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).

2042

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acco	rdance with the instru	ctions to the Form 550	0-SF.		, , , , , , , , , , , , , , , , , , ,
Part I		Identification Information					
For calenda	ar plan year 2012 or f	iscal plan year beginning 12/28/20	12	and ending 1	2/27/2	2013	
	turn/report is for:	a single-employer plan	-	olan (not multiemployer)		a one-particip	oant plan
B This ret	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	_	
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	m
		special extension (enter descript	ion)				
Part II	Basic Plan Info	ormation—enter all requested inform	nation				
1a Name		•			1b	Three-digit	
MIXON & AS	SSOCIATES, INC. DE	FINED BENEFIT PLAN				plan number	
						(PN) ▶	001
					1c	Effective date o	•
0- 5						12/28	
	ponsor's name and a SSOCIATES, INC.	ddress; include room or suite number (employer, if for a single	-employer plan)	26	Employer Identi	fication Number 17515
					-	(=114)	
= 5.5.					2C	Sponsor's telep	
119 E. PARI TALLAHASS	K AVENUE SEE, FL 32301				24	Business code (
					Zu	81300	,
3a Plan a	dministrator's name a	and address X Same as Plan Sponsor	Name Same as Pla	n Sponsor Address	3b	Administrator's	
Ju Flaira		Meanie de Fiair éponder		ii oponooi / taarooo		, tarriin ilotrator o	
					3с	Administrator's	elephone number
A 16 (b			lant material forms of file of f	and the also are to all the	41.		
		ne plan sponsor has changed since the umber from the last return/report.	e last return/report filed f	or this plan, enter the	40	EIN	
	or's name	anison from the last return report.			4c	PN	
		s at the beginning of the plan year			5a		6
b Total i	number of participants	s at the end of the plan year			5b		6
	·	account balances as of the end of the			05		
			. , ,	•	5c		0
6a Were	all of the plan's asse	ts during the plan year invested in eligi	ble assets? (See instruc	ctions.)			X Yes No
		of the annual examination and report o					N v. D N
		6? (See instructions on waiver eligibility					X Yes No
		either line 6a or line 6b, the plan can					
		or incomplete filing of this return/re					
		ther penalties set forth in the instruction and signed by an enrolled actuary, as well as the control of the co					
	true, correct, and com		ven as the electronic ve	ision of this retain report	i, and	to the best of my	Knowicage and
				1			
SIGN	Filed with authorized	I/valid electronic signature.	07/10/2014	DIANE HEBERT			
HERE	Signature of plan	administrator	Date	Enter name of individ	ual siç	ıning as plan adn	ninistrator
SIGN							
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	ual sic	ning as employe	r or plan sponsor
Preparer's		name, if applicable) and address; inclu					number (optional)
						999-999	,
						333-338	. 0000

Form 5500-SF 2012 Page **2**

Pa	t III Financial Information										
_ <u> </u>	Plan Assets and Liabilities		(a) Beginning of Vec				(b) End a	f Vac			
		7-	(a) Beginning of Yea				(b) End c				
	Total plan liabilities	7a	48237		+			50	9324 0		
	Total plan liabilities	7b		0				-			
	Net plan assets (subtract line 7b from line 7a)	7c	48237	1			4) -		9324		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	tai			
а	(1) Employers	8a(1)	3300	0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	-605	3							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	6947		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		
i	Net income (loss) (subtract line 8h from line 8c)	8i						2	6947		
j	Transfers to (from) the plan (see instructions)	8j		0							
Par	t IV Plan Characteristics										
	If the plan provides pension benefits, enter the applicable pension 1A 1G 1I 3D	feature co	des from the List of Plan Char	acteris	tic Co	odes in	the instruct	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Cod	des in t	he instruction	ns:			
_											
Par	•										
10	During the plan year:				Yes	No		Amou	ınt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					0
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	·	10b		X					0
С	Was the plan covered by a fidelity bond?			10c	X					500	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х					0
е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier,								
	insurance service or other organization that provides some or all o			40-		X					•
	instructions.)			10e		X					0
f	Has the plan failed to provide any benefit when due under the plan			10f							0
g				10g		Х					0
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	`		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance					•	•				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							X	Yes	П	No
112	Enter the amount from Schedule SB line 39					11a					0
12	Is this a defined contribution plan subject to the minimum funding				•		ERISA2	П	Yes	Y	No
-14	, ,	-		, or 5 0	CHUII	JUZ UI	LINIOM!	<u> </u>	. 00	^	. 10
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being standard for a prior year.	ng amortiz	ed in this plan year, see instru		and e	_			er ruli	ng	
If	granting the waiveryou completed lines 3, 9, and 10 of Schedule			เก		Day		Year .			
	Enter the minimum required contribution for this plan year					12b					0
IJ	Enter the minimum required continuation for this plan year						•				U

	Form 5500-SF 2012 Page 3 - 1							
			400					
<u> </u>	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	I				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	X	V/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s X	10		
	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 und of the PBGC?	er the	contro	ol			res X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pwhich assets or liabilities were transferred. (See instructions.)	lan(s)	to					
1	3c(1) Name of plan(s):	1	13c(2)	EIN	(s)	13	c(3) PN	l(s)
Part	VIII Trust Information (optional)							
14a	Name of trust		14b	Trus	st's EIN			

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).

File as an attachment to Form 5500 or 5500-SF

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

						<u> </u>	File as an	attacnmer	nt to Form	5500 or	5500-	SF.							
Fo	r calendar	plar	year 2012	2 or fi	scal plan ye	ear beginnin	g 12/2	28/2012				and end	ding	12/27/2	2013	3			
			nounts to																
•	Caution:	Ар	enalty of \$1	1,000	will be ass	essed for lat	te filing of t	his report u	nless reas	onable ca	ause is	s establis	hed.						
A MI	Name of p	lan SOC	CIATES, IN	IC. D	EFINED BE	ENEFIT PLA	N				В	Three-d	•	r (PN)	,	•		001	
С	Plan spon	sor's	name as	show	n on line 2a	a of Form 55	00 or 5500	-SF			D	Employe	r Ide	ntification	n Nu	mber (EIN)		
ME	XON & AS	SOC	CIATES, IN	IC.							59	-3117515	5						
Е	Type of pla	n:	X Single	I	Multiple-A	Multiple-E	В	F P	rior year pla	an size: 🕽	X 100	or fewer		101-500		More t	han 500)	
Р	art I	3as	ic Infor	mati	on														
1	Enter th	e va	luation dat	te:	N	Nonth 12	Da	y <u>28</u>	Year _	2012									
2	Assets:																		
	a Marke	t va	ue											2a					481804
	b Actua	rial v	/alue											2b					481804
3	Funding	tarç	get/particip	ant c	ount breakd	down:		_		(1) N	lumbe	r of partic	cipar	nts		(2)	Funding	g Targe	t
	a For re	tired	l participar	nts ar	d beneficia	ries receivin	ng payment		3a					0					0
	b For te	rmir	nated veste	ed pa	rticipants				3b					0					0
	C For a	ctive	participan	its:				F											
	(1)	N	on-vested	bene	its				3c(1)										3292
	(2)	V	ested bene	efits					3c(2)										485282
	(3)	To	otal active						3c(3)					6					488574
									3d					6					488574
4	If the pla	an is	in at-risk	status	, check the	box and co	mplete line	s (a) and (b	o)				_						
	a Fundi	ng ta	arget disre	gardi	ng prescrib	ed at-risk as	sumptions							4a					
						imptions, but								4b					
5	Effective	inte	erest rate											5					5.35 %
6	Target r	orm	al cost											6					18723
Sta	To the best of accordance v	f my l vith a	oplicable law a	e inforn and reg	ulations. In my	in this schedule opinion, each of erience under th	ther assumption												
	SIGN HERE														C	06/18/2	.014		
					Signat	ture of actua	ıry				_					Date			
DE	BORAH SI	/IST	-		· ·		•									11-046	681		
					Type or pri	nt name of a	actuary				_			Most rece	ent e	nrollm	ent nun	nber	
GU	ARDIAN L	IFE	INS. CO. C	OF AN	/IERICA					413-499-		9-4321							
					F	irm name				Telephone number (including		ea code	∋)						
) SOUTH : TSFIELD,									. olopholio hambol (molading di									
					Addr	ess of the fir	rm				_								
		as r	not fully ref	lecte	d any regula	ation or rulin	g promulga	ated under	the statute	in compl	eting t	his sched	dule,	check th	e bo	x and	see		
	uctions		•							•	-								ш

Page 2	-	
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Pa	rt II	Begin	ning of Year	Carryov	er Prefunding Baland	ces							
							(a) (Carryover balance		(b) l	² refundi	ng balan	ce
7		Ū	0 , ,		cable adjustments (line 13 f	•			0				4530
8					unding requirement (line 35				0				0
9	Amount	remainii	ng (line 7 minus lir	ne 8)					0				4530
10	Interest	on line 9	using prior year's	actual ret	urn of <u>9.80</u> %				0				446
11	Prior ye	ar's exce	ess contributions to	o be added	d to prefunding balance:								
	a Prese	ent value	of excess contribu	utions (line	38a from prior year)								3497
					nterest rate of4.74%								166
	C Total	available	at beginning of cur	rent plan ye	ear to add to prefunding balar	nce							3663
	d Portion	on of (c)	to be added to pre	funding ba	alance								0
12	Other re	eductions	s in balances due	to elections	s or deemed elections				0				0
13	Balance	at begir	nning of current ye	ar (line 9 -	+ line 10 + line 11d – line 12)			0				4976
Pa	art III	Fun	ding Percenta	ages									
14	Funding	g target a	ttainment percent	age							14	97	7.59 %
15	Adjuste	d funding	g target attainmen	t percentaç	ge						15	97	7.59 %
16					of determining whether car						16	76	5.11 %
17	If the cu	ırrent val	ue of the assets o	f the plan i	s less than 70 percent of the	e funding ta	rget, enter s	uch percentage			17	C	0.00 %
Pa	art IV	Con	tributions and	d Liquid	ity Shortfalls								
18	Contrib	utions ma			ear by employer(s) and emp	oloyees:							
(M	(a) Dat IM-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) [(MM-DE		(b) Amount pa employer(s		((nt paid b oyees	у
11	/08/2013	3		10000	0								
02	2/12/2014	1		10000	0								
02	2/27/2014	1		13000	0								
						T-4-1- N	40(%)			40(-)			
						Totals ▶	18(b)		33000	18(c)			0
19			-		tructions for small plan with								
	_			•	imum required contributions	•			19a 19b				0
					djusted to valuation date			-					0
20					uired contribution for current y	ear adjusted	to valuation	date	19c				30816
20			outions and liquidit		s. the prior year?						- V	Yes	No
			_								<u> </u>	J L	
					y installments for the curren	-	-	mannen /	Γ		·····	Yes	No
	C if line	e ∠ua is "	res, see instructi	ons and co	emplete the following table a Liquidity shortfall as of e			n vear					
		(1) 19	st		(2) 2nd	or quarte	(3)	3rd			(4) 4th	1	
			0			0			0		-	-	0

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21		ınt rate:		<u> </u>						
	a Seg	ment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment 7.52 %		N/A, fu	ıll yield	curv	e used
	b App	licable month (enter code)		1	21b				1
22	Weigh	ted average ret	irement age			. 22				66
23	Mortali	ity table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24		•	· ·	tuarial assumptions for the current	•				l Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment		X	Yes	No
27		•	o alternative funding rules, en	ter applicable code and see instru	ctions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28				0
29				d unpaid minimum required contrib		29				0
30	Remai	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29).		. 30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Targe	t normal cost a	nd excess assets (see instruct	ions):		, ,				
	a Targ	et normal cost	(line 6)			. 31a				18723
	b Exce	ess assets, if ap	oplicable, but not greater than	line 31a	T	. 31b				0
32	Amorti	zation installme	ents:		Outstanding Bala	ance		nstallm	ent	
	a Net	shortfall amortiz	zation installment			11745				9457
					L	0				0
33				ter the date of the ruling letter gra) and the waived amount		33				
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	· 31b + 32a + 32b - 33)	. 34				28180
				Carryover balance	Prefunding bala	ince	To	otal bal	ance	
35			use to offset funding	(0				0
36	Additio	nal cash requir	rement (line 34 minus line 35)			. 36				28180
37				ontribution for current year adjuste		37				30816
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)						
	a Tota	l (excess, if any	y, of line 37 over line 36)			. 38a				2636
	b Porti	ion included in	line 38a attributable to use of	prefunding and funding standard o	arryover balances	. 38b				0
39	Unpaid	d minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	. 39				0
40	Unpaid			S		. 40				0
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)				
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:						
	a Sche	edule elected					2 plus 7 yea	ars	15	years
	b Eligi	ble plan year(s)) for which the election in line	41a was made		200	8 2009	2010)	2011
42	Amoun	t of acceleratio	n adjustment			. 42				
43	Excess	installment ac	celeration amount to be carrie	d over to future plan years		43				

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02:05:36 p.m. 06-20-2014 2 /14

F	orm 5500-SF	Short Form Annual	•	t of Small Emp	loyee		OMB Nos. 1210-011 1210-008
	epartment of the Treasury Internal Revenue Service	This form is required to be f	Benefit Plan	M and ADSS of the Emple		2	012
Emaine	Department of Labor se Benefits Security Administration	Retirement Income Security Act	of 1974 (ERISA), and	sections 6057(b) and 6			is Open to Public
	n Benefit Guaranty Corporation	Complete all entries in acc	mal Revenue Code (ti	•	500 SE		spection
Part	Annual Report Is	dentification Information	organice with the lins	ructions to the Form 5	500-SF.		
For cale	ndar plan year 2012 or fisc	al plan year beginning 12	7/28/2012	and ending	12	/27/2013	
A This	return/report is for:	a single employer plan	a multiple-employe	r plan (not multiemploye	r) [a one-partici	pant plan
B This	retum/report is:	the first return/report	the final return/rep	ort			
	[an amended return/report	a short plan year re	tum/report (less than 12	months)		
C Chec	k box if filing under:	Form 5558	automatic extensio	n		DFVC progra	m
		special extension (enter descrip	•				
Part II		nation—enter all requested infor	nation		T		
	ne of plan					hree-digit an number	004
Mi	con & Associates, Inc.	. Defined Benefit Plan			'	N) •	001
					1c E	fective date of	-
2a Plan	sponsor's name and addre	ess; include room or suite number (emolover if for a sino	to amplement alan)	2h 5-		3/2006
	& Associates, Inc.	you, whose room or salte themself	ompoyor, ir ior a sing	ic-employer plany			ication Number 3117515
	•					onsor's telepi	none number
110 E	Park Avenue					850222	
IIS E.	Fair Avellue				20 Bu	siness code (s	ee instructions)
Tallaha	assee	FL				813	000
32301					İ		
3a Plan	administrator's name and s	address Same as Plan Sponsor I	Jame Same as Pl	an Sponsor Address	3h Ad	ministrator's E	IAI
				ar opensor vaccos		IIIIIOUGUA S L	
		an sponsor has changed since the l	ast return/report filed	for this plan, enter the	4b EIN	<u> </u>	
	sor's name				4c PN		
5a Total	number of participants at t	he beginning of the plan year			5a	(3
b Total	number of participants at ti	he end of the plan year	•••••		5b	6	3
		ount balances as of the end of the p			5c	C)
		ring the plan year invested in eligibl			*************	*******	Yes No
		annual examination and report of a se instructions on waiver eligibility a					Yes No
		line 6a or line 6b, the plan canno	•				E 100 L 100
		complete filing of this return/rep					
SB or Sch	alties of perjury and other p edule MB completed and si true, correct, and complete.	penalties set forth in the instructions gned by an enrolled actuary, as well	, I declare that I have Il as the electronic ver	examined this return/report,	ort, includi and to the	ng, if applicabl best of my kn	e, a Schedule owledge and
SIGN	02.4 W	alth Mich		Patou L) at fo	nd mi	XOn
HERE	Signature of plan admir	nistrator	Date 7 - 10 - 14	Enter name of individu	al signing (s plan admini	strator
SIGN HERE		···			· ·		
	Signature of employer/p	plan sponsor if applicable) and address; include	Date pumbo	Enter name of individua			plan sponsor nber (optional)
For Paperwo	rk Reduction Act Notice and	OMB Control Numbers, see the instru	ctions for Form 5500-5	F.		Form	5500-SF (2012) v. 120126

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02:06:12 p.m. 06-20-2014 3/14

Form 5500-SF 2012		Page 2			_				
					-				
Part III Financial Information					<u>.</u>				
7 Plan Assets and Liabilities	T	(a) Beginning of	·			(b) Ec	d of Yea		
a Total plan assets	. 7a	(a) Cagnuning or	482	377		(0) 611		50932	_
b Total plan liabilities			402.	0			<u>`</u>		0
	<u> </u>		400					50932	<u> </u>
C Net plan assets (subtract line 7b from line 7a)	. 7c		482	3//				00932	<u>-</u>
8 Income, Expenses, and Transfers for this Plan Year	 	(a) Amount				(b)	Total		
8 Contributions received or receivable from: (1) Employers	8a(1)	ļ	_330	וממנ					
(2) Participants	Ba(2)			0					_
(3) Others (including rollovers)	8a(3)			ň					
b Other income (loss)	8b		-60						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-00	\sim				26947	,
d Benefits paid (including direct rollovers and insurance premiums	80			+				20941	
to provide benefits)	_ 8d			0					
 Certain deemed and/or corrective distributions (see instructions) 	80			0					
f Administrative service providers (salaries, fees, commissions)	8f			히					
g Other expenses	8g			र्ग					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			一		<u>, </u>	<u> </u>	0	
Net income (loss) (subtract line 8h from line 8c)	81							26947	
Transfers to (from) the plan (see instructions)	Bi Bi			a 					
Part IV Pian Characteristics									
9a If the plan provides pension benefits, enter the applicable pension f	esture cod	ies from the List of Blan Cha	matac	ielia C	odoo	in the instan	tlone:		
1A 1G 1I 3D	001010 000	CO HOM DE LIARON FAMILIONE	14CIGI	isuc C	oues	III LIIO II ISUUL	AU 13.		
b If the plan provides welfare benefits, enter the applicable welfare fer	ature code	s from the List of Plan Charz	acteris	tic Co	des in	the instructi	ions:		
Part V Compliance Questions									
10 During the plan year:				Yes	No	T	Amount	!	
a Was there a failure to transmit to the plan any participant contribution					Π				_
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Corre	ction Program)	10a	ļ	✓	╀			
b Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10Ь		1	1			C
C Was the plan covered by a fidelity bond?				_	 -	+		E00	100
			10c	<u> </u>				500	JUU
d Did the plan have a loss, whether or not relimbursed by the plan's fi			10d		1	:			0
or dishonesty?			100		-	 			_
insurance service or other organization that provides some or all of	the benefit	s under the plan? (See			,	1			_
instructions.)			10e		✓	<u> </u>			_0 _
f Has the plan failed to provide any benefit when due under the plan?	?	*****************************	10f		✓				0
g Did the plan have any perticipant loans? (if "Yes," enter amount as	of year end	1.)	10g		1	†			0
h If this is an individual account plan, was there a blackout period? (S	ee instructi	ons and 29 CFR	.08			 			_
2520.101-3.}			10h	Į	✓	l			
i If 10h was answered "Yes," check the box if you either provided the				T					_
exceptions to providing the notice applied under 29 CFR 2520.101-3	<u>3</u>	***************************************	101			<u> </u>			
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	ts? (If "Ye:	s," see instructions and com	piete S	Sched	ule SE	(Form	/ Yes	Пм	_ o
11a Enter the amount from Schedule SB line 39				1	l1a				0
12 Is this a defined contribution plan subject to the minimum funding rec					_	EDISA2	☐ Yes	Ø No	_
(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as		· · · · · · · · · · · · · · · · · · ·	_,		72.01	E. WOF11		<u> </u>	
a If a waiver of the minimum funding standard for a prior year is being a			ione	and a	nter th	e date of the	letterni	lina	-
granting the waiver.	**************************	Mont)	1		Day		681		_
If you completed line 12a, complete lines 3, 9, and 10 of Schedule M									_
b Enter the minimum required contribution for this plan year				1	2b				_

PAGE 3/14 * RCVD AT 6/20/2014 2:04:17 PM [Eastern Daylight Time] * SVR:GBTVMVORFXAPP2P/10 * DNIS:3955256 * CSID:413 395 5987 * DURATION (mm-ss):05-19

GUARDIAN LIFE INSURAN 12:48:24 p.m. 07–10–2014

02:06:46 p.m. 06-20-2014

3/3

4/14

413 395 5987

GUARDIAN LIFE INSURAN

Page 3 -Form 5500-SF 2012 12c C Enter the amount contributed by the employer to the plan for this plan year 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 12đ negative amount)..... e Will the minimum funding amount reported on line 12d be met by the funding deadline?... Yes ∏ N/A Part VII | Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? Yes X No If "Yes," enter the amount of any plan assets that reverted to the employer this year b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control ☐ Yes 🗷 No of the PBGC?. C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Part VIII Trust Information (optional) 14a Name of trust 14b Trust's EIN

PAGE 4/14 * RCVD AT 6/20/2014 2:04:17 PM [Eastern Daylight Time] * SVR:GBTVMVORFXAPP2P/10 * DNIS:3955256 * CSID:413 395 5987 * DURATION (mm-ss):05-19

01:42:18 p.m.

5/10

07-10-2014

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

IRC430 Funding Yield Curve Segmented Rates

First Segment:

5.54%

Second Segment:

6.85%

Third Segment:

7.52%

IRC404 Funding Yield Curve Segmented Rates

First Segment:

1.69%

Second Segment:

4.53%

Third Segment:

5.6%

PBGC Segmented Rates

First Segment:

0.97%

Second Segment:

3.5%

Third Segment:

4.6%

Pre-Retirement Valuation Assumptions

Retirement Valuation Assumptions

Mortality Table

2012 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

2012 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)

06/17/2014 530

6/10

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

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

Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings

5% Effective annual rate

Mortality Table

2012 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 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	42,119	12/28/2008	3	14,803
Shortfall Base	-7,961	12/28/2009	4	-2,154
Shortfall Base	-19,237	12/28/2010	5	-4,273
Shortfall Base	74,139	12/28/2011	6	14,203
Shortfall Base	-77,315	12/28/2012	7	-13,122
Total	11,745			9,457

01:42:07 p.m. 07-10-2014

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
11/08/2013	10000.00	2012	5.35%	9560.00	10.35%	-212.82	9347.18
02/12/2014	10000.00	2012	5.35%	9430.00	10.35%	-164.59	9265.41
02/27/2014	13000.00	2012	5.35%	12233.00	10.35%	-30.05	12202.95
Total for Minimum Required Contribution	33000.00			31223.00		-407.46	30815.54

						<i>σ</i> , ε	Mixor Schedule S Plan Name:	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	ssociate e 26 - St n & Ass Plan E Plan	sociates, Inc. Defined I 26 - Schedule of Activ & Associates, Inc. De Plan EIN: 59-3117515. Plan Number: 001	efinec of Act Inc. D 11751:	& Associates, Inc. Defined Benefit Plan B, line 26 - Schedule of Active Participant Data Mixon & Associates, Inc. Defined Benefit Plan Plan EIN: 59-3117515	Plan ipant enefit	\$ 5						
									Year	Years of Credited Service	ited Se	rvice								
		<u>-</u>		4-		5-9		10 - 14	15	15 - 19	70	20 - 24	25	25 - 29	ğ	30 - 34	1	35.39		404
		Avg.		Avg.		Avg.		Avg.		Avg.	-	Ava.		Ava		Ava		3	1	
Age	#	Comp.	*	Сошр.	#	Comp.	#	Comp.	*	Comp.	*	Comp	*	b 8	*		_	Ė,	;	Avg
<25											+		+			Comp.	#	Сощр.	*	Comp.
25-29					<u> </u>						-		1							
30-34		!	-		-															
35-39			-		-					-							- -			
40-44	_																			
45-49			-						-			-								
50-54	-						ĺ		-		+									
55-59																1			-	
60-64										-	7									
69-59											+									
70 +			-	,							-		+					+		
										_										

Age is attained age as of the valuation date.

Active employees include employees who are active and deferring retirement. # 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 Internal Revenue Code (the Code).

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 12/28/20						rn	•	
	File as an attachment to Form 5500 or 5500-SF. ar beginning 12/28/2012 and en				1/07/0	0040		
Round off amounts to nearest dollar.					2/27/2	2013		
Caution: A penalty of \$1,000 will be assessed for late filing of this re	port unless reason	nable cau	se is establist	ned				
Name of plan						· · · · · · ·		
Mixon & Associates, Inc. Defined Benefit Plan			B Three-digit plan number (PN)			•	00	1
			(11)					
Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF				<u></u>				
Aixon & Associates, Inc.			D Employer	Identific	ation N	lumber (E	IN)	
					593	117515		
Type of plan: x Single Multiple-A Multiple-B	F Prior year plan	Prior year plan size: 🗙 100 or fewer		☐ 101-500 				
Part I Basic Information	- The year plan	1922e. 2 100 or lewel 101-50				00 More than 500		
Enter the valuation date: 12/28/2012	<u> </u>							
Assets:					,			
a Market value				0-	 			
b Actuarial value				2a	┼ -		481	
Funding target/participant count breakdown						481804		
a For retired participants and beneficiaries receiving payment	За	(1) Number of partici		pants			et	
b For terminated vested participants			0		0			
C For active participants:			<u> </u>		 		0	
(1) Non-vested benefits	3c(1)	•	•		 		202	
(2) Vested benefits					<u> </u>	3292		
(3) Total active	3c(3)	6		 - -	485282 488574			
d Total		6			488574			
If the plan is in at-risk status, check the box and complete lines (a) ar	nd (b)					. 10	0014	
				4a		· · · · · · · · · · · · · · · · · · ·	······································	
a Funding target disregarding prescribed at-risk assumptions	·····			. 444				
b Funding target reflecting at-risk assumptions, but disregarding to	ancition rule for al	ana that b						
b Funding target reflecting at-risk assumptions, but disregarding trat-risk status for fewer than five consecutive years and disregard	ransition rule for pla ding loading factor	ans that h	ave been in	4b				
Funding target reflecting at-risk assumptions, but disregarding to at-risk status for fewer than five consecutive years and disregard Effective interest rate	ansition rule for plactor	ans that h	ave been in	4b 5		5.	35	
Funding target reflecting at-risk assumptions, but disregarding tr at-risk status for fewer than five consecutive years and disregard Effective interest rate	ansition rule for plactor	ans that h	ave been in	4b			35 723	
Funding target reflecting at-risk assumptions, but disregarding tr at-risk status for fewer than five consecutive years and disregard Effective interest rate	ransition rule for plading loading factor	ans that h	ave been in	4b 5 6		18	723	
Funding target reflecting at-risk assumptions, but disregarding trat-risk status for fewer than five consecutive years and disregard Effective interest rate Target normal cost Tement by Enrolled Actuary To the best of my knowledge, the information supplied in this extent to the desired and the information supplied in this extent to the desired and the information supplied in this extent to the desired and the information supplied in this extent to the desired and the information supplied in this extent to the desired and the information supplied in this extent to the desired and the information supplied in this extent to the desired and the information supplied in this extent to the desired and the desired	ransition rule for plading loading factor	ans that h	ave been in	4b 5 6	ate. Each	18	723	applie
Funding target reflecting at-risk assumptions, but disregarding trat-risk status for fewer than five consecutive years and disregard Effective interest rate Target normal cost Tement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying scheducordance with applicable law and regulations. In my opinion, each other assumption is reason combination, offer my best estimate of anticipated experience under the plan.	ransition rule for plading loading factor	ans that h	ave been in	4b 5 6	ate. Each	18	723	applie
Funding target reflecting at-risk assumptions, but disregarding trat-risk status for fewer than five consecutive years and disregard Effective interest rate Target normal cost ement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying scheducordance with applicable law and regulations. In my opinion, each other assumption is reason combination, offer my best estimate of anticipated experience under the plan.	ransition rule for plading loading factor	ans that h	ave been in	4b 5 6		18 prescribed a ctations) and	723	applie
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Funding target reflecting at-risk assumptions, but disregarding trat-risk status for fewer than five consecutive years and disregard Effective interest rate	ransition rule for plading loading factor	ans that h	if any, is complete price of the plan at	4b 5 6 and accur d reasonal Most re	6/18 110 cent er 4134 umber	n prescribed a stations) and 3/2014 Date 14681 Prollment 1994321 (including	723 assumption was such other assu	umption:

01:41:01 p.m. 07-10-2014 2/10

Schedule SB (Form 5500) 2012 Page 2 -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 0 4530 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) 0 0 Amount remaining (line 7 minus line 8) 0 4530 Interest on line 9 using prior year's actual return of _ 0 446 11 Prior year's excess contributions to be added to prefunding balance: 3497 b Interest on (a) using prior year's effective rate of 4.74 % except as otherwise provided (see instructions) 166 C Total available at beginning of current plan year to add to prefunding balance 3663 d Portion of (c) to be added to prefunding balance 0 12 Other reductions in balances due to elections or deemed elections 0 0 13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) 0 4976 Part III **Funding percentages** 14 Funding target attainment percentage..... 14 97.59 % 15 Adjusted funding target attainment percentage 15 97.59 % Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.... 16 76.11 % If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage..... 17 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 (c) Amount paid by (a) Date (b) Amount paid by (c) Amount paid by (MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s) employees 11/8/2013 10000 0 2/12/2014 10000 0 2/27/2014 13000 Totals ▶ 18(b) 18(c) 33000 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years. 0 19a **b** Contributions made to avoid restrictions adjusted to valuation date..... 19b 0 C Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... 19c 30816 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?..... \square No 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 0 0 0

42

Schedule SB (Form 5500) 2012 Page 3 Part V | Assumptions used to determine funding target and target normal cost 1st segment: a Segment rates: 2nd segment: 3rd segment: N/A, full yield curve used 5.54 6.85 **b** Applicable month (enter code)..... 21b 22 Weighted average retirement age 22 66 23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute Part VI | Miscellaneous items Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes 26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment...... If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment Part VII Reconciliation of unpaid minimum required contributions for prior years Unpaid minimum required contributions for all prior years.... 28 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years 29 a 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) 30 Part VIII Minimum required contribution for current year Target normal cost and excess assets (see instructions): a Target normal cost (line 6)..... 31a 18723 b Excess assets, if applicable, but not greater than 31a 31b 32 Amortization installments: Installment 11745 9457 b Waiver amortization installment..... 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval 33) and the waived amount 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33). 34 28180 Carryover balance Prefunding balance Total balance 35 Balances elected for use to offset funding requirement..... 0 0 36 Additional cash requirement (line 34 minus line 35)..... 36 28180 Contributions allocated toward minimum required contribution for current year adjusted to valuation date 37 (line 19c)..... 30816 38 Present value of excess contributions for current year (see instructions) a Total (excess, if any, of line 37 over line 36) 38a 2636 b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b 0 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) 39 0 40 Unpaid minimum required contributions for all years 0 Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions) 41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: a Schedule elected 2 plus 7 years 15 years 2009 2010 2011 42 Amount of acceleration adjustment

43 Excess installment acceleration amount to be carried over to future plan years.....

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, 2012

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)

Retirement Benefit Optional Forms

Lump Sum (single payment)

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: \$205,000
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 \$250,000 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

06/17/2014 530

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 EIN: 59-3117515 Plan Number: 001

The weighted average retirement age of 66 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.

06/17/2014 530