#### 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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

		Complete all entries in accorda	nce with the instruc	tions to the Form 550	10-5F.		
Part l	Annual Report	Identification Information					
For cale	ndar plan year 2013 or fis	scal plan year beginning 12/28/2013		and ending	12/27/2	2014	
<b>A</b> This	return/report is for:	a single-employer plan a	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
<b>B</b> This	return/report is:	the first return/report the	ne final return/report				
		an amended return/report as	short plan year returr	n/report (less than 12 m	onths)	)	
<b>C</b> Che	ck box if filing under:	Form 5558	utomatic extension			DFVC progra	ım
		special extension (enter description)				_	
Part I	I Basic Plan Info	rmation—enter all requested information	on				
1a Nar		·			1b	Three-digit	
MIXON &	ASSOCIATES, INC. DEF	FINED BENEFIT PLAN				plan number	004
					10		
					10		•
		dress; include room or suite number (emp	ployer, if for a single-	employer plan)	2b		
110 F P/	ARK AVENIJE				2c		
					2d		
<b>3a</b> Pla	n administrator's name ar	nd address Same as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b		
A This return/report is for:							
<b>4</b> If th	ne name and/or FIN of the	e plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4h	EINI	
	3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year						
119 E. PARK AVENUE TALLAHASSEE, FL 32301  2d Business code (see instructions) 813000  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4d PN  5a Total number of participants at the beginning of the plan year							
<b>5a</b> Tot	al number of participants	at the beginning of the plan year			5a		6
<b>b</b> Tot	al number of participants	at the end of the plan year			5b		6
	· ·	•	•	•	5c		0
<b>6a</b> W	ere all of the plan's assets	s during the plan year invested in eligible	assets? (See instruct	tions.)			X Yes No
							V vaa □ Na
							X Yes   No
							] Nat datamasin ad
Cirti	e pian is a defined benef	it plan, is it covered under the PBGC insu	irance program (see	ERISA Section 4021)?	X	res Ino	Not determined
Caution	: A penalty for the late	or incomplete filing of this return/repor	rt will be assessed u	unless reasonable ca	use is	established.	
SB or S	chedule MB completed ar	nd signed by an enrolled actuary, as well					
	Filed with authorized/	valid electronic signature.					
	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	gning as plan adn	ninistrator
HERE							
SIGN	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	lual sic	ning as emplove	r or plan sponsor
SIGN HERE							
SIGN HERE							
SIGN HERE							
SIGN HERE							

Form 5500-SF 2013 Page **2** 

Da	t III   Financial Information							
_	rt III Financial Information				<u> </u>			
7	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of Year	
	Total plan assets	7a	50932		-		500343	
	Total plan liabilities	7b	0	-				
	Net plan assets (subtract line 7b from line 7a)	7c	50932	4	-		500343	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:  (1) Employers	8a(1)	1827	0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	-2469	1				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-6421	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2560	0				
	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					2560	
i	Net income (loss) (subtract line 8h from line 8c)	8i					-8981	
j	Transfers to (from) the plan (see instructions)	8j		0				
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 1A 1I 3D	feature cod	les from the List of Plan Chara	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cterist	ic Coc	les in t	the instructions:	
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а				10a		X	0	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not ir	nclude transactions reported	10b		X	0	
С				10c	X		50000	
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bon	d, that was caused by fraud	10d		X	30000	
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth			100			U	
C	insurance service, or other organization that provides some or all instructions.)	of the bene	fits under the plan? (See	10e		X	0	
f	,			10f		Χ	0	
g				_		X		
	If this is an individual account plan, was there a blackout period? (	(See instruc	ctions and 29 CFR	10g		X	0	
i	,	ne required	notice or one of the	10h				
Part	exceptions to providing the notice applied under 29 CFR 2520.10:  VI Pension Funding Compliance	1-3		10i				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•						
112	Enter the unpaid minimum required contribution for current year fr					11a	0	
12	Is this a defined contribution plan subject to the minimum funding							
14				or se	CHOIT .	JU∠ OT	LNIOA!   165 A NO	
а	(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 beir granting the waiver.	ng amortize	d in this plan year, see instruc		, and e	enter tl Dav		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule					⊔ay	ı cai	
lf	,	\. • • • •	,,					
	Enter the minimum required contribution for this plan year					12b		

Page	3	- [	1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	. 🔲 Y	'es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	3c(2) El	N(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	<b>14b</b> Tr	ust'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).

This Form is Open to Public Inspection

OMB No. 1210-0110

2013

				File	as an attachme	ent to Form	5500 or	5500-SF.					
F	or calendar	plan year 2013	or fiscal plan	year beginning	12/28/2013			and	ending	12/27/2	2014		
)	Round of	f amounts to i	nearest dolla	r.									
)	Caution:	A penalty of \$1	,000 will be as	ssessed for late filir	ng of this report	unless reas	onable ca	use is esta	blished	•			
	Name of pl							<b>B</b> Thre	ee-digit			001	
M	IXON & ASS	SOCIATES, IN	C. DEFINED I	BENEFIT PLAN				plan	numbe	er (PN)	•	001	
_	Diamanan			0f F FF00	- 5500 05			D			NI	/FINI)	
		SOCIATES. IN		2a of Form 5500 or	5500-5F			<b>D</b> Empl	-		Number	(EIN)	
	7.011 0 7.01	, , , , , , , , , , , , , , , , , , ,	0.							59-311751	5		
_	Turno of plan	o. V Single	Multiple-A	Multiple-B		Prior year pla	an sizo:	100 or for	wor -	101-500	More	than 500	
_		n: X Single	<u> </u>	Пуппріє-р	•	Prior year pi	an size.	100 01 16	wei	101-500	Wore	than 500	
F	Part I E	Basic Inforn	nation										
1		e valuation date	e:	Month 12	Day <u>28</u>	Year _	2013	_					
2	Assets:								-				
	<b>a</b> Marke	t value								2a			509146
		ial value								2b			509146
3	Funding	target/participa	ant count brea	kdown:			<b>(1)</b> N	lumber of p	articipa	nts	(2)	Funding Target	
	<b>a</b> For re	tired participan	its and benefic	ciaries receiving pay	yment	. 3a				0			C
	<b>b</b> For te	rminated veste	ed participants			. 3b				0			C
	<b>C</b> For ac	tive participant	ts:				Į						
	(1)	Non-vested b	penefits				Į						4688
	(2)	Vested bene	fits			. 3c(2)							541462
	(3)	Total active				. 3c(3)				6			546150
	<b>d</b> Total.					. 3d				6			546150
4	If the pla	n is in at-risk s	status, check tl	he box and comple	te lines (a) and	(b)		. 🗍					
	<b>a</b> Fundir	ng target disreg	garding prescr	ibed at-risk assum	otions					4a			
	<b>b</b> Fundii	ng target reflec	ting at-risk as	sumptions, but disr	egarding transiti	ion rule for p	lans that	have been	in	4b			
	at-r	isk status for fe	ewer than five	consecutive years	and disregardin	g loading fa	ctor						
5	Effective	interest rate								5			5.25 %
6	Target n	ormal cost								6			0
Sta	-	Enrolled Actu	•										
	accordance w	ith applicable law a	nd regulations. In r	ed in this schedule and a ny opinion, each other as	sumption is reasonal								
	combination,	offer my best estima	ate of anticipated e	xperience under the plan	•								
	SIGN												
	HERE										05/06/2	2015	
			Sign	ature of actuary							Date		
DE	BORAH SN	MIST						_			14-04	681	
			Type or p	orint name of actua	ry					Most rece	ent enrollm	nent number	
GL	JARDIAN LI	FE INS. CO. C	F AMERICA								413-49	99-4321	
	0.001.1711	TDEET		Firm name					Tele	phone nu	mber (incl	uding area code)	
	0 SOUTH S TTSFIELD,												
	,												
			Ad	dress of the firm				_					
	ne actuary h ructions	as not fully refl	ected any reg	ulation or ruling pro	mulgated under	r tne statute	in comple	eting this so	cnedule	, check th	e box and	see	

Page	2	-
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Pa	rt II	Begin	ning of Year Ca	arryove	er and Prefunding Ba	alances						
							(a) C	arryover balance	:	(b)	Prefundin	ng balance
7		-			cable adjustments (line 13 f	•			0			4976
8			•	•	ınding requirement (line 35				0			0
9	Amoun	t remainii	ng (line 7 minus line	8)					0			4976
10	Interest	t on line 9	using prior year's a	ctual retu	urn of <u>-1.28</u> %				0			-64
11	Prior ye	ear's exce	ess contributions to b	e added	to prefunding balance:							
	<b>a</b> Prese	Present value of excess contributions (line 38a from prior year)										2636
			on (a) using prior year's effective interest rate of5.35 % exceperwise provided (see instructions)									141
	<b>C</b> Total	available	at beginning of currer	nt plan ye	ar to add to prefunding balan	ice						2777
	<b>d</b> Porti	on of (c)	to be added to prefu	nding bal	lance							0
12	Other re	eductions	in balances due to	elections	or deemed elections				0			0
13	Balance	e at begir	nning of current year	(line 9 +	line 10 + line 11d – line 12	)			0			4912
P	art III	Fun	ding Percentag	es								
14	Funding	g target a	ttainment percentag	e							14	92.32 %
15	Adjuste	ed funding	target attainment p	ercentag	e						15	92.32 %
16					of determining whether car						16	97.59 %
17	If the cu	urrent val	ue of the assets of th	ne plan is	s less than 70 percent of the	e funding ta	get, enter s	uch percentage			17	0.00 %
P	art IV	Con	tributions and I	Liquidi	ty Shortfalls							
18	Contrib	utions ma	ade to the plan for th	e plan ye	ear by employer(s) and emp	oloyees:						
(N	<b>(a)</b> Dat IM-DD-Y		<b>(b)</b> Amount paid employer(s)	by	(c) Amount paid by employees	<b>(a)</b> [ (MM-DD		<b>(b)</b> Amount p employer		(0	<b>c)</b> Amour emplo	nt paid by oyees
12	/17/2014	1		6000	0							
04	/02/2015	5		12270	0							
						Totals ►	18(b)		18270	18(c)		0
19			-		ructions for small plan with							
	<b>a</b> Cont	ributions	allocated toward unp	oaid mini	mum required contributions	from prior	/ears		19a			0
	<b>b</b> Cont	ributions	made to avoid restric	ctions ad	justed to valuation date				19b			0
	<b>C</b> Conti	ributions a	allocated toward minin	num requ	ired contribution for current y	ear adjusted	to valuation	date	19c			16914
20		-	outions and liquidity s									
	<b>a</b> Did t	he plan h	ave a "funding short	fall" for th	ne prior year?						X	Yes No
	<b>b</b> If line	e 20a is "	Yes," were required	quarterly	installments for the current	year made	in a timely r	manner?			<u> </u>	Yes X No
	<b>C</b> If line	e 20a is "	Yes," see instruction:	s and co	mplete the following table a							
		(4) 4			Liquidity shortfall as of e	nd of quarte		· .			/A\ A11-	
		(1) 19			(2) 2nd	0	(3)	3rd	0		(4) 4th	
			0			0			0			0

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21	Discou	nt rate:								
	<b>a</b> Seg	ment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %		N/A, fu	ll yield	curve	used
	<b>b</b> Appl	icable month (	enter code)			21b				1
22	Weight	ed average ret	irement age			22				66
23	Mortalit	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitut	e			
Pa	rt VI	Miscellane	ous Items							
24				cuarial assumptions for the current	plan year? If "Yes," see	instructions	regarding re	equired		
		-							Yes	X No
25	Has a r	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 p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		X	Yes	No
27		•	o alternative funding rules, ent	er applicable code and see instruc	ctions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpaid		<del>-</del>	years		28				0
29				I unpaid minimum required contrib		29				
	-			30				0		
	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)  Art VIII Minimum Required Contribution For Current Year									0
		1	•							
31			nd excess assets (see instruct	,		<del> </del>				
	<b>a</b> Targe	et normal cost	(line 6)			31a				0
			<u> </u>	line 31a	 I	31b				0
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	lı .	nstallm	ent	
	a Net s	shortfall amortiz	zation installment			41916				16118
						0				0
33				ter the date of the ruling letter grar ) and the waived amount		33				
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				16118
				Carryover balance	Prefunding bala	nce	To	tal bala	ance	
35			use to offset funding	C		0				0
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				16118
37				ontribution for current year adjuste		37				16914
38	Presen	t value of exce	ess contributions for current ye	ar (see instructions)						
	<b>a</b> Total	(excess, if any	y, of line 37 over line 36)			38a				796
				prefunding and funding standard c		38b				0
39				ear (excess, if any, of line 36 over		39				0
40	Unpaid	minimum requ	uired contributions for all years	<b>)</b>		40				0
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions	)				
41	If an ele		de to use PRA 2010 funding re							
	<b>a</b> Sche	dule elected					2 plus 7 yea	rs	15 y	years
	<b>b</b> Eligib	ole plan year(s	) for which the election in line	41a was made				2010		2011
42			•			42	<u> </u>		<u> —</u>	
				d over to future plan years		43				

#### Form 5500-SF

Department of the Treasury Intermel Revenue Service

### 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

OMB Nos 1210-0110 1210-0089

2013

	Department of Labor  Benefit Security Administration  Benefit Guaranty Corporation	·	emai Revenue Code (th	e Code).			ls Open to Public
Part	Annual Report	→ Complete all entries in ac identification Information	cordance with the insi	ructions to the Form	5500-SF.		
For cale	ndar plan year 2013 or fis		2/28/2013	and ending	12	227/2014	
A This	return/report is for:	a single employer plan	a multiple-employe	r plan (not multiemploy	er)	a one-partici	pent clan
B This	return/report is:	the first return/report	the final return/repo			]	, , , , , , , , , , , , , , , , , , ,
		an amended return/report	a short plan year rei	um/report (less than 1	2 months)		
C Chec	★ box if filing under:	Form 5558	automatic extension			DEVC progra	តា
		special extension (enter descri	ption)		_	,	
Part I	Basic Plan Infor	mation—enter all requested info	ormation				
	ne of plan				1b T	hree-digit	
Mix	on & Associates, Inc	c. Defined Benefit Plan			, ,	ian number	001
						PN) Interpretation	aleo
					1.0	12/28/	
2a Plan	sponsor's name and add & Associates, Inc.	ress; include room or suite numbe	r (employer, if for a singl	e-employer plan)	2b E		ication Number
WIXOI	or Associates, mc.				(E	EIN) 59	3117515
119 E	. Park Avenue				2c S	ponsor's telepi	
Talleh	assee	FL			2d 0	850222	
32301					1.0	313( santass culture)	ee instructions)
3a Plan	administrator's name and	address Same as Plan Sponso	rName Same as Pl	an Sponsor Address	3b Ad	dministrator's E	
			<del></del>		ļ		
					3C Ac	iministrator's te	dephone number
					ĺ		
4 If the	Dame and/or Elst of the	dan				····	
nam	e, EIN, and the plan numb	lan sponsor has changed since the from the last return/report.	e last return/report filed	for this plan, enter the	4b El	N	
a Spon	sor's name				4c PN	1	
		the beginning of the plan year					6
b Total	number of participants at	the end of the plan year	****************************	\7.************************************	5b		5
C Num	ber of participents with act	count balances as of the end of the	plan year (defined ben	efit plans do not		(	`
6a Were	all of the plan's assets d	uring the plan year invested in elig	ible accete? (Can instance		5c		
D Arey	ou claiming a waiver of th	e annual examination and report of	f an independent qualific	ed public accountant th	OBAL		Yes No
unae	r 29 CFR 2520.104-467 (S	See Instructions on waiver eligibility	y and conditions.)		-	**********	Yes No
ii you	i answered "No" to eith	er line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead us	e Form 550	ю.	
C ir me	plan is a defined benefit p	lan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?	' 🛭 Ye:	s [] No [] 1	lot delemined
Caution: /	A penalty for the late or i	ncomplete filing of this returnire	port will be assessed	uniess reasonable ca	use is esta	iblished.	
Under pen	alties of periury and other	nenattles set forth in the instruction	ne I declare that I have	promined this			e, a Schedule
	true, correct, and complete	nginou by an emichiou accuaty, as v	ver as the electronic ver	sion of this return/repo	rt, and to the	e best of my kn	owledge and
					<del></del>		
SIGN HERE	The results of the second seco	rian	5-11-15	Pat n	7,201	9	
	Signature of plan adm	Inistrator	Date	Enter name of individ	lual sìgning	as plan admini	strator
SIGN HERE							
	Signature of employer	plan sponsor	Date	Enter name of individ	lual signing	as employer o	plan sponsor
ក នៅក្នុងនៅ ខ្លួ	төттө (насторий ишт у <b>зи</b> и	e, if applicable) and address; include	te room or suite number	(optional)	Preparer's	s telephone nu	nber (optional)
							1
						···	

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yo	par	Т		(h) End of Year
а	Total plan assets	7a		50932	24		(b) End of Year 500343
b	Total plan liabilities			70002	0		0.00343
	Net plan assets (subtract line 7b from line 7a)	7c	·····	0932			500343
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	70002			(b) Total
а	Contributions received or receivable from:		17/		+		(b) Total
	(1) Employers	8a(1)		1827	70		
	(2) Participants	8a(2)		·	0		
	(3) Others (including rollovers)	8a(3)			0		
	Other income (loss)	8b	_	2469	1		
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-6421
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		)EE	اہ		
е	Certain deemed and/or corrective distributions (see instructions)	8e	····	256	0		
f	Administrative service providers (salaries, fees, commissions)	8f	·		0	····	
9	Other expenses	8g			0		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			<u> </u>		2560
i	Net income (loss) (subtract line 8h from line 8c)	8i					
	Transfers to (from) the plan (see instructions)				,		-8981
-	t IV Plan Characteristics	8)			<u>′                                     </u>		
b	If the plan provides pension benefits, enter the applicable pension f 1A 1I 3D  If the plan provides welfare benefits, enter the applicable welfare fe						
10	During the plan year:				Yes	N.S.	<del></del>
a		ions within t	he time period described in	<del>.  </del>	165	No	Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Correc	tion Program)	10a		✓	0
	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not inc	dude transactions reported	10b		✓	0
C	Was the plan covered by a fidelity bond?			10c	<b>✓</b>		50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	idelity bond,	, that was caused by fraud	10d		<b>✓</b>	0
ө	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o instructions.)	f the benefit	by an insurance carrier, ts under the plan? (See	10e		~~~~	0
f	Has the plan failed to provide any benefit when due under the plan	?		10f		✓	0
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end	.)	10g		1	0
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instructi	ons and 29 CFR	10h		<u>√</u>	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required no	otice or one of the	10i		✓	
Part							
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	nts? (If "Yes	," see instructions and comp	olete S	chedu	ile SE	3 (Form ✓ Yes No
11a	Enter the unpaid minimum required contribution for current year from	n Schedule	SB (Form 5500) line 39		1	1a	0
12	Is this a defined contribution plan subject to the minimum funding re					***	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	s applicable	e.)				
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized i	n this plan year, see instruct	tions, ε	and en	ter th	e date of the letter ruling Year
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule I	MB (Form 5	500), and skip to line 13.				
<u>b</u>	Enter the minimum required contribution for this plan year	***************************************			1	2b	0

	Form 5500-SF 2013 Page <b>3</b> -	]		
c	Enter the amount contributed by the employer to the plan for this plan year		12c	0
d 	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus s negative amount)	ign to the left of a	12d	
	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes No № NVA
Part \	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s 🗙 No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	0
b \	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan of the PBGC?	n, or brought under the co	ntrol	∏ Yes 🗷 No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan which assets or liabilities were transferred. (See instructions.)			
13	3c(1) Name of plan(s):	13c	(2) EIN(	s) 13c(3) PN(s)
Part V	VIII Trust Information (optional)			
	ame of trust	14	lb Trus	t's EIN

#### 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

**VALUATION AS OF 12/28/2013** 

#### **Normal Retirement Benefit**

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

First Segment:

4.94%

Second Segment:

6.15%

Third Segment:

6.76%

IRC404 Funding Yield Curve Segmented Rates

First Segment:

1.31%

Second Segment:

4.05%

Third Segment:

5.05%

**PBGC Segmented Rates** 

First Segment:

1.19%

Second Segment:

4.53%

Third Segment:

5.66%

Pre-Retirement Valuation Assumptions

Retirement Valuation Assumptions

Mortality Table

2013 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

2013 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)

#### 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

**VALUATION AS OF 12/28/2013** 

#### 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

2013 417(e)(3) Applicable Mortality Table

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

Investment Earnings

5.5% Effective annual rate

#### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor

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

2013

This Form is Open to Public Inspection

Schedule SB (Form 5500)

File as an attac	hment to Form	5500 or 5500-SF.				
For calendar plan year 2013 or fiscal plan year beginning 12/28/201	3	and endir	19 12/27	/2014	· <del></del> -	
Round off amounts to nearest dollar.						
Caution: A penalty of \$1,000 will be assessed for late filing of this re	port unless reaso	nable cause is establishe	d.			
A Name of plan		B Three-dig	 it	··		
Mixon & Associates, Inc. Defined Benefit Plan		plan numi		<b>.</b>	001	
mixon a resociates, inc. Defined Benefit Fight						
A						
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer I	dentification	Number	(EIN)	
Mixon & Associates, Inc.			50	311751	5	
E Type of plan: x Single Multiple-A Multiple-B	F Prior year plan	size: 🔀 100 orfewer 🏻	101-500	More	han 500	
Part I Basic Information						
1 Enter the valuation date: 12/28/2013	***					
2 Assets:		· · · · · · · · · · · · · · · · · · ·				
a Market value						
b Actuarial value			2a		50914	6
3 Funding target/participant count breakdown:			2b		50914	6
- Lineary targes participant country breakdown.		(1) Number of particip	ants	(2)	Funding Target	
a For retired participants and beneficiaries receiving payment		00			0	
b For terminated vested participants	3b	0			0	
C For active participants:			<u> </u>			
(1) Non-vested benefits	<u> </u>				4688	
(2) Vested benefits					541462	
(3) Total active		6			546150	
d Total	3d	6			46150	
If the plan is in at-risk status, check the box and complete lines (a) an	nd (b)					
a Funding target disregarding prescribed at-risk assumptions			4a		····	
b Funding target reflecting at-risk assumptions, but disregarding tr						
at-risk status for fewer than five consecutive years and disregar	ding loading facto	)1	4b			
5 Effective interest rate			5		5.25	%
6 Target normal cost			6		0	
tatement by Enrolled Actuary						
To the best of my knowledge, the information supplied in this schedule and accompanying sch accordance with applicable law and regulations, in my opinion, each other assumption is reaso combination, offer my best extractive of extracted in second or second in the second of the se	edules, statements and	attachments, if any, is complete	and accurate, i	Each prescrib	ed assumption was ap	plied in
combination, offer my best estimate of anticipated expenence under the plan.	readed (taking into acco	run une expenence of the plan an	d reasonable e	xpectations) a	ind such other assum	pbons, a
SIGN						
HERE			E	5/6/2015		
Signature of actuary						
Deborah Smist				Date		
	······································			404681	· · · · · · · · · · · · · · · · · · ·	
Type or print name of actuary			Most recen			
Guardian Life Ins. Co. of America			41	3499432	21	
Firm name		Tele	phone numi	ber (includ	ing area code)	
700 South Street						
Pittsfield MA 012	<b>01</b>					
Address of the firm	O I					
no actuary has not fully softened any 1-2						
he actuary has not fully reflected any regulation or ruling promulgated und tructions	er the statute in o	completing this schedule,	check the t	oox and se	е	
r Paperwork Reduction Act Notice and OMB Control Numbers, see th	ne instructions f	or Form 5500 or 5500 C	F	Sahadut-	CD (Form 550)	
· · · · · · · · · · · · · · · · · · ·			• •	~~iidanile	SB (Form 5500	41

15 Adjusted funding target attainment percentage	P	art II	Begi	nning of year carryov	er and prefunding ba	alances							
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year).  9 Amount remaining (line 7 mirus line 8).  10 Interest on line 9 using pior year's actual return of -1.28 %.  10 Interest on line 9 using pior year's actual return of -1.28 %.  11 Prior year's excess contributions to be added to prefunding balance:  a Present value of excess contributions (line 38 from prior year).  26,36  b Interest to (a) using pior year's effective rate of _5.35 % except as otherwise provided (see instructions)  14 Interest on (a) using pior year's effective rate of _5.35 % except as otherwise provided (see instructions)  12 Other reductions in balances due to elections or deemed elections  13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).  14 Funding percentage  14 Funding percentage  15 Agilested funding target attainment percentage.  16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding percentage.  17 If the current value of the assets of the plan is also shan 70 percent of the funding target, enter such percentage.  18 Contributions and to the plan for the plan year by employer(s) and employees:  (a) Date (b) Amount paid by (c) Amount paid by (m) Amount paid b	7						(a)	Carryover balance		(b)	Prefund	ing bat	ance
Prior year)   0   0   4976		Balane year) .	ce at beg	inning of prior year after appl	icable adjustments (line 13	from prior	*****	0			497	6	
9 Amount remaining (fine 7 minus line 8). 0 4976  10 Interest on line 9 using prior year's actual return of128 _ w. 0 - 64  11 Prior year's excess contributions to be added to prefunding balance:  a Present value of excess contributions (line 38 from prior year). 2636  b Interest on (a) using prior year's effective rate of _5.35 _ % except as otherwise provided (see instructions). 2777  c Total available at beginning of current plan year to add to prefunding balance. 0 0 0  12 Other reductions in balances due to elections or deemed elections. 0 0 0 0  13 Balance at beginning of current year (line 9 + line 10 + line 112). 0 4912  Part III Funding percentages 14 Funding target attainment percentage. 15 Adjusted funding target attainment percentage. 15 Adjusted funding target attainment percentage. 15 Prior year's funding requirement. 15 Part III Interest value of the assets of the plan is less than 70 percent of the funding target, enter value of the assets of the plan is less than 70 percent of the funding target, enter value of the assets of the plan is less than 70 percent of the funding target, enter value of the assets of the plan is less than 70 percent of the funding target, enter value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 If If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 If If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 If If I 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 employer(s) (c) Amount paid by employer(s) (d) Amount paid by employer(	8							0			0		
10   Interest on Bine 9 using prior year's actual return of1_28W	9						****			<del></del> -			
11	10					$\overline{}$		*********					·
a Present value of excess contributions (line 38 from prior year).  b Interest on (a) using prior year's effective rate of 5.35 % except as otherwise provided (see instructions) and interest on (a) using prior year's effective rate of 5.35 % except as otherwise provided (see instructions) and available at beginning of current plan year to add to prefunding balance	11			····								•	
therwise provided (see instructions)					<del>-</del>				ļ		263	6	····
d Portion of (c) to be added to prefunding balance.  12 Other reductions in balances due to elections or deemed elections.  3 Balance at beginning of current year (line 9 + line 10 + line 11d − line 12).  4 Part III Funding percentages  14 Funding target attainment percentage.  15 Adjusted funding target attainment percentage.  16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce 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 If the current value of the assets of the plan year by employer(s) and employees:  18 Contributions and liquidity shortfalls  18 Contributions and to the plan for the plan year by employer(s) and employees:  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.  4 (27/2015 12270 0 0 160 16914  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.  4 (27/2015 12270 0 0 160 16914  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.  4 (27/2015 16914  Discounted employer contributions dijusted to valuation date.  5 Do Contributions allocated toward unpaid minimum required contributions from prior years.  4 (27/2015 16914  Discounted employer contributions adjusted to valuation date.  5 Do Contributions allocated toward unpaid minimum required contributions from prior years.  5 Do Contributions allocated toward unpaid minimum required contributions from prior years.  5 Do Contributions allocated toward unpaid minimum required contributions		<b>b</b> Inte	erest on ( ierwise p	a) using prior year's effective rovided (see instructions)	rate of <u>5.35</u> % exce	ot as					14	1	
12 Other reductions in balances due to elections or deemed elections		<b>C</b> Tot	al availab	le at beginning of current plan	year to add to prefunding bal	ance					277	7	
Part III   Funding percentages   14   Funding target attainment percentage   15   Adjusted funding target attainment percentage   16   92.32   15   Adjusted funding percentage   16   97.59   15   97.59   16   Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.    Part IV   Contributions and liquidity shortfalls   17   Contributions and liquidity shortfalls   18   Contributions made to the plan for the plan year by employer(s) and employees:		<b>d</b> Poi	rtion of (c	) to be added to prefunding t	palance				Γ		0		
Part III   Funding percentages   14   92.32   15   Adjusted funding target attainment percentage   15   92.32   16   Prior year's funding target attainment percentage   16   97.59   16   Prior year's funding target attainment percentage   16   97.59   17   If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage   17   17   18   19   19   19   19   19   19   19	12	Other	reduction	s in balances due to election	s or deemed elections	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0			0		
Part III   Funding percentages   14   Funding target attainment percentage   15   Adjusted funding target attainment percentage   15   92.32   0	13	Balanc	e at begi	nning of current year (line 9	+ line 10 + line 11d – line 12	2)		0			491	2	
15 Adjusted funding target attainment percentage.  16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding prequirement.  17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.  18 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 employer(s) employer(s) employer(s) (c) Amount paid by employer(s) (MM-DD-YYYY) employer(s) employer(s)  12/17/2014 6000 0 0	P	art III	Fun	ding percentages									
15 Adjusted funding target attainment percentage.  16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding prequirement.  17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.  18 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 employer(s) employer(s) employer(s) (c) Amount paid by employer(s) (MM-DD-YYYY) employer(s) employer(s)  12/17/2014 6000 0 0	14	Fundin	g target a	attainment percentage		(4)					14	92	32 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement									***************************************				
Part IV   Contributions and liquidity shortfalls	16	Prior ye	ear's fund	ling percentage for purposes	of determining whether car	rvover/prefun	ding bala	nces may be used to	reduce				
Part IV Contributions and liquidity shortfalls  18 Contributions made to the plan for the plan year by employer(s) and employees:  (a) Date (MM-DD-YYYY)	17	If the c	urrent va	lue of the assets of the plan i	s less than 70 percent of th	e funding targ	et, enter	such percentage			17		%
18 Contributions made to the plan for the plan year by employer(s) and employees:  (a) Date (MM-DD-YYYY)	P	art IV	Cor	tributions and liquidi	tv shortfalls						1		
(a) Date (MM-DD-YYYY)	18	Contrib				plovees:							
12/17/2014 6000 0 0		(a) Da	te	(b) Amount paid by	(c) Amount paid by	(a) Da			by	(0			by
Totals ➤ 18(b) 18270 18(c) (  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. 19a ()  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 (16914)  20 Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year?	1	12/17/2	014	6000	0					1-1-1-1	·		
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.  b Contributions made to avoid restrictions adjusted to valuation date.  c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.  19b  0  19b  10  16914  20 Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year?  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		4/2/20	15	12270	0								<del></del>
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.  b Contributions made to avoid restrictions adjusted to valuation date.  c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.  19b 0 c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.  19c 16914  20 Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year?  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													
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.  b Contributions made to avoid restrictions adjusted to valuation date.  c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.  19b 0 c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.  19c 16914  20 Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year?  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						· -				••••			
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.  b Contributions made to avoid restrictions adjusted to valuation date.  c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.  19b  0  19b  10  16914  20 Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year?  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													
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a Contributions allocated toward unpaid minimum required contributions from prior years.  b Contributions made to avoid restrictions adjusted to valuation date.  c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.  19b 0  c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.  19c 16914  20 Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year?  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	19	Discour	nted emp	loyer contributions – see inst	ructions for small plan with	a valuation da				. , ,			
b Contributions made to avoid restrictions adjusted to valuation date											0		
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c 16914  20 Quarterly contributions and liquidity shortfalls:								<u></u>					~
Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year?  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												4	
a Did the plan have a "funding shortfall" for the prior year?	20					our adjusted to	* * * * * * * * * * * * * * * * * * *	4	30			· ¬	<del>-</del>
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												Van I	7 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												,	
Liquidity shortfall as of end of quarter of this plan year							nery man	(ro) (	·····			Yes	y No
				managements and comple			of this plan	ı vear					
(1) 1st (2) 2nd (3) 3rd (4) 4th			(1) 1s	t						(+	4) 4th		
				0	0			0		·			0

	art v   Assumption	s used to determine	iunding target and tar	get	normai cost					
21	Discount rate:									
	a Segment rates:	1st segment: 4.94 %	2nd segment: 6.15 %		3rd segment 6.76	t: %	N/A, full yield	curve	use	:d
	<b>b</b> Applicable month (e	enter code)			1	21b			******	1
22	Weighted average retire	ement age	***************************************			22			6	6
23	Mortality table(s) (see i	instructions) x Pr	escribed - combined	Pre	scribed - separate	Substitu	ite			
Pa	art VI Miscellaneou	us items	***************************************	··	**************************************	-bee				_
	· · · · · · · · · · · · · · · · · · ·		tuarial assumptions for the cu	urrent	plan year? If "Yes." see	e instructions	s regarding required	•		
								Yes	$\mathbf{x}$	No
25	Has a method change b	peen made for the current pl	an year? If "Yes," see instru	ctions	regarding required atta	chment	П	Yes		No
	·······	<del></del>	Participants? If "Yes," see in					Yes	_	No
27	If the plan is eligible for	(and is using) alternative fu	nding rules, enter applicable	code a	and see instructions	27	<u></u>			
P			ım required contribut			<u> </u>				
28	······································	<del></del>	years		· · · · · · · · · · · · · · · · · · ·	28				0
29	Discounted employer co	ontributions allocated toward	unpaid minimum required co	ontribu	tions from prior years	29				0
30		<del></del>	tributions (line 28 minus line			30				0
				237		1 30				
31		equired contribution 1 excess assets (see instruct	··········							
						24-				
<del></del>			24-			31a				0
32	Amortization installment		31a			31b				0
32					Outstanding Bala		Installme			
	_			- 1		41916		16	511	
22						0				0
	If a waiver has been app (	proved for this plan year, en	er the date of the ruling lette ) and the waived amore			33				
34	Total funding requirement	nt before reflecting carryove	r/prefunding balances (lines	31a - :	31b + 32a + 32b - 33)	34		16	11	8
			Carryover balance		Prefunding balar	nce	Total bala	nce		
35	Balances elected for use requirement	e to offset funding		0		0				0
36	Additional cash requirem	nent (line 34 minus line 35)				36		16	311	8
37	Contributions allocated to	oward minimum required co	ntribution for current year ad	usted	to valuation date	37		16	91	_ 4
38		contributions for current year						, ,	•	<u>.                                    </u>
						38a			79 <del>(</del>	 3
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39			ar (excess, if any, of line 36 o			39		• • • • • • • • • • • • • • • • • • • •		 )
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42			rd was made		<del></del>	<del></del>	2009 2010	20	1.1	
		·····				42				
40	Excess installment accele	eration amount to be carried	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
VALUATION AS OF 12/28/2013

Plan Effective Date December 28, 2006
Plan Anniversary Date December 28, 2013

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 Plan Frozen 4/15/2013

Maximum years of past service: 5

IRC415 maximum annual benefit: \$210,000 Actuarially adjusted under IRC415(b) for benefit

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

Compensation Definition Highest consecutive 3 year average salary over all service

Annual salary up to \$255,000 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

**VALUATION AS OF 12/28/2013** 

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.

#### 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

VALUATION AS OF 12/28/2013

	Present	Date	Years	Amount of
Type of Base	Value	Established	Remaining	Installment
Shortfall Base	28,909	12/28/2008	2	14,803
Shortfall Base	-6,163	12/28/2009	3	-2,154
Shortfall Base	-15,923	12/28/2010	4	-4,273
Shortfall Base	64,636	12/28/2011	5	14,203
Shortfall Base	-69,453	12/28/2012	6	-13,122
Shortfall Base	39,910	12/28/2013	7	6,661
Total	41,917			16,118

# Plan Name: Mixon & Associates, Inc. Defined Senefit Plan Schedule SB, Ilne 26 - Schedule of Active Participant Date Mixon & Associates, Inc. Defined Benefit Plan

Plan EIN: 59-3117515
Plan Number: 001
VALUATION AS OF 12/28/2013

									Year	Years of Credited Service	ited Se	rvice								
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Age is attained age as of the valuation date.

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

Active employees include employees who are active and deferring retirement.