year. The tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)	th of a	[Day		Year		ng 0
gran f you con Enter Enter I Subnega Will	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th		Day	Yes	Year		ng 0
gran f you of D Ente S Ente S Sub negative Will t VII a Has	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Montompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. For the minimum required contribution for this plan year. For the amount contributed by the employer to the plan for this plan year. For the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left active amount) The minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets	of a	[Day	Yes	Year		0 0 0 N/A
I If a gran you co on the second of the seco	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	of a		Day	Yes	Year No	o X	0 0 0 N/A
If a grant you control of the grant you contro	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	of a	3a the co	Day	Yes	Year No	o X	0 0 0 N/A
If a gran you con the second of the second o	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	of a	3a the co	Day	Yes	Year No	o X	0 0 0 N/A
gran you con service you con y	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	of a	3a the co	Day	Yes es X	Year No	o X	0 0 0 N/A
I If a gran gran gran gran gran gran gran gr	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Montompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. For the minimum required contribution for this plan year. For the amount contributed by the employer to the plan for this plan year. For the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left active amount). The minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets a resolution to terminate the plan been adopted in any plan year? For each the amount of any plan assets that reverted to the employer this year. For each the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC? For each transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	of a	3a the co	Day	Yes es X	Year No	o X	0 0 0 N/A
I If a grant you contain you c	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Montompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. For the minimum required contribution for this plan year. For the amount contributed by the employer to the plan for this plan year. For the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left active amount). The minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets a resolution to terminate the plan been adopted in any plan year? For each the amount of any plan assets that reverted to the employer this year. For each the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC? For each transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	of a	3a the co	Day	Yes es X	Year No	o X	0 0 0 N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/17/2013	DIANE HEBERT
HERE	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

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

							File as a	an attachi	men	nt to Form	5500 or	5500	-SF.						
Fc	r caleı	ndar p	lan year 2)11 c	or fiscal plan y	⁄ea	r beginning 12	2/28/2011					and end	ling	12/27/2	2012			
•	Rour	nd off	amounts	o ne	earest dollar.														
•	Caut	ion: A	penalty o	\$1,0	000 will be as	ses	sed for late filing o	of this repo	rt u	nless reas	onable ca	ause i	s establish	ned.					
	Name											В	Three-di	igit				004	
MI	XON 8	& ASS	OCIATES	INC.	. DEFINED B	EN	EFIT PLAN						plan nun	•	(PN)	•	•	001	
													-		<u> </u>				
						a c	of Form 5500 or 55	00-SF				D	Employer	· Ide	ntification	Nui	mber (EIN)	
MI.	XON 8	k ASS	OCIATES,	INC.								59	-3117515						
							-				_	<u> </u>							
Ε	Type o	of plan	: X Singl	•	Multiple-A		Multiple-B	F	- P	rior year pla	an size:	X 100	or fewer		101-500		More t	han 500	
Р	art I	В	asic Info	rm	ation														
1			valuation			Mo	nth <u>12</u> [Day28		Year _	2011								
2		ets:	valuation	iaic.		IVIO	'''''	Jay				_							
_			rat valua											Г	2a				364936
	a													-	2b				
	b																		364936
3	Fur	U	0 1	•	nt count break				Г		(1) N	Numbe	er of partic	ipar			(2)	Funding Tar	
	а		•	•			aries receiving pay		-	3a					0				0
	b	For	terminated	vest	ed participan	s				3b					0				0
	С	For	active part	cipar	nts:				_										
		(1)	Non-vest	d be	enefits					3c(1)									37905
		(2)	Vested be	nefit	s					3c(2)									435586
		(3)	Total acti	⁄е						3c(3)					6				473491
	d	Tota	ıl							3d					6				473491
4	If th	ne plar	n is in at-ris	k sta	atus, check th	e b	ox and complete li	nes (a) an	nd (b	o)		.П.							
	а						ed at-risk assumpt							Г	4a				
			0 0		0 0.		•							-	4 a				
	b						imptions, but disre secutive years and								4b				
5	Fffe							•		•					5				4.74 %
6															6				50187
			Enrolled A																
O.C.	To the	best of i	my knowledge th applicable la	the in w and	nformation supplie	y op	this schedule and accompinion, each other assump												
			ner my best e	umate	о апистратеа ех	peri	ence under the plan.												
	SIGN																		
ŀ	IERI	E										_				0	6/05/2	013	
					Signa	atur	e of actuary									I	Date		
DE	BORA	H SM	IST														11-046	81	
					Type or p	rint	name of actuary								Most rece	ent e	nrollm	ent number	
GU	ARDI <i>A</i>	AN LIF	E INS. CO	. OF	AMERICA		•									4	113-49	9-4321	
					ı	=jrr	n name					_	т	eler	hone nu	mbe	r (inclu	iding area co	ode)
			REET		•												,		- ,
HIL	ISFIE	:∟∪, N	1A 01201																
					Add	res	ss of the firm												
If th	e actu	ary ha	s not fully	reflec	cted any regu	lati	on or ruling promu	lgated und	der t	he statute	in compl	eting	this sched	ule,	check the	e bo	x and s	see	П
	uction	•	,		, 0		٠.	-			•			,					ш

Page	2 -	1
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Schedule SB (Form 5500) 2011

Pa	rt II	Begin	ning of year	carryove	er and p	orefunding	bal	ances								
	•								(a)	Carryover balance		(b)	Prefundi	ng balai	nce	
		Ū	nning of prior year		•	•		•			0				4538	
8			or use to offset pr								0				0	
9	Amount	t remainii	ng (line 7 minus li	ne 8)							0				4538	
10	Interest	on line 9	using prior year's	s actual ret	urn of	-0.17 _%					0				-8	
11	Prior ye	ar's exce	ess contributions t	o be added	d to prefu	nding balance:										
	a Pres	sent valu	e of excess contri	butions (lin	e 38 from	n prior year)									0	
			a) using prior year ovided (see instru									0				
	C Tota	ıl availabl	e at beginning of c	urrent plan	year to ad	d to prefunding	bala	nce							0	
	d Port	tion of (c)	to be added to p	refunding b	alance										0	
12	Other re	eductions	in balances due	to elections	s or deem	ned elections					0				0	
13	Balance	e at begir	nning of current ye	ear (line 9 +	+ line 10 +	line 11d – line	12))			0				4530	
Pa	art III	Fun	ding percenta	ages												
14	Funding	g target a	ttainment percent	age									14	7	6.11 %	
15	Adjuste	d funding	g target attainmen	t percentaç	je								15	7	6.11 %	
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement										7.57 %					
17	If the cu	ırrent val	ue of the assets o	of the plan i	s less tha	n 70 percent o	f the	funding targe	et, enter s	such percentage			17		0.00 %	
Pá	art IV	Con	tributions an	d liquidi	ty shor	tfalls										
18	Contrib	utions ma	ade to the plan for	the plan y	ear by en	nployer(s) and	emp	oloyees:								
(M	(a) Dat M-DD-Y		(b) Amount p employer			mount paid by mployees		(a) Dat (MM-DD-Y		(b) Amount pai employer(s		(c) Amou empl	nt paid byees	by	
08	/08/2012			7500			0									
10	/02/2012	<u>)</u>		7000			0									
03	/06/2013	}		66623			0									
									1				1			
								Totals ►	18(b)		81123	18(c)			0	
19	Discour	nted emp	loyer contributions	s – see ins	tructions f	for small plan w	/ith a	a valuation da	ite after t	he beginning of the	·					
	a Conti	ributions	allocated toward	unpaid min	imum req	uired contributi	ons	from prior yea	ars		19a				0	
	b Conti	ributions	made to avoid res	strictions a	djusted to	valuation date					19b				0	
	C Contr	ributions a	allocated toward m	inimum req	uired cont	ribution for curre	nt y	ear adjusted to	o valuatio	n date	19c				76263	
20	Quarter	ly contrib	outions and liquidi	ty shortfalls	S:										_	
		•	_										<u> </u>	Yes	No	
	b If 20a	a is "Yes,	" were required q	uarterly ins	tallments	for the current	yea	r made in a tir	mely mar	nner?	·····-			Yes	X No	
	C If 20a	a is "Yes,	" see instructions	and compl												
		(1) 4-	<u></u>			ity shortfall as	of e	nd of quarter o			1		(A) A±1			
		(1) 1s	0		(2)	2nd		0	(3)	3rd)		(4) 4th	<u> </u>	0	
			•	ĺ				1		_	1				~	

Pa	rt V	Assumptio	ns used to determ	nine f	iunding target and ta	rget ı	normal cost						
21	Disco	unt rate:											
	a Se	egment rates:	1st segment: 2.01%		2nd segment: 5.16%		3rd segment: 6.28 %			N/A, f	ull yield	d cur	re used
	b Ap	oplicable month	(enter code)					211	o				1
22	Weigh	nted average ret	tirement age					. 22					65
23	Morta	lity table(s) (see	e instructions)	(Pre	escribed - combined	Pre	scribed - separate	Sub	stitute				
Pa	rt VI	Miscellane	ous items										
24	Has a	change been m	nade in the non-prescrib	ed act	tuarial assumptions for the c	current	plan year? If "Yes," see	instruc	tions r	egarding	equire	d	
	attach	nment										Yes	X No
25	Has a	method change	e been made for the cur	rent pl	an year? If "Yes," see instr	uctions	regarding required attac	hment.				Yes	No X
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see	instruc	tions regarding required	attachi	ment		X	Yes	S No
27					nding rules, enter applicable			27	,				
Pa	rt VII	Reconcilia	ation of unpaid mi	nimu	ım required contribu	tions	for prior years						
28	Unpai	id minimum requ	uired contributions for al	l prior	years			28					0
29					d unpaid minimum required			29)				0
30	Rema	nining amount of	f unpaid minimum requir	ed cor	ntributions (line 28 minus lin	e 29)		30)				0
Pa	rt VIII	Minimum	required contribu	tion f	for current year								
31	Targe	et normal cost a	nd excess assets (see ir	nstruct	tions):								
	a Tar	get normal cost	(line 6)					31	а				50187
	b Ex	cess assets, if a	applicable, but not greate	er than	1 31a			311	o				0
32	32 Amortization installments: Outstanding Balance Installments:							nent					
	a Ne	t shortfall amort	tization installment					113	084				22579
	b Wa	aiver amortizatio	on installment						0				0
33					ter the date of the ruling lett			33					
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (line	s 31a -	31b + 32a + 32b - 33)	34					72766
					Carryover balance		Prefunding bala	nce		Т	otal ba	lance	1
35			use to offset funding			C			0				0
36	Additi	onal cash requir	rement (line 34 minus lir	ne 35)			1	36	,				72766
37	Contr	ibutions allocate	ed toward minimum requ	ired co	ontribution for current year a	adjuste	d to valuation date	37	,				76263
38	•		ess contributions for curr					1					
								388	a				3497
		•	•	•	prefunding and funding sta			381	5				0
39					ear (excess, if any, of line 3			39)				0
40					S			40)				0
Pa	rt IX				ension Relief Act of 2			•					
41	If a sh	ortfall amortizati	ion base is being amorti	zed pu	ursuant to an alternative am	ortizati	on schedule:						
	a Sch	edule elected							2	plus 7 ye	ars	15	years
	b Elig	ible plan year(s)) for which the election i	n line	41a was made				2008	2009	2010	0	2011
42	Amou	nt of acceleratio	on adjustment					42					
43	Exces	s installment ac	celeration amount to be	carrie	d over to future plan years.			43					

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits 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 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

,	Pension Benefit Guaranty Corporation	Complete all entries in a	accordan	ce with the instructions to the Form 5	500.5	e In	spection
L	Part I Annual Report I	dentification Information	n		JVJ Q.	·	
	For calendar plan year 2011 or fisc		12/28/2	011 and ending		12/27/2012	
	A This return/report is for:	single-employer plan	mu	ltiple-employer plan (not multiemployer)		one-particip	ant plan
	B This return/report is for:	first relum/report	fina	return/report		-	
		an amended return/report	sho	rt plan year return/report (less than 12 n	nonths)	
•	C Check box if filing under:	Form 5558		omatic extension		DFVC progra	am
		special extension (enter desc	cription)				3. 51
L	Part II Basic Plan Inforr	mation—enter all requested in	formation				
1	a Name of plan		***************************************		16	Three-digit	<u> </u>
	Mixon & Associates, Inc	. Defined Benefit Plan				plan number	001
					-	(PN) >	
					10	Effective date of	f plan 8/2006
2	a Plan sponsor's name and addre	ess (employer, if for single-employer	oyer plan)		2b	·	
	Mixon & Associates, Inc.						93117515
					2c	Plan sponsor's to	elephone number
	119 E. Park Avenue				34	850222	
					20	Business code (s	see instructions) 3000
	Tallahassee	FL		32301			
				02001			
38	Plan administrator's name and a	ddress lifearna as Bloo snaves				~ ··· · · · · · · · · · · · · · · · · ·	
		suress (in same as Flam sponsor	r, enter S	ame j	3b	Administrator's El 59311	
ı	Mixon & Associates, Inc.				3c	Administrator's tel	
						850222	2571

•	119 E. Park Avenue						
-	Callabana						
	fallahassee FL						
,	L						
3	2301						
J	2301						
4 1	f the name and/or EIN of the plan s	ponsor has changed since the I	last return	report filed for this plan, enter the	4b E	TA:	
1	name. EIN, and the plan number fro	om the last return/report. Spons	sor's name	3	40 C	.114	
				Ĺ	4c P	'n	
ia	Total number of participants at the	beginning of the plan year	***				
b	Total number of participants at the	end of the plan year	17*****	 	5a	3	
С	Total number of participants with a	iccount balances as of the end	of the plan	year (defined benefit plans do not	5b	6	
	complete this item)	Coodin balances as of the end (or rue bian		5c	0	
a	were all of the plan's assets during	g the plan year invested in cligit	ble assets	? (See instructions.)			Yes No
.,	wa you digitified a waitet of the at	Unual examination and report of	an indone	endant miniBad militaria and in a remai			J 182 [] 140
	01106: 52 CLU 5350: 104-40 ; (286	instructions on waiver eligibility	and cond	tions)			Yes No
	t III Financial Informatio	a or ob, the plan cannot use F	orm 5500	-SF and must instead use Form 5500.			
	Plan Assets and Liabilities		T				
	Total plan assets		-	(a) Beginning of Year		(b) End of Y	
	Total plan liabilities			365012			482377
	vet plan assets (subtract line 7b fro			0			0
		m ma raj	7c	365012			482377

	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Tota	al	
•	Contributions received or receivable from: (1) Employers	8a(1)		811	22					
	(2) Participants			011	23					
	(3) Others (including rollovers)				0					
Ŀ	Other income (foss)			362						
C		Bc		002.	-				147	2266
¢	Benefits paid (including direct rollovers and insurance premiums				+				1 1 /	365
_	to provide benefits)	8d			0					
6	The state of the s	8e			0					
,	Administrative service providers (salaries, fees, commissions)	8f			0					
g h		8g			0					
;	and og/	8h			\perp					O
i	Net income (loss) (subtract line 8h from line 8c)	81		~					1173	165
,	Transfers to (from) the plan (see instructions)	8j		(0					
Pa	If the plan Characteristics If the plan provides pension benefits, enter the applicable pension fe									
b Par	If the plan provides welfare benefits, enter the applicable welfare feet t V Compliance Questions	ature codes from	m the List of Plan Char	acteris	atic Co	odes in	the instr	uctions	:	-
10	During the plan year:			*	1	1	Ψ			
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510 3-1027 (See instructions and DOL's Voluntary Fiducions)	ns within the tir	ne period described in	1	Yes	No	 	Amo	ount	-
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)	Do not include	transactions reported	10a		×		· · · · · · · · · · · · · · · · · · ·		
¢				10b		^	-			
d		alih, hand that	iside entired by ferrid	10c	X					5000
e	Were any tees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of this instructions.)	persons by an	insurance carrier,	10d		×			***************************************	
f	Has the plan failed to provide any benefit when due under the plan?	***************************************		10e						···
g	Did the plan have any participant loans? (If "Yes," enter amount as of			10f		\times				
-	If this is an individual account plan, was there a blackout period? (Sp.	a instructions a	20 CED	10g		X				
į	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the re- exceptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice of	or one of the	10h		X				***************************************
		,		101						
	VI Paneign Funding Compliance									
rt '	11 11 one of the didning compliance	2 //f "Var " con	industing	dete C	-1 - 1					
rt '	is this a defined benefit plan subject to minimum funding requirements	3? (If "Yes," see	instructions and comp	olete S	chedu	le SB	(Form	× ×	Yes [No
art '	is this a defined benefit plan subject to minimum funding requirements 5500)}. Is this a defined contribution plan subject to the minimum funding requirements.	uirements of se				********			Yes [No No
art \	Is this a defined benefit plan subject to minimum funding requirements 5500)). Is this a defined contribution plan subject to the minimum funding requirements of the minimum funding requirements. The subject is the property of the minimum funding standard for a prior year is being at	uirements of se	ction 412 of the Code	or sect	ion 3(12 of E	RISA?	Ü,	res 2	No No
art \	Is this a defined benefit plan subject to minimum funding requirements 5500)). Is this a defined contribution plan subject to the minimum funding requirements (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 ar granting the waiver.	uirements of se	ction 412 of the Code	or sect	ion 3(12 of E	RISA?	Ü,	res 2	No No
art \	Is this a defined benefit plan subject to minimum funding requirements (5500)). Is this a defined contribution plan subject to the minimum funding requirements (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 argranting the waiver. But completed line 12a, complete lines 3, 9, and 18 of Schedule ME	uirements of se	ction 412 of the Code of plan year, see instruct	or sect	ion 3(12 of E	RISA?	Ü,	res 2	No No
art \ 1 2 a i	Is this a defined benefit plan subject to minimum funding requirements (5500)). Is this a defined contribution plan subject to the minimum funding requirements (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 argranting the waiver. But completed line 12a, complete lines 3, 9, and 10 of Schedule ME Enter the minimum required contribution for this plan year	uirements of se i.) nortized in this i (Form 5500),	ction 412 of the Code plan year, see instruct and skip to line 13.	or sect	ion 30	12 of E	RISA?	Ü,	res 2	No No
art 1	Is this a defined benefit plan subject to minimum funding requirements (5500). Is this a defined contribution plan subject to the minimum funding requirements (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 argranting the waiver. But completed line 12a, complete lines 3, 9, and 10 of Schedule ME Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the	uirements of se i.) nortized in this i (Form 5500), year	plan year, see instruct and skip to line 13.	or sections, a	ion 30	12 of E	RISA?	Ü,	res 2	No No
a if year to the second	Is this a defined benefit plan subject to minimum funding requirements (1500). Is this a defined contribution plan subject to the minimum funding requirements (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 ar granting the waiver. Subject to the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year the amount in line 12c from the amount in line 12b. Enter the megative amount)	uirements of se i.) nortized in this ii (Form 5500), /ear result (enter a n	plan year, see instruct and skip to line 13.	or sections, a	ion 30	12 of E ter the 2b 2c	RISA?	he lette	res P	
a if yee be to be	Is this a defined benefit plan subject to minimum funding requirements (5500). Is this a defined contribution plan subject to the minimum funding requirements (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 ar granting the waiver. Source completed line 12a, complete lines 3, 9, and 18 of Schedule ME Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year the amount in line 12c from the amount in line 12b. Enter the inegative amount). Will the minimum funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount in line 12d be met by the funding amount reported on line 12d be met by the funding amount reported	uirements of se i.) nortized in this ii (Form 5500), /ear result (enter a n	plan year, see instruct and skip to line 13.	or sections, a	ion 30	12 of E ter the 2b 2c	RISA?	Ü,	res P	No No
art V	Is this a defined benefit plan subject to minimum funding requirements (5500). Is this a defined contribution plan subject to the minimum funding requirements (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 ar granting the waiver. But completed line 12a, complete lines 3, 9, and 10 of Schedule ME Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year the amount in line 12c from the amount in line 12b. Enter the regative amount). Will the minimum funding amount reported on line 12d be met by the further than the remaining amount of the plan Terminations and Transfers of Assets.	uirements of se i.) nortized in this i (Form 5560), year result (enter a n	plan year, see instruct and skip to line 13. ninus sign to the left of	or sections, a	ion 30	12 of E ter the	RISA?	he lette	r rulino	N/A
art 1 2 a if yee b E c E ort V	Is this a defined benefit plan subject to minimum funding requirements (5500). Is this a defined contribution plan subject to the minimum funding requirements (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 ar granting the waiver. Source completed line 12a, complete lines 3, 9, and 18 of Schedule ME Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year the amount in line 12c from the amount in line 12b. Enter the inegative amount). Will the minimum funding amount reported on line 12d be met by the funding amount reported on line 12d be met by the funding amount in line 12d be met by the funding amount reported on line 12d be met by the funding amount reported	uirements of se i.) nortized in this ii (Form 5500), year result (enter a n inding deadline) ar or any prior y	plan year, see instruct and skip to line 13. hinus sign to the left of	or sections, a	ion 30	12 of E	RISA?	he lette	res P	N/A

the state of modification of this faturifebort will be accorded unless reasonable	
Caution: A penalty for the late of incomplete filing of this return/report will be assessed unless reasonable cause is esta	niiched
Linder penalties of politing and other assetties.	W.17811000

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true_correct, and complete.

SIGN HERE SIGN	Signature of plan administrator	6-17-13 Date	Enter name of individual signing as plan administrator
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Mixon & Associates, Inc. Defined Benefit Plan

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name: Mixon & Associates, Inc. Defined Benefit Plan

Plan EIN: 59-3117515 Plan Number: 001

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

Funding Yield Curve Segmented Rates

First Segment:

2.01%

Second Segment:

5.16%

Third Segment:

6.28%

PBGC Segmented Rates

First Segment:

1.99%

Second Segment:

4.47%

Third Segment:

5.26%

Pre-Retirement Valuation Assumptions

Retirement Valuation Assumptions

Mortality Table

2011 430(h)(3)(A)-Optional combined

Mortality table applied on a static basis

IRC417(e)(3) Interest Assumption

Segment Rate

same as Funding Yield Curve Segmented Rates

IRC417(e)(3) Pre-retirement Mortality

Mortality Table

None

IRC417(e)(3) Retirement Mortality

Mortality Table

2011 417(e)(3) Applicable Mortality Table

Optional Forms Assumption

5% of participants will elect the Plan Normal Form

95% of participants will elect a Lump Sum (single payment)

Pre-Retirement Actuarial Equivalence Assumptions

Investment Earnings

5% Effective annual rate

Retirement Actuarial Equivalence Assumptions

Investment Earnings

5% Effective annual rate

Mortality Table

1994 GAR PROJ 2002

Mixon & Associates, Inc. Defined Benefit Plan Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name: Mixon & Associates, Inc. Defined Benefit Plan

Plan EIN: 59-3117515 Plan Number: 001

Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings

5% Effective annual rate

Mortality Table

2011 417(e)(3) Applicable Mortality Table

Retirement Protection Act of 1994 Interest Rate for non-life annuities

Investment Earnings

5.5% Effective annual rate

Mixon & Associates, Inc. Defined Benefit Plan Schedule SB, line 19 - Discounted Employer Contributions Plan Name: Mixon & Associates, Inc. Defined Benefit Plan

Plan EIN: 59-3117515 Plan Number: 001

			Effective		Penalty	Additional	Value
		Plan	Rate of	Discounted	Rate of	Discounted	As of
Date	Amount	Year	Interest	Amount	Interest	Amount	Valuation Date
08/08/2012	7500.00	2011	4.74%	7290.00	9.74%	-109.99	7180.01
10/02/2012	7000.00	2011	4.74%	6757.00	9.74%	-127.75	6629.25
03/06/2013	66623.00	2011	4.74%	63054.00	9.74%	-600.60	62453.40
Total for Minimum Required Contribution	81123.00			77101.00		-838.34	76262.66

Mixon & Associates, Inc. Defined Benefit Plan Schedule SB, line 32 - Schedule of Amortization Bases Plan Name: Mixon & Associates, Inc. Defined Benefit Plan

Plan EIN: 59-3117515

Plan Number: 001

	Present	Date	Years	Amount of
Type of Base	Value	Established	Remaining	Installment
Shortfall Base	57,485	12/28/2008	4	14,803
Shortfall Base	-10,354	12/28/2009	5	-2,154
Shortfall Base	-23,862	12/28/2010	6	-4,273
Shortfall Base	89,815	12/28/2011	7	14,203

Mixon & Associates, Inc. Defined Benefit Plan Schedule SB, line 26 - Schedule of Active Participant Data Plan Name: Mixon & Associates, Inc. Defined Benefit Plan

Plan EIN: 59-3117515 Plan Number: 001

									Yea	Years of Credited Service	lited S	ervice								
······································		× 1	-	1 - 4	Ω.	5-9	10	0 - 14	15	15 - 19	7	20 - 24	25	25 - 29	3	30 - 34	Ř	35 - 39	7	40+
		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.
Age	#	Сошр.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#:	Comp.	*	Comp.	#	Comb.
<25																				
25-29					-															
30-34	_	The same and	_							0.000						The second secon				
35-39	Mary Co. C. Communication of the Communication of t	100 A	-		4 10 10 10 10 10 10 10 10 10 10 10 10 10			married of the American control of the American Contro												
40-44		A CONTRACTOR OF THE CONTRACTOR					-	and the second state of the second se		No. of the last of	A11/mm									6. m.,
45-49										7.75						The second secon				
50-54																				W. C.
55-59		40,000																		
60-64				Name of the last o				And A commence of the commence			-							- Company		
69-59										10 mm m m m m m m m m m m m m m m m m m	-								7	
402																And the state of t				V-50-

Age is attained age as of the valuation date.

indicates the number of active participants in an age and service category.

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the

OMB No. 1210-0110

2011

This Form is Open to Public Internal Revenue Code (the Code). Inspection

	File as an attachm	ent to Form	5500 or 55	000-SF.					
Fc	or calendar plan year 2011 or fiscal plan year beginning 12/28/2011			and er	iding 12/	27/20	12		
•	Round off amounts to nearest dollar.								
_	Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reasc	onable caus	se is establis	shed.				
Α	Name of plan		E	3 Three-	digit				
N/	fixon & Associates, Inc. Defined Benefit Plan			plan nu	ımber (PN)	- 1	•	001	
I¥	involt & Associates, Inc. Defined Deficit Flat								
Ç	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		[D Employe	er Identifica	tion Nu	ımber (l	EIN)	
Μ	ixon & Associates, Inc.					5931	17515	;	
E	Type of plan: x Single Multiple-A Multiple-B	Prior year pla	n size: 🔀	100 or fewer	101-5	00	More th	nan 500	
P	art I Basic Information								
1	Enter the valuation date: 12/28/2011								
2	Assets:		-						
	a Market value				2a			3649	936
	b Actuarial value				2b			3649	936
3	Funding target/participant count breakdown:		(1) Nun	nber of parti	cipants		(2) F	unding Target	
	a For retired participants and beneficiaries receiving payment	3a	(, ,	0			(-/	0	-
	b For terminated vested participants			0				0	
	C For active participants:								
	(1) Non-vested benefits	. 3c(1)						37905	
F	(2) Vested benefits	- 1-1						35586	
	(3) Total active	2 (2)		6				73491	
	d Total			6				73491	
4	If the plan is in at-risk status, check the box and complete lines (a) and	1	П					70101	
·		. ,	LJ		4a				
	 Funding target disregarding prescribed at-risk assumptions Funding target reflecting at-risk assumptions, but disregarding tran 				_			····	
	b Funding target reflecting at-risk assumptions, but disregarding tran- at-risk status for fewer than five consecutive years and disregardin								
5	Effective interest rate				5			4.74	%
6	Target normal cost			*******	6		F	50187	
Sta	tement by Enrolled Actuary							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	To the best of my knowledge, the information supplied in this schedule and accompanying schedu accordance with applicable law and regulations. In my opinion, each other assumption is reasonat combination, offer my best estimate of anticipated experience under the plan.								
_	SIGN	, , , , , , , , , , , , , , , , , , ,							
	IERE /					6/5	/2013		
	Signature of actuary						Date		
D)4681		
יני	eborah Smist Type or print name of actuary			-	Mostro			nt number	
0	uardian Life Ins. Co. of America				WOST		99432		
G									·
70	Firm name 10 South Street			·	elebrione t	iumber	(HICIUO	ing area code	,
70	0 00001 00000								
Pí	ttsfield MA 0120	1							
	ttstield MA 0120 Address of the firm								
	actuary has not fully reflected any regulation or ruling promulgated under	the statute in	completing	g this sched	ule, check t	he box	and se	e	П
iiistn.	ections								

	~~	/F #500	
edule	SЫ	(Form 5500	2011

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Sch

Part II Beginning of year carryover and prefunding balances (a) Carryover balance (b) Prefunding balance Balance at beginning of prior year after applicable adjustments (line 13 from prior 4538 0 year) _____ Portion elected for use to offset prior year's funding requirement (line 35 from 0 0 prior year) 0 4538 9 Amount remaining (line 7 minus line 8) Interest on line 9 using prior year's actual return of -0.17 %..... 0 -8 11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38 from prior year)..... 0 Interest on (a) using prior year's effective rate of % except as 0 otherwise provided (see instructions) Ō C Total available at beginning of current plan year to add to prefunding balance 0 d Portion of (c) to be added to prefunding balance 0 0 12 Other reductions in balances due to elections or deemed elections 0 4530 13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) Part III Funding percentages 14 Funding target attainment percentage..... 14 76.11 % 15 Adjusted funding target attainment percentage 15 76.11 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce 16 87.57 current year's funding requirement 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage...... 17 Part IV Contributions and liquidity shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (b) Amount paid by (a) Date (b) Amount paid by (c) Amount paid by (c) Amount paid by (MM-DD-YYYY) (MM-DD-YYYY) employer(s) employees employees employer(s) 8/8/2012 7500 0 10/2/2012 7000 0 66623 3/6/2013 Totals ▶ 18(b) 81123 18(c) 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: 0 19a a Contributions allocated toward unpaid minimum required contributions from prior years..... 0 **b** Contributions made to avoid restrictions adjusted to valuation date...... 19b C Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c 76263 20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?..... Yes No b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... c If 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd (3) 3rd (4) 4th

0

Page 2 -

P:	art V Assumption	ns used to determine	e funding target and ta	arget norm	al cost		
21	Discount rate:						
	a Segment rates:	1st segment: 2.01 %	2nd segment: 5.16 %		3rd segment 6.28 %		N/A, full yield curve used
	b Applicable month ((enter code)			·	21b	1
22						22	65
	Mortality table(s) (see		Prescribed - combined	77	d - separate	Substit	ute
	rt VI Miscellaneo						
			actuarial assumptions for the	ourrent plans	one If "Van " and	lastavation	an an analysis and
	attachment		actuariai assumptions for the				
25	Has a method change	been made for the current	plan year? If "Yes," see instr	uctions regar	ding required attac	chment	Yes 🔀 No
26	Is the plan required to	provide a Schedule of Activ	ve Participants? If "Yes," see	instructions i	egarding required	attachmer	nt
27			funding rules, enter applicable			27	
Pa	ırt VII Reconcilia	tion of unpaid minin	num required contribu	tions for p	rior years		
28	Unpaid minimum requi	ired contributions for all price	or years			28	C
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior year (line 19a)					29	0
30	Remaining amount of u	unpaid minimum required c	ontributions (line 28 minus lin	ie 29)		30	0
Pa	rt VIII Minimum r	equired contribution					
31	Target normal cost and	d excess assets (see instru	ctions):				
	a Target normal cost (line 6)	.,,			31a	50187
	b Excess assets, if ap	pplicable, but not greater that	an 31a			31b	0
32	Amortization installmen	nts:			Outstanding Bala	ınce	Installment
	a Net shortfall amortiz	zation installment			-	113084	22579
	b Waiver amortization	ı installment				0	0
33	If a waiver has been ap	oproved for this plan year, e	enter the date of the ruling lett) and the waived am			33	·
34	Total funding requireme	ent before reflecting carryo	ver/prefunding balances (line	s 31a - 31b +	32a + 32b - 33)	34	72766
			Carryover balance	1	Prefunding balar		Total balance
35	Balances elected for us	_		0	Troiding balan	0	_
20	***************************************		<u> </u>				72766
)			36	12100
	(line 19c)		contribution for current year a			37	76263
38	Present value of excess	s contributions for current y	ear (see instructions)				
	a Total (excess, if any,	, of line 37 over line 36)			***************************************	38a	3497
	b Portion included in li	ne 38a attributable to use o	of prefunding and funding star	ndard carryov	er balances	38b	0
			year (excess, if any, of line 36	-		39	0
40			'S			40	0
Par	t IX Pension fu	nding relief under Pe	ension Relief Act of 20	010 (see in	structions)		
41	If a shortfall amortization	n base is being amortized p	oursuant to an alternative amo	ortization sche	edule:		
	a Schedule elected				***************************************		2 plus 7 years 15 years
	b Eligible plan year(s) fo	or which the election in line	41a was made			2008	8 2009 2010 2011
42	Amount of acceleration a	adjustment				42	
43	Excess installment acce	eleration amount to be carrie	ed over to future plan years	***************************************		43	

Mixon & Associates, Inc. Defined Benefit Plan Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Mixon & Associates, Inc. Defined Benefit Plan

Plan EIN: 59-3117515 Plan Number: 001

Plan Effective Date December 28, 2006

Plan Anniversary Date December 28, 2011

Participation Eligibility Minimum age: 21 and

Minimum months of service: 12

Plan Entry Date Plan anniversary nearest the satisfaction of the participation requirements

Normal Retirement Date 65th birthday and the completion of 5 years of participation

Normal Form of Benefit Single Life Annuity

(Qualified Joint and Survivor annuity is the required standard option)

Normal Retirement Benefit 39.073% of compensation

Total retirement benefit reduced by 1/25 for each year of accrual service less

than 25

Maximum years of past service: 5

IRC415 maximum annual benefit: \$200,000 Actuarially adjusted under IRC415(b) for benefit

commencement age and benefit form Benefit limited to 100% of compensation

Minimum benefit: 2% of compensation per year of topheavy plan service up to

10 (actuarially adjusted for benefit form)

Compensation Definition Highest consecutive 3 year average salary over all service

Annual salary up to \$245,000 considered

Pre-Retirement Death Benefit Lump sum payable on death of participant

Qualified pre-retirement survivor annuity is payable to the surviving spouse,

unless waived with spousal consent.

Benefit Amount 100% present value of accrued benefit

Vested Retirement Benefit Vesting Schedule:

20% a year after 2 years (100% after 6 years)

Exclude service before age 18
Exclude service before effective date
Computation Period: Elapsed Time Method

Based on periods of service rounded to nearest year

Accrued Retirement Benefit Pro-rated on participation

Participation includes up to 5 years of employment service

Mixon & Associates, Inc. Defined Benefit Plan Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name: Mixon & Associates, Inc. Defined Benefit Plan

Plan EIN: 59-3117515 Plan Number: 001

The weighted average retirement age of 65 is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.